



*CFH, Inc. (CFH)  
18139 TRIANGLE SHOPPING PLAZA, SUITE 209  
DUMFRIES, VA 22026-2582  
PHONE: 703-221-4510 – FAX: 703-221-3708*

*EDIE STRETT SECURITY DEPOSIT ASSISTANCE PROGRAM*

*Instructions*

**Applicant must complete **each** page  
Applications that are incomplete will not be processed**

CFH will make **one (1)** contact with the Applicant either by phone or email to advise 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 and will **NOT** be processed.

Every Applicant must attach verification of one month's income with the application. The verification must represent current income – benefit statements or current paystubs. If income verification is not attached the application will not be processed.

If a question on the application does not apply to you, please mark N/A; however, we must have the information necessary to determine eligibility.

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 before any funds will be released.

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.

**Application will NOT be processed unless the applicant has completed the entire application and submitted all attachments.**





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**EDIE STRETT SECURITY DEPOSIT ASSISTANCE PROGRAM APPLICATION – PAGE 1**

**To be completed by Applicant** Please print all information

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

**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.*

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

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

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

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

**Proof of 1 month's income and/or benefits statement must be attached**

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

**Current Income Sources (Complete all that apply)**

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

**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.

**Current living arrangements (check all that apply):**

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

**Members of the household (Names):**

Adults \_\_\_\_\_

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

**Repayment of Funds Received**

I agree to repay the amount of money provided by CFH, Inc. All payments must be sent or delivered to the CFH office at 18139 Triangle Shopping Center, Suite 209, Dumfries, VA 22026-2582, or other such address as advised by CFH.

CFH expects repayment to 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.

**All adults listed on the application are obligated to pay the full amount due.**

**Client Release**

I/We, the applicant, authorize the Landlord/Rental Agent to release information to CFH, 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.

**Attachments - required**

Verification of one month's income  
Verification from all sources of income for all adults  
Landlord Participation Form

**Applicant Certification**

The applicant certifies that all information on this application is true, accurate and complete. I understand that if information is missing or found to be inaccurate, the application will not be processed or may be determined to be ineligible. The applicant also agrees to re-pay the funds received as noted on Page 3 and to allow CFH to contact anyone necessary to determine eligibility.

Agreed to this date: \_\_\_\_\_ :

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

CFH Approval by: \_\_\_\_\_ Date of Approval \_\_\_\_\_

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

Phone: 703-221-4510

FAX application to 703-221-3708





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**EDIE STRETT SECURITY DEPOSIT ASSISTANCE PROGRAM LANDLORD PARTICIPATION FORM –  
 PAGE 4**

**To be completed by Landlord** Please print all information

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

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

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

- CFH, Inc. (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

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

Phone: 703-221-4510

FAX application to 703-221-3708

