



OFFICE OF HOUSING

www.alexandriava.gov/housing

421 King Street, Suite 215
Alexandria, Virginia 22314

Phone (703) 746-4990

Fax (703) 838-4309

Hearing Impaired (703) 838-5056

**SILVERADO ALEXANDRIA AFFORDABLE HOUSING
2018 PROGRAM APPLICATION**

Selection for the Silverado Alexandria affordable housing program provides a 40% discount toward the facility's all-inclusive monthly fee (including housing, care, and meals). To be considered for selection, applicants must have been certified as eligible based on Silverado Alexandria's entry criteria, and must be able to document annual income totaling approximately \$90,000 (income can include income from assets, anticipated proceeds from the sale of a home, and/or family support). Proof of at least two years of income is required. Please note that Silverado Alexandria may discharge residents and/or pursue collection actions against residents if fees are not paid in full when due.

The information provided on this application will be used to make a preliminary determination as to your eligibility to participate in this program.

Please submit copies of:

Enclosed (check here)

- | | | |
|----|--|-------|
| 1. | Federal Income Tax Returns for last two years. | _____ |
| 2. | Retirement and Disability Income Statements:
(Pension, Social Security, SSI, Civic Service
Annuity Statements, etc.) | _____ |
| 3. | Copies of Checking and Savings Account Statements. | _____ |
| 4. | Copies of Investment and Retirement Account Statements:
(IRA Accounts, Stocks, Bonds, etc.) | _____ |
| 5. | If applicable, copy of End of Year Mortgage Statement. | _____ |
| 6. | If applicable, spouse/partner should provide the same
documentation as listed above. | _____ |
| 7. | If applicable, letter documenting family support. | _____ |
| 8. | If someone has been granted authority to act on your behalf,
copy of power of attorney. | _____ |

TOTAL HOUSEHOLD MONTHLY INCOME:

SOURCE:	APPLICANT	CO-APPLICANT	OTHER	TOTAL
Monthly Pay				
Overtime				
Bonuses				
Commissions				
Dividends / Interest				
Social Security				
Pensions				
Other Sources				
Rental Income				
Retirement				
Unemployment				
General Relief				
Others				
	\$	\$	\$	\$

ASSETS:

SOURCE:	APPLICANT:	CO-APPLICANT:	OTHER:	TOTAL VALUE:
Checking Account				
Savings Account				
Cash on Hand				
Stock, Bonds, Securities				
Real Estate Owned				
Other Assets				
Retirements Accounts				
Investments				
IRAs				
TOTAL	\$	\$	\$	\$

If you are a homeowner, do you still pay a mortgage? Yes / No

Are you willing to sell your home? Yes / No

Have you sold any real estate in the last two years? Yes / No

If yes, what was the value \$ _____ and the profit was \$ _____

Have you sold any stocks, bonds or other assets in the last two years? Yes / No

If yes, what was the value \$ _____ and the profit was \$ _____

GENERAL INFORMATION:

TAXES

Are all real estate taxes paid to date?

Yes / No

Are you a participant in the City of Alexandria Real Estate Tax Exemption Program?

Yes / No

ADDITIONAL INFORMATION:

ALL ADULT MEMBERS OF THIS HOUSEHOLD MUST SIGN BELOW CERTIFYING THE ABOVE INFORMATION PERTAINING TO THEM IS TRUE AND CORRECT.

The applicant (s) certify that all information in this application and all information furnished in support of this application is given for the purpose of qualification for a discounted unit the City of Alexandria Silverado Alexandria Affordable Housing Program and is true and complete to the best of the applicant's knowledge and belief. The applicant (s) also understand that all changes in income of any person participating in support must be reported to the City of Alexandria Office of Housing **IN WRITING IMMEDIATELY.**

The applicant(s) acknowledges that this application is a request for the Silverado Alexandria Affordable Housing Program. It does NOT constitute approval or acceptance by the ALEXANDRIA OFFICE OF HOUSING THE DEPARTMENT OF AGING AND ADULT SERVICES or their agents.

WARNING

ANY FALSE STATEMENT CONCERNING FINANCIAL CONDITION IN THE ABOVE APPLICATION IS A **CRIME** UNDER THE PROVISIONS OF THE CODE OF VIRGINIA, OR UNDER SECTION 1001 OF TITLE 18 OF THE U. S. CODE, WHICHEVER IS APPLICABLE BASED ON THE SOURCE OF FUNDING INVOLVED.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF SPOUSE / DATE
CO-APPLICANT

SIGNATURE OF OTHER ADULT DATE

SIGNATURE OF OTHER ADULT DATE

RETURN COMPLETED APPLICATION TO:

**Silverado Alexandria Affordable Housing Program
Office of Housing
421 King Street, Suite 215
Alexandria, Virginia 22314**

Updated: 4/2018

CITY OF ALEXANDRIA OFFICE OF HOUSING
SILVERADO ALEXANDRIA AFFORDABLE HOUSING PROGRAM
CLIENT AUTHORIZATION

I/We would like to participate in the Silverado Alexandria Affordable Housing Program with the City of Alexandria, Office of Housing and Department of Aging and Adult Services. Participation in this program provides a 40% discount on the monthly fee to help me/us make improvements to my/our primary residence. I/We understand that City staff may discuss with me/us information about my/our credit history, financial situation, employment, and other family matters.

I/We also understand that it may be necessary for City staff to request, receive and discuss information about our credit history, financial situation, employment or other family matters with representatives of other firms or agencies as is necessary to determine my/our eligibility for assistance under the Silverado Alexandria Affordable Housing Program

I/We also understand that information about our personal circumstances will be treated as totally confidential and that NO information about us will be accessible to any party who is not directly involved in considering this application for participation in the program.

I/We authorize the staff for the Alexandria Office of Housing to obtain and release credit, financial, employment, and other information from/to other agencies or firms as may be essential to the selection process.

Applicant

Date

Co-Applicant

Date