

[illegible]



YORKVILLE COOPERATIVE
3146 DRAPER DRIVE
FAIRFAX, VA 22031
WAITLIST PRE-APPLICATION

4. INCOME SOURCES (List ALL income for ALL household members)

Check all that apply and identify household member(s):

☐ **EMPLOYMENT (W-2)**

1. Household Member(s): _____
Hourly Rate of Pay: _____ # of Hours Worked Per Week: _____

2. Household Member(s): _____
Hourly Rate of Pay: _____ # of Hours Worked Per Week: _____

☐ **SELF-EMPLOYMENT (1099)**

1. Household Member(s): _____
Net Income Amount: _____ (refer to Schedule C – net profit)

2. Household Member(s): _____
Net Income Amount: _____ (refer to Schedule C – net profit)

☐ **SOCIAL SECURITY / SSI/ SSDI**

Household Member(s): _____ Monthly **Gross** Amount: _____

Household Member(s): _____ Monthly **Gross** Amount: _____

Household Member(s): _____ Monthly **Gross** Amount: _____

Household Member(s): _____ Monthly **Gross** Amount: _____

☐ **Retirement/Pension** Household Member(s): _____ Monthly **Gross** Amount: _____

☐ **Unemployment** Household Member(s): _____ Monthly **Gross** Amount: _____

☐ **Child Support** Household Member(s): _____ Monthly **Gross** Amount: _____
(court or non-court ordered)

☐ **Alimony** Household Member(s): _____ Monthly **Gross** Amount: _____

☐ **TANF/Cash Assistance** Household Member(s): _____ Monthly **Gross** Amount: _____

☐ **Regular Contributions/Gifts** Household Member(s): _____ Monthly **Gross** Amount: _____

☐ **Other** : _____ Household Member(s): _____ Monthly **Gross** Amount: _____



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5. ASSET INFORMATION

Check all that apply and identify household member(s)

☐ **Checking Account(s)**

Household Member(s): _____

Household Member(s): _____

Household Member(s): _____

Household Member(s): _____

☐ **Savings Account(s)**

Household Member(s): _____

Household Member(s): _____

Household Member(s): _____

Household Member(s): _____

☐ **Money Market/CDs:** Household Member(s): _____

☐ **401(k)/IRA/Retirement:** Household Member(s): _____

☐ **Stocks/Bonds:** Household Member(s): _____

☐ **Cash App/Venmo/PayPal /Apple Cash** Household Member(s): _____

☐ **Life Insurance Policies (WHOLE LIFE ONLY):** Household Member(s): _____

☐ **Other Assets:** _____

6. CURRENT LANDLORD INFORMATION

Landlord/Property Name: _____

Landlord Phone: _____

Current Monthly Rent: _____



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PRE-APPLICATION ACKNOWLEDGMENT PAGE

I understand that once this pre-application has been submitted, the information provided cannot be edited or replaced. Any requests to update or correct information after submission will be reviewed by management and handled in accordance with applicable program requirements and property procedures.

I understand that my typed name below serves as my electronic signature and is considered my official signature for this pre- application. By signing electronically, I certify that all information provided is true and accurate.

Applicant Signature

Applicant Printed Name *(first & last name)*

Date