

Good Shepherd Housing  
8305 Richmond Highway  
Alexandria, VA 22309

Office Telephone #: 703/768-9404  
Office Fax #: 703/768-9419



## ABC (Apartments-Budgeting-Counseling) PROGRAM INDICATION OF INTEREST FORM

Household Name: \_\_\_\_\_

Daytime OR Best Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_

We are looking for individuals and families who are unable to obtain housing in their own name.

Our signature ABC Program assists you in moving to self-sufficiency. Our ABC Program clients rent their housing through Good Shepherd Housing and benefit from our many services to support them in maintaining stable housing.

We want to hear about your interest in our program. *Please answer the following 2 questions:*

Are you unable to obtain housing in your own name or are at-risk of homelessness?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have stable employment?	<input type="checkbox"/> yes	<input type="checkbox"/> no

**If you answered “yes” to all 2 questions, then you should fill out the rest of our interest form.**

Tell us about your sources of income and amounts of everyone in household:

Employment 1 \$\_\_\_\_per hour \_\_\_\_\_ hours worked/week OR \$\_\_\_\_\_ annual salary

Employment 2 \$\_\_\_\_per hour \_\_\_\_\_ hours worked/week OR \$\_\_\_\_\_ annual salary

Child Support \$\_\_\_\_\_per month

Benefits (TANF, SSDI, etc) \$\_\_\_\_\_per month

Do you have a Housing Choice or other type of rental voucher?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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**PLEASE FAX BACK YOUR INTEREST FORM TO 703/768-9419 OR DROP IT OFF AT OUR OFFICES. IF YOU MEET THE REQUIREMENTS FOR OUR PROGRAM, WE’LL CONTACT YOU.**

*Good Shepherd Housing and Family Services, Inc. actively offers and pursues equal housing opportunities for all individuals and families in accordance with the federal Fair Housing Act.*