

## **Catholics for Housing, Inc.**

18139 Triangle Shopping Plaza, Suite 209, Dumfries, VA 22026-2582

### **Edie Streett Security Deposit Assistance Program**

**Application - To be completed by Applicant**

**Incomplete applications will NOT be processed**

*August 2016*

### ***Instructions***

**Applicant must complete each page; applications that are incomplete will not be processed.**

**CFH will advise Applicant of any deficiencies. It is the Applicant's responsibility to correct any deficiencies. If deficiencies are not corrected, application will be placed in an inactive file.**

**Every Applicant must attach verification of one month's income with the application.**

**If the Applicant has a Voucher, a copy of the Voucher must be attached; verification of the unit passing the Voucher Inspection must be submitted.**

**Checks are made payable to the Landlord and are sent directly to the Landlord.**

**If Applicant has received security deposit assistance in the past and has not repaid CFH the total amount of funds received, the application will not be processed.**

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## Edie Streett Security Deposit Assistance Program

Application - To be completed by Applicant

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August 2016

Please **print** all information/application **must be** complete

Amount requested (maximum is \$200) \$ \_\_\_\_\_

Check is sent to the Landlord

### Applicant Information:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Co-Applicant Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Total Number in Household \_\_\_\_\_ Adults \_\_\_\_\_ Dependent Children \_\_\_\_\_

Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other \_\_\_\_\_

Voucher Participant \_\_\_ Yes \_\_\_ No If yes, copy of Voucher and Inspection Report required.

Monthly Income: \$ \_\_\_\_\_ New Monthly Rent: \$ \_\_\_\_\_

Rent Amount Subsidized \$ \_\_\_\_\_ Tenant's Portion of Rent \$ \_\_\_\_\_

**NOTE: To qualify, your income must be at least 2 times your rent.**

Tenant's New Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Expected Move-in Date: \_\_\_\_\_

Where did you hear about our program \_\_\_\_\_

CFH Approval by: \_\_\_\_\_

Date of Approval \_\_\_\_\_

Email: [info@cfhva.org](mailto:info@cfhva.org)

Phone: 703-221-4510

FAX application to 703-221-3708



Selected as one of the areas best small non-profits in 2005, 2010 and 2011 by Catalogue of Philanthropy

**Catholics for Housing, Inc.**  
**Edie Streett Security Deposit Assistance Program**  
**Promissory Note**  
**To be completed by Applicant/Tenant**

*August 2016*

Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
*(maximum is \$200)*

I, \_\_\_\_\_, agree to repay the amount of money provided by Catholics for Housing. All payments must be sent to or delivered to their offices at 18139 Triangle Shopping Center, Suite 209, Dumfries, VA 22026-2582.

CFH expects repayment which will help another applicant with a security deposit. Payments should be made monthly, beginning with the first of the month after your landlord has received the funds. If you experience difficulty in repaying the money, please call the CFH office at 703-221-4510.

CFH expects that all adults in the household will sign this note and understand that any one or all of the adults are obligated to pay the full amount due.

_____ Signature of Borrower	_____ Date
_____ Signature of Borrower	_____ Date

**This is a loan; each recipient is expected to repay the funds received to help others**

**Phone: 703-221-4510 - FAX application to 703-221-3708**

**TO BE PROCESSED, APPLICATION MUST BE COMPLETE**



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**Catholics for Housing, Inc.**  
**Edie Streett Security Deposit Assistance Program**  
**Applicant Data Form**  
**To be completed by Applicant**

*August 2016*

*Please print all information – application must be complete*  
**Must include proof of 1 month's income and/or benefits statement**

Total Gross Income (**Before Taxes**) \$ \_\_\_\_\_ per week per month per year  
*Circle One*

Income Sources (Check **all** that apply)

Employment \$ _____ per _____	TANF \$ _____ per _____
Child Support \$ _____ per _____	Alimony \$ _____ per _____
Social Security \$ _____ per _____	Other \$ _____ per _____

Current living arrangements (check all that apply)

Transitional Housing \_\_\_\_\_ (Length of stay \_\_\_\_\_)  
 Shelter \_\_\_\_\_ (Length of stay \_\_\_\_\_)  
 Staying with a friend or family member \_\_\_\_\_  
 Motel \_\_\_\_\_ (Length of stay \_\_\_\_\_)  
 Homeless – no regular night-time residence \_\_\_\_\_  
 Other \_\_\_\_\_

Members of the household (Names):

Adults \_\_\_\_\_

Children (name and age) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant Date

\_\_\_\_\_  
 Signature of Applicant Date

**Phone: 703-221-4510 - FAX application to 703-221-3708**



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**Catholics for Housing, Inc.**  
**Edie Streett Security Deposit Assistance Program**  
**Authorization to Release Information**  
To be completed Applicant/Tenant

August 2016

*Please print all information – application must be complete*

*Must be signed by all adults*

**Client Release:**

I/We, \_\_\_\_\_, authorize the Landlord/Rental Agent to release information to Catholics for Housing, Inc., (CFH), regarding my continuing tenancy at \_\_\_\_\_ . CFH may obtain this information as long as I am a tenant at the above address, up to and after a move-out date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**This application must be completed to be processed**

**Phone: 703-221-4510 - FAX application to 703-221-3708**



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**Catholics for Housing, Inc.**  
**Edie Streett Security Deposit Assistance Program**  
**Landlord Participation Form**

To be completed by Landlord

August 2016

*Please print all information – application must be complete*

**Landlord Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Tenant(s)** \_\_\_\_\_

Monthly RENT \$ \_\_\_\_\_ Lease term: \_\_\_\_\_

Rental Property Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I, \_\_\_\_\_ (*Landlord's name*), understand that:

- Catholics for Housing (CFH) expects that the Landlord will notify CFH at 703-221-4510 when the Tenant vacates the property;
- CFH may from time to time contact the Landlord to obtain information regarding the current status of this tenant;
- CFH expects that all security deposit funds will be handled according to all regulatory requirements;
- CFH expects that all appropriate regulatory requirements regarding rental property will be met; and
- The Client/Tenant has agreed to repay this assistance to CFH.

**I also confirm that the property being rented to this Tenant is a legal rental unit and that the Landlord has the legal right to lease this unit.**

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date

**Phone: 703-221-4510 - FAX application to 703-221-3708**

**Only completed applications will be processed!**

**Checks are sent directly to the Landlord**



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