



**City of Falls Church Department of Housing & Human Services**  
**AFFORDABLE DWELLING UNIT (ADU) PROGRAM**  
**RECERTIFICATION APPLICATION**

300 Park Avenue 102W, Falls Church, VA 22046  
 Office Hours: 8am - 5pm; Monday - Friday  
 Tel: 703-248-5005, TTY 711 Fax: 703-248-5149  
 Email: HHSInfo@FallsChurchVA.gov Website: www.fallschurchva.gov/HHS



**I. APPLICANT & CO-APPLICANT** (Please print Full Name of each applicant)

**PRIMARY APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CO-APPLICANT INFORMATION (if applicable):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Do you still occupy the residency?**  Yes  No

**II. HOUSEHOLD COMPOSITION & INFORMATION**

List All Persons (beginning with yourself) who will live in the home:

Last Name	First Name	Relation to Head	Gender	DOB

**III. HOUSEHOLD INCOME & ASSETS**

