



Avalon Dunn Loring Affordable Housing Pre-Application

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: _____

PHONE: _____ **CELL:** _____ **EMAIL:** _____

CURRENT ADDRESS: _____
Street Number & Name Apt # City State Zip

1. What size apartment home(s)* are you interested in?

50% (One Bedroom)

70% (One Bedroom) 70% (Two Bedroom)

80% (Studio) 100% (Studio) 120% (Studio)

***Note: Minimum occupancy requirement one person per bedroom.**

2. Does your household need a fully accessible apartment? *(circle one)*: **Yes No**

***Note:** Fully accessible apartments are those specifically designed for the physically handicapped according to the applicable building standards of Section 504 of the Federal Rehabilitation Act of 1973. Such features include but are not limited to wider doorways, lower countertops, hand railings, and roll-in showers. Some apartments may also include features specifically designed for those with hearing or visual impairments.

3. If you do not need a fully accessible apartment, do you have a disability need for a reasonable accommodation or modification? **Yes No** If yes, please explain:

4. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
5				
6				
7				

INTERNAL USE ONLY:

Received Date: _____

Received By: _____

Complete
 Incomplete
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5. **Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

6. What is your combined total gross annual household income from all sources? \$ _____

7. **Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

Household Member Name	Asset Type	Asset Income

8. Do you live and/or Work in Fairfax County*? (circle one) **Yes No**

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. *Signed under the pains and penalties of perjury.*

Head of Household Signature: _____ **Date:** _____

***Verification will be required prior to move-in**

Please call 703-636-0400 or email AvalonDunnLoring@avalonbay.com with any questions or requests for additional; applications or consent forms.

Return Form to directly to community or email: 2750 Gallows Road, Vienna, VA 22180 – AvalonDunnLoring@avalonbay.com

AvalonBay Communities, Inc. does not require payment of any money except for applicable application fees and deposits if you are selected off the waitlist. If anyone asks you to pay any additional money or offers you a bribe related to your affordable housing qualification or priority on any waitlist, you should reject it and contact the Affordable Housing Department at AHAppeals@AvalonBay.com