

**A-B-C Program**  
**(Apartments – Budgeting – Counseling)**

Program Description:

The ABC program is designed to provide housing and services to individuals and families who are unable to sign leases in their own name due to poor credit or rental history.

ABC is not just housing. It is a two-year program that provides budget and credit counseling services with an apartment. All ABC tenants must participate in services as a condition of tenancy. The services include one meeting a month with a Family Advocate and a two-night class held early in the program. The expectation is that all tenants will rent or own housing in their own name within two years.

ABC can only offer market-rate rental units at this time. The rent is not subsidized.

Eligibility Requirements – you must meet the following criteria for admission:

- a desire and commitment to improve your money and credit management skills,
- have been recently turned down for an apartment because of your credit or rental history,
- minimum income as listed below, or have a Section 8 voucher,

<u># BR</u>	<u>Rental Range</u>	<u>Minimum Gross (before-tax) Income</u>
1 BR	\$780 - \$1,100	\$2,900 per month
2 BR	\$957 - \$1,270	\$3,500 per month
3 BR	\$1,050 - \$1,350	\$4,400 per month

- stable employment, typically at least six (6) months with your current employer, and
- good references from previous landlords, outside of rent payment history.

The Application Process:

- 1) Complete this application in full and return it to the office.
- 2) Wait to be called for an interview when a vacancy is available. First come, first served.
- 3) Bring the following items: a \$25 money order, a photo ID, and documentation of all of your income, including three (3) months of your most recent pay stubs.
- 4) Wait 2-3 days for notification of approval.
- 5) If approved, you will be expected to make your first payment and move into the apartment within 3 weeks. The first payment includes the first month's rent and a \$350 security deposit.

# Good Shepherd Housing and Family Services

**\*\*\* THIS FORM MUST BE FILLED OUT COMPLETELY TO BE PROCESSED \*\*\***

APARTMENT SIZE NEEDED?	DO YOU HAVE SEC. 8?	DATE RETURNING THE APPLICATION
HOW DID YOU LEARN ABOUT GOOD SHEPHERD HOUSING'S ABC PROGRAM?		

**APPLICANT'S INFORMATION (Race and Ethnicity are collected for demographical reasons only and are entirely optional.)**

NAME		DATE OF BIRTH	SS#		DAY PHONE #
ETHNICITY <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	RACE <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> WHITE	<input type="checkbox"/> ASIAN	VETERAN? (Y / N)	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED
<input type="checkbox"/> OTHER:					

**HOUSING INFORMATION FOR THE LAST FIVE YEARS (Good Shepherd Housing will need to contact your previous landlords for references.)**

CURRENT ADDRESS, CITY, STATE, ZIP CODE	
LANDLORD'S NAME, ADDRESS & PHONE #	
DATES OF RESIDENCE	REASON FOR MOVING?
PREVIOUS ADDRESS, CITY, STATE, ZIP CODE	
LANDLORD'S NAME, ADDRESS & PHONE #	
DATES OF RESIDENCE	REASON FOR MOVING?
PREVIOUS ADDRESS, CITY, STATE, ZIP CODE	
LANDLORD'S NAME, ADDRESS & PHONE #	
DATES OF RESIDENCE	REASON FOR MOVING?

**EMPLOYMENT INFORMATION FOR THE LAST FIVE YEARS (Continue on the back if you need more space)**

CURRENT EMPLOYMENT: BUSINESS NAME & ADDRESS				
POSITION	DATE OF HIRE	SALARY \$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK PER <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	HOURS PER WEEK
SECOND OR PREVIOUS EMPLOYMENT: BUSINESS NAME & ADDRESS				
POSITION	DATE OF HIRE	SALARY \$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK PER <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	HOURS PER WEEK
REASON FOR LEAVING (IF APPLICABLE)				
PREVIOUS EMPLOYMENT: BUSINESS NAME & ADDRESS				
POSITION	DATE OF HIRE	SALARY \$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK PER <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	HOURS PER WEEK
REASON FOR LEAVING				

**CO-APPLICANT'S INFORMATION (Race and Ethnicity are collected for demographical reasons only and are entirely optional.)**

NAME		DATE OF BIRTH	SS#	DAY PHONE #
ETHNICITY	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	RACE	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER:	VETERAN? (Y / N)
MARITAL STATUS			<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED
			<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED

**HOUSING INFORMATION FOR THE LAST FIVE YEARS (Good Shepherd Housing will need to contact your previous landlords for references.)**

CURRENT ADDRESS, CITY, STATE, ZIP CODE	
LANDLORD'S NAME, ADDRESS & PHONE #	
DATES OF RESIDENCE	REASON FOR MOVING?
PREVIOUS ADDRESS, CITY, STATE, ZIP CODE	
LANDLORD'S NAME, ADDRESS & PHONE #	
DATES OF RESIDENCE	REASON FOR MOVING?
PREVIOUS ADDRESS, CITY, STATE, ZIP CODE	
LANDLORD'S NAME, ADDRESS & PHONE #	
DATES OF RESIDENCE	REASON FOR MOVING?

**EMPLOYMENT INFORMATION FOR THE LAST FIVE YEARS (Continue on the back if you need more space)**

CURRENT EMPLOYMENT: BUSINESS NAME & ADDRESS				
POSITION	DATE OF HIRE	SALARY \$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	HOURS PER WEEK
SECOND OR PREVIOUS EMPLOYMENT: BUSINESS NAME & ADDRESS				
POSITION	DATE OF HIRE	SALARY \$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	HOURS PER WEEK
REASON FOR LEAVING (IF APPLICABLE)				
PREVIOUS EMPLOYMENT: BUSINESS NAME & ADDRESS				
POSITION	DATE OF HIRE	SALARY \$	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> TWO WEEKS <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	HOURS PER WEEK
REASON FOR LEAVING				



**GOOD SHEPHERD HOUSING AND FAMILY SERVICES, INC.  
A-B-C PROGRAM**

**INFORMATION RELEASE AGREEMENT**

I/ We, \_\_\_\_\_ and \_\_\_\_\_ agree to release information to Good Shepherd Housing and Family Services, inc. for the purpose of providing federal, state, and local program reports as deemed necessary. I also agree to allow exchanges of information between Good Shepherd Housing and Family Services, Inc. and other organizations and individuals who may be able to assist in determining how I may best be served. These agencies include but are not limited to Fairfax County Department of Family Services and the Department of Housing and Community Development; Mount Vernon Community Mental Health Center; United Community Ministries; New Hope Housing and property owners or property management whose standard practice is to pre-approve credit and tenancy reports.

I understand that I may review my file by submitting a written request to Good Shepherd Housing and Family Services, Inc. The file will be available at the office, under the supervision of a staff member.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

# GOOD SHEPHERD HOUSING AND FAMILY SERVICES, INC.

## PERSONAL FINANCIAL ASSESSMENT

### EXPENSES

TYPE	MONTHLY \$ AMOUNT
ELECTRICITY	
GAS	
TELEPHONE	
CELLULAR	
CABLE TV	
INTERNET	
CAR PAYMENT	
GAS FOR CAR	
CAR MAINTENANCE	
CAR INSURANCE	
PARKING	
BUS/METRO/TAXI	
MEMBERSHIPS	
GROCERIES	
CLEANING SUPPLIES	
BREAKFASTS	
LUNCHESES	
SNACKS	
DINNERS	
DINING OUT	
CHILDCARE / ACTIVITIES	
CLOTHING	
PERSONAL CARE	
MEDICAL	
LAUNDRY	
MOVIES	
MOVIE RENTALS	
GOING OUT	
ALLOWANCES	
CHARITY / DONATIONS	
TOBACCO	
ALCOHOL	
LOTTERIES	
SUBSCRIPTIONS	
CREDIT CARD PAYMENT	
LOAN PAYMENTS	
OTHER:	
<b>TOTAL EXPENSES</b>	

### DEBT

TYPE	TOTAL \$ AMOUNT OWED
CAR LOAN	
STUDENT LOANS	
TAXES	

CREDIT CARDS	
#1	
#2	
#3	
#4	
#5	

OTHER (utilities, cable, ph.)	

<b>TOTAL DEBT</b>	
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Don't know how much you owe? ...or to who?

Get your credit report from one of these sources:

[Annualcreditreport.com](http://Annualcreditreport.com) - provides one FREE copy a year from each of the credit bureaus, or you can go directly to:

<u>Experian</u> PO Box 2002 Allen, TX 75013 888-397-3742	<u>Equifax</u> PO Box 740241 Atlanta, GA 30374 800-685-1111	<u>TransUnion</u> PO Box 1000 Chester, PA 19022 800-888-4213
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