

CATHOLICS FOR HOUSING (CFH)
18139 TRIANGLE SHOPPING PLAZA, SUITE 209
DUMFRIES, VA 22026-2582
703-221-4510 – INFO@CFHVA.ORG

RENTAL PROGRAM – EMPLOYMENT VERIFICATION

То:		Date	e:		
N	Name of Employer				
Supervisor/Contact	Supervisor/Contact		Supervisor Title		
Supervisor/Contact Fax #	Supervisor/Contact Phone	Supervis	sor/Contact Email		
Re: Employee Name		Employee So	Employee Social Security Number		
hereby authorize the management ag letermining my eligibility for occupa		nquiries regarding my e	employment for the purpose of		
Applicant Signature	······································	Print Name	Date		
	se complete each question leaving no blanks. If a question does not apply to the employee, write "N/A" ployee Name: Occupation:				
1. Employee Name:					
2. Presently Employed: [] Yes [
3. Current Gross Wages/Salary: \$					
4. If hourly, number of regular hour	rs per week:				
5. Overtime pay expected: [] Yes	[] No	If yes, OT rate	# hours OT		
6. Shift Differential: [] Yes [] N	o If yes, ratepe	er hour / # of hours per	week		
7. Commissions, bonuses, tips expec	cted: [] Yes [] No	If yes,	per		
8. Pay increase anticipated: [] Yes	s [] No Amount increase	When: _			
9. Total anticipated annual earnings	for the coming 12 months	: \$			
0. If employee will not be paid for v	work time in the next 12 me	onths, please indicate p	eriod and loss of pay:		
Employer Representative Signa	ture F	rinted Name	Date		





CATHOLICS FOR HOUSING (CFH) RENTAL PROGRAM APPLICATION INSTRUCTIONS

Please follow these instructions when applying for a CFH-owned rental property:

- Fill in all blanks on the application. If something does not apply to you, please mark it N/A.
 - Only complete applications will be processed. All information must be provided.
- All information must be verifiable.
- ❖ The following documents must be submitted with your application:
 - Pay stubs for two (2) most recent months
 - Most recent benefit statements for Social Security and/or TANF
 - Verification of income from family or friends
 - Identification copy of driver's license or passport for each adult in household
- ❖ Advise the CFH office of any change to your application.

To expedite processing, all correspondence with applicants will be via email.

Applications are processed on a first-come/first-served basis. Qualified applicants will be placed in chronological order.

In the event a qualified applicant does not wish to move to tenancy, the next applicant will be contacted.

The application for any applicant not selected will be maintained for one year.

All applicants may be subject to criminal background and/or credit checks.

All applications determined to be ineligible will be shredded.



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RENTAL PROGRAM – TENANT APPLICATION FORM Please Print

Name:						
Last]	First M		Date	
Property:	Arlington	Fairfax		Free	dericksburg	
Household Comp	position					
Name		Relationship Age Head of Household		Age	Last 4 Digits of SS#	
Household Incom	ne come Information – L	ist GROSS (Before Taxes) Income fr	om ALL sources	
Name		Source of Income		of Income	Pay period Circle One	
					Weekly Bi-weekly Bi-Monthly Monthly Annually	
					Weekly Bi-weekly Bi Monthly Monthly Annually	
					Weekly Bi-weekly Bi Monthly	
					Monthly Annually Weekly Bi-weekly Bi Monthly Monthly Annually	
Fotal Gross Househ	old Income \$					
Unemployment (Compensation					
A) I am not p	resently employed but	will begin	work with (Co	mpany Name)		
					hour/week/bi-weekly/monthly	
	esently employed and esently employed but				pensation or other benefits.	
C) I am not pr	esentry employed out	1 do receive	d ochemis me			
Applicant Conta	ct Information					
Preferred Phone N	Number:		Work	k Phone Nu	ımber:	
Email						
Emergency Contact Name:			Relationship:			
Emergency Conta	ct Email:					



Recurring Gifts

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RENTAL PROGRAM – TENANT APPLICATION FORM – PAGE 2 **Please Print**

I do not receive any	y recurring gifts.	
I receive \$	weekly/bi-weekly/mont	hly from
Authorization to Relea		
I/We understand that to information contained i household income. I/V	become a Tenant with Catholics n this application. I/We understa We hereby give authorization to O	s for Housing (CFH), it may require CFH to verify and that CFH requires third-party verification of all CFH to contact appropriate parties for the express my/our eligibility to continue tenancy.
Applicant Certificatio	n	
property. I/We agree the five (5) days of the characteristics.	at should the household compositions. I/We also understand that	oplication Form will be living within the specified tion change, I/we are required to notify CFH within a change in household composition may create a ly meet the household needs or comply with local
eligibility. I/We certify knowledge and belief a	that the statements made on this nd are given with the understandi	e on this form may be used to determine income s form are true and complete to the best of my/our ng that inaccurate information my result in my/our rstand income requires third-party verification.
Completed this date: _		
Tenant's	Signature	Tenant's Printed Name
Tenant's	Signature	Tenant's Printed Name
Tenant's	Signature	Tenant's Printed Name

