

KEY AND NASH HOME BUYER ASSESSMENT FORM

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
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

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