

**Fairfax County  
Workforce Dwelling Unit  
Program**

**RENTAL WDU  
COMPLIANCE DOCUMENTS**



**Standard Forms for:  
Rental WDU Income Certification,  
Lease Restrictions Addendum,  
Occupancy Affidavit,  
and Monthly Report**

**Established pursuant to Fairfax County Board of Supervisors'  
Workforce Dwelling Unit Administrative Policy Guidelines**

## **Introduction**

The landlord must obtain from each tenant leasing a rental WDU information regarding the tenant's annual income in order to ensure that the tenant meets the income eligibility criteria of the WDU program. The tenant must continue to meet these criteria in order to continue to lease the WDU. The tenant's income must be recertified annually.

The attached form is to be used for the initial verification of income and each annual certification. Third party verification of income reported is required. The form must be notarized.

The owner must provide the Department of Housing and Community Development (DHCD) with a copy of each initial and annual tenant verification.

Questions about this or any of the other attached documents should be directed to the Affordable and Workforce Program Manager, DHCD at 703-246-5082.

# RENTAL WDU INCOME CERTIFICATION FORM

Property Name: \_\_\_\_\_  
Bldg. No./Unit No. \_\_\_\_\_

I/We the undersigned certify that:

This Income Certification is being delivered in connection with the undersigned's application for occupancy.

## PART I - OCCUPANTS

NEW \_\_\_\_\_ RECERTIFICATION \_\_\_\_\_ /DATE LAST CERTIFIED \_\_\_\_\_

Family Member	Name	Relationship to Applicant	Age	Full-Time Student (Yes or No)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

It is the responsibility of the individual or household to demonstrate eligibility under the requirements of the WDU Program. In order to verify that an individual or household satisfies these requirements, the Board of Supervisors requires the landlord to obtain third party verification of income. Such documentation includes, but is not limited to, copies of Federal and State income Tax Returns, W-2 forms and copies of paychecks.

The maximum permitted income will be determined the gross income received annually from all sources by all wage earners over 18 years of age (who are not full-time students) in a family or household unit. Sources of income include, but are not necessarily limited to, the following:

Yes / No

- |         |   |
|---------|---|
| ___/___ | 1. wages and salary (full and part-time employment)   |
| ___/___ | 2. child support  |
| ___/___ | 3. alimony  |
| ___/___ | 4. interest on savings and checking accounts  |
| ___/___ | 5. dividends from stocks, bonds, and certificates of deposit  |
| ___/___ | 6. social security benefits   |
| ___/___ | 7. VA benefits  |
| ___/___ | 8. overtime, commissions, tips and bonus payments   |
| ___/___ | 9. unemployment insurance   |
| ___/___ | 10. pension/retirement payments   |
| ___/___ | 11. disability benefits   |
| ___/___ | 12. any other annuities or stipends received  |
| ___/___ | 13. income from real estate investments   |
| ___/___ | 14. income from a business or partnership owned, associated with or operated by a member of the household.  |
| ___/___ | 15. regular gifts or contributions from persons not residing in the dwelling as long as there is a documented two year history.   |
| ___/___ | 16. net income from business operations, exclusive of amortization of capital indebtedness; based on straight-line method is an acceptable expense. Three years federal tax returns are required to document such income. |



## **RENTAL WDU LEASE RESTRICTIONS ADDENDUM**

### **Introduction**

The Workforce Dwelling Unit Administrative Policy Guidelines requires that the initial lease for each rental WDU have a term of no more than twelve and no less than six months. Certain other provisions regarding occupancy of the unit as the tenants domicile, annual recertification of income eligibility, a prohibition on subleasing and sanctions for non-compliance with these provisions must also be included in the lease.

The landlord must either use the attached Lease Addendum to supplement its standard lease or incorporate these provisions in its standard lease for a WDU.

## RENTAL WDU LEASE RESTRICTIONS ADDENDUM

Property Name: \_\_\_\_\_

In accordance with the Workforce Dwelling Unit Administrative Policy Guidelines, this addendum will serve as part of the Lease Agreement dated \_\_\_\_\_

between \_\_\_\_\_

(landlord)

and \_\_\_\_\_ for the unit

(tenant)

designated as \_\_\_\_\_

(include full address)

### LEASE RESTRICTIONS

Notwithstanding any other provisions of this lease, the following shall apply:

1. The term of this lease shall be from \_\_\_\_\_ to \_\_\_\_\_. (A minimum of 6 months and a maximum of twelve months for the initial lease term).
2. The unit must be occupied by the tenant signing this lease addendum as their domicile. The tenant shall annually provide the landlord with an affidavit, on a form provided by the landlord/owner, that tenant continues to occupy the unit as their domicile. Failure to provide such an affidavit within thirty (30) days of a written request for such affidavit from the owner shall cause this lease to automatically terminate and become null and void, and tenant must thereupon vacate the unit within thirty (30) days of a written notice from landlord/owner unless tenant is notified in writing by landlord/owner that Section 5 of this addendum shall apply.
3. Tenant shall annually, prior to renewal of this lease, recertify the income of all members of the household and verify under oath that the tenant continues to meet the income and other eligibility criteria for occupancy of a rental Workforce Dwelling unit. In the event that tenant no longer meets the eligibility criteria for occupancy of a rental Workforce Dwelling Unit, as a result of increased income or other factor, then, at the end of the lease term, the tenant must vacate this unit unless tenant is notified in writing by landlord/owner that Section 5 of this addendum shall apply.
4. The unit may not be subleased. If tenant fails to occupy the unit for a period in excess of sixty (60) days, unless such failure is approved in writing by the Fairfax County Department of Housing and Community Development, acting on behalf of the Board of Supervisors, this lease shall automatically terminate, become null and void and the tenant must vacate the unit within thirty (30) days written notice from the landlord/owner unless tenant is notified in writing by landlord/owner that Section 5 of this addendum shall apply.
5. If the tenant fails to comply with Sections 2, 3 or 4 above, the landlord/owner may immediately designate an additional comparable unit as a Workforce Dwelling Unit to be leased under the controlled rental price and requirements of the Workforce Dwelling Unit Administrative Policy Guidelines. If the landlord/owner so designates another comparable unit, then the tenant need not vacate this unit, but may continue to lease this unit at the market value rent of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
Resident's Signature

(For each person over age 18. Names must match the signatures on the Income Certification Form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Owner Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Owner Representative's Printed Name

## **RENTAL WDU OCCUPANCY AFFIDAVIT**

### **Introduction**

Each tenant leasing a WDU must annually provide the Landlord with a signed, notarized affidavit, on the attached form, that the tenant continues to occupy the WDU as their domicile. Failure to provide the affidavit results in termination of the lease. A copy of each affidavit must be provided to the Department of Housing and Community Development.

**RENTAL WDU ANNUAL OCCUPANCY AFFIDAVIT**

I/We \_\_\_\_\_ hereby certify  
(insert name or names of lessees)

that I/we rent the Workforce Dwelling Unit located at \_\_\_\_\_ (the WDU),  
(insert complete address of WDU including apartment number)

that I/we occupy the WDU as my/our domicile and that I/we have occupied the WDU on this basis continuously since renting it.

Date: \_\_\_\_\_

By: \_\_\_\_\_ (signature of lessee) \_\_\_\_\_ (type or print name)

By: \_\_\_\_\_ (signature of lessee) \_\_\_\_\_ (type or print name)

NOTE: All those named on the lease must sign. Add more lines if needed.

COMMONWEALTH OF VIRGINIA, to wit:

Submitted, sworn to and acknowledged before me by \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



# RENTAL WDU MONTHLY REPORT

## Introduction

As required by the Workforce Dwelling Unit Administrative Policy Guidelines, the owner of a development containing rental workforce dwelling units must provide the Department of Housing and Community Development with a monthly report on the status of the rental WDUs (other than any units leased to the Board of Supervisors).

Attached is a copy of the format to be used for this report as well as instructions explaining each of the categories of information needed. Owners may utilize the form attached or may generate a report from their tenant computer database, which follows the same format.

A sample cover letter and owner certification form transmitting the report to the Department of Housing and Community Development is shown below. It contains the certification **required** monthly of each owner.

## Cover Letter and Owner Certification Form

To: Fairfax County Department of Housing and Community Development  
Attn: Affordable and Workforce Program Manager  
3700 Pender Drive, Suite 300  
Fairfax, Virginia 22030

Re: Property Name  
Property Address

The Owner hereby certifies the following under oath:

The information contained in the attached Rental WDU Monthly Report is true, accurate and correct as of the date hereof. That to the best of the Owner's information and belief, the tenants who lease WDUs meet eligibility criteria established by the Board of Supervisors.

In Witness whereof, the undersigned has signed this Report as of \_\_\_\_\_, 20\_\_.

**Name of Ownership Entity:**

By: \_\_\_\_\_  
Authorized Representative

## RENTAL WDU MONTHLY REPORT INSTRUCTION GUIDE

The following instructions are provided to clarify how the Rental WDU Monthly Report is to be filled out on a **column by column** basis.

**UNIT ADDRESS** - Indicate the mailing street address with building and unit number.

**BEDROOM SIZE** - Use guidelines to determine the household size appropriate for various size units, (See Board of Supervisors' WDU Administrative Policy Guidelines, for further details).

**80% AMI** - Place a check mark in this column to represent the applicable income limit of the tenant. Note: Either this column or the 100% or 120% AMI columns must be checked. (See Board of Supervisors' WDU Administrative Policy Guidelines, for further details).

**100% AMI** - Place a check mark in this column to represent the applicable income limit of the tenant. Note: Either this column or the 80% or 120% AMI columns must be checked. (See Board of Supervisor's WDU Administrative Policy Guidelines, for further details).

**120% AMI** - Place a check mark in this column to represent the applicable income limit of the tenant. Note: Either this column or the 80% or 100% AMI columns must be checked. (See Board of Supervisor's WDU Administrative Policy Guidelines, for further details).

**NAME OF FAMILY** - Indicate last name first with initial of first name following in the column. If the signers of the lease have different last names they must be listed.

**ADULT** - Indicate total number of adults living in the unit. Definition of an adult is anyone 18 years of age and older.

**DEPENDENT** - Indicate total number of dependents living in the unit. Definition of a dependent is anyone 17 years of age and younger.

**DATE OF LEASE** - Indicate the start date of the initial lease by day, month and year.

**EFFECTIVE DATE OF RECERTIFICATION** - If applicable, indicate the date when recertification was effective by day, month, and year.

**INITIAL & RECERTIFIED HOUSEHOLD INCOME** - Indicate the total income calculation from the current WDU Income Certification Form in this column.

**PROGRAM INCOME LIMIT** - Indicate the current program income limit pertaining to the 80%, 100%, or 120% AMI calculation *adjusted by size*.

**CURRENT RENT** - Indicate the current rent for the unit. Rent may not exceed the maximum amount set for the applicable unit size per the maximum rents established under the WDU Rental Program. Note there are separate limits for the units rented to households whose income does not exceed 80%, 100%, and 120% of AMI.

**MOVE-INS** - Indicate any move-ins that have occurred within the monthly reporting period. Thereafter the tenant will be listed in the section titled "Existing" in the following month.

**EXISTING** - All tenants listed within this section will continue to be indicated on the monthly report until their status changes. In the event of a transfer, the unit being vacated will be listed in the section titled "Move-Outs" and the unit being transferred to will be listed in the section titled "Move-Ins".

**MOVE-OUTS** - Indicate any move-outs that have occurred within the monthly reporting period in this section. Thereafter, the move-out units will be listed in the section titled "Vacant" in the following month. A move-out will be listed at the point in time management takes legal possession of the unit. (The shaded columns **Number of Adults** and **Current Rent** and those in between do not need to be filled in.)

**VACANT** - Indicate all vacant WDU units for the monthly reporting period. Move-outs that have occurred within the reporting period prior to the last day of the month will be restated in this section if the unit will continue to be a designated WDU Rental unit. (The shaded columns shaded **Name of Family** and **Current Rent** and those in between do not need to be filled in.)