

CFH, 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

July 2021

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 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.

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

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Edie Streett Security Deposit Assistance Program

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JULY 2021

Please print all information/application must be complete

Amount requested (maximum is \$300)

\$ _____

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

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

CFH, Inc.
Edie Streett Security Deposit Assistance Program
Promissory Note
To be completed by Applicant/Tenant

July 2021

Date: _____ Amount \$ _____
(maximum is \$300)

I, _____, agree to repay the amount of money provided by CFH (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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CFH, Inc.

Edie Streett Security Deposit Assistance Program

Applicant Data Form

To be completed by Applicant

July 2021

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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CFH, Inc.
Edie Streett Security Deposit Assistance Program
Authorization to Release Information
To be completed Applicant/Tenant

July 2021

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 CFH (Catholics for Housing, Inc.), 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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CFH, Inc.
Edie Streett Security Deposit Assistance Program
Landlord Participation Form

To be completed by Landlord

July 2021

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: _____ Security Deposit \$ _____

Rental Property Address _____

City/State/Zip _____

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

- CFH (Catholics for Housing) 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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