



*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.



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

RENTAL PROGRAM – TENANT APPLICATION FORM – PAGE 2

Please Print

Recurring Gifts

___ I do not receive any recurring gifts.

___ I receive \$ _____ weekly/bi-weekly/monthly from _____
 Phone _____ Email _____

Authorization to Release Information

I/We understand that to become a Tenant with Catholics for Housing (CFH), it may require CFH to verify information contained in this application. I/We understand that CFH requires third-party verification of all household income. I/We hereby give authorization to CFH to contact appropriate parties for the express purpose of verifying information that will directly affect my/our eligibility to continue tenancy.

Applicant Certification

I/We confirm that only persons listed on this Tenant Application Form will be living within the specified property. I/We agree that should the household composition change, I/we are required to notify CFH within five (5) days of the change. I/We also understand that a change in household composition may create a situation in which the property will no longer adequately meet the household needs or comply with local ordinances.

I/We understand that the information regarding income on this form may be used to determine income eligibility. I/We certify that the statements made on this form are true and complete to the best of my/our knowledge and belief and are given with the understanding that inaccurate information my result in my/our application not being considered for tenancy. I/We understand 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

