



Affordable Homes For Rent in Fairfax, Virginia

Studio, one-bedroom, and two-bedroom rentals available through the affordable housing program for qualifying future residents at Avalon Mosaic

Avalon Mosaic residents are responsible for electric, phone, and cable utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.



AVALON MOSAIC

AVALONMOSAIC.COM
2987 DISCTRICK AVENUE, FAIRFAX, VA 22031
AVALONMOSAIC@AVALONBAY.COM

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

Monthly rent is based on the Area Median Income (AMI)

50% PROGRAM

STUDIO: \$804 PER MONTH

- 1 person household \$ 19,296 - \$ 38,600
- 2 person household \$ 19,296 - \$ 44,100

ONE-BEDROOM: \$919 PER MONTH

- 1 person household \$ 22,056 - \$ 38,600
- 2 person household \$ 22,056 - \$ 44,100
- 3 person household \$ 22,056 - \$ 49,650

TWO-BEDROOM: \$1,034 PER MONTH

- 2 person household \$ 24,816 - \$ 44,100
- 3 person household \$ 24,816 - \$ 49,650
- 4 person household \$ 24,816 - \$ 55,150
- 5 person household \$ 24,816 - \$ 59,550

70% PROGRAM

STUDIO: \$1,046 PER MONTH

- 1 person household \$ 25,104 - \$ 54,050
- 2 person household \$ 25,104 - \$ 61,750

ONE-BEDROOM: \$1,195 PER MONTH

- 1 person household \$ 28,680 - \$ 54,050
- 2 person household \$ 28,680 - \$ 61,750
- 3 person household \$ 28,680 - \$ 69,500

TWO-BEDROOM: \$1,344 PER MONTH

- 2 person household \$ 32,256 - \$ 61,750
- 3 person household \$ 32,256 - \$ 69,500
- 4 person household \$ 32,256 - \$ 77,200
- 5 person household \$ 32,256 - \$ 83,400

80% PROGRAM

STUDIO: \$1,287 PER MONTH

- 1 person household \$ 30,888 - \$ 61,750
- 2 person household \$ 30,888 - \$ 70,600

100% PROGRAM

STUDIO: \$1,609 PER MONTH

- 1 person household \$ 35,640 - \$ 77,200
- 2 person household \$ 35,640 - \$ 88,250
- *Special Rate:\$1,455

120% PROGRAM

STUDIO: \$1,901 PER MONTH

- 1 person household \$ 35,640 - \$ 92,650
- 2 person household \$ 35,640 - \$ 105,900
- *Special Rate:\$1,475

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.



Avalon Mosaic 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 *City* *St* *Zip*

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

- | | | |
|---------------|--------------------|--------------------|
| 50% (Studio) | 50% (One Bedroom) | 50% (Two Bedroom) |
| 70% (Studio) | 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 an accessible apartment? (circle one): Yes No

3. Do you have any special housing needs? 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

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 703-280-0111 or email AvalonMosaic@avalonbay.com with any questions or requests for additional; applications or consent forms.

Return Form to directly to community or email: 2987 District Avenue, Fairfax, VA 22031 – AvalonMosaic@avalonbay.com

INTERNAL USE ONLY:

Received Date: _____ Received By: _____

Complete
Incomplete