

HOME BUYER ASSESSMENT FORM

APPLICANT

CO-APPLICANT

- | | | | |
|-----|---|--|-------------|
| 1. | Last Name | | |
| 2. | First Name | | |
| 3. | Address | | |
| 4. | Home Phone | | |
| 5. | Work Phone | | |
| 6. | E-mail | | |
| 7. | Employer's name | | |
| 8. | Gross annual Income (B4 tax) | | |
| 9. | Available cash for purchase | | |
| 10. | Family size | | |
| 11. | Female head of household | | Yes No |
| 12. | Have you owned a home within the last 3 years | | Yes No |
| 13. | Would you or a member of your household require handicap accessible housing | | Yes No |
| 14. | Live in Arlington? | | Yes No |
| 15. | Work in Arlington? | | Yes No |

I/We acknowledge that the financial information provided throughout this form is a true and factual statement of my/our financial status.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may cause my application to be declined.

Signature: _____

Date: _____

Race/Ethnicity table		
Each program participant will need to identify him or herself both as a certain race and as a Hispanic or Non-Hispanic origin.		
Race	Non -Hispanic	Hispanic
White		
Black / African American		
Asian		
American Indian / Alaskan Native		
Native Hawaiian / Other Pacific Islander		
American Indian / Alaskan Native & White		
Asian & White		
Black / African American & White		
American Indian/ Alaskan Native & Black African American		
Other Multiracial		

DEPARTMENT OF COMMUNITY PLANNING HOUSING & DEVELOPMENT
Housing Division

2100 Clarendon Blvd., Suite 700 Arlington, VA 22201

Tel: 703.228.3765

Fax: 703.228.3834

E-mail: housingdivision@arlingtonva.us