



CFH, Inc.

7702 Donegan Dr. Manassas, VA 20109

Edie Streett Security Deposit Assistance Program

Application - To be completed by Applicant.

Instructions

Please fill out every question. If the question does not apply to you mark as N/A; however, we must have the information necessary to determine eligibility.

Every Applicant must attach verification of one month's income with the application. (All names on the lease are considered applicants). The verification must represent current income. Verification should be benefits statements or current pay statements.

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.

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

Applications can be sent to:

Email: info@cfhva.org or Fax: 703-221-3708

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



CFH, Inc.

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Application - To be completed by Applicant.

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.

Total Gross Income (Before Taxes) \$ _____ per week per month per year

Circle One

Income Sources (Check **all** that apply, please attach current proof of all income.)

Employment \$ _____ per _____

TANF \$ _____ per _____

Child Support \$ _____ per _____

Alimony \$ _____ per _____

Social Security \$ _____ per _____

Other \$ _____ per _____

Are you currently Homeless? _____

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: dianne@cfhva.org

Phone: 703-221-4510

FAX: 703-221-3708

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

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

I, _____, agree to repay the amount of money provided by CFH. All payments must be sent to or delivered to their offices at 7702 Donegan Court, Manassas, VA 20109

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.

Client Release:

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

Signature Date



CFH, Inc.

7702 Donegan Drive

Manassas Va 20109

**Eddie Streett Security Deposit Assistance Program
Landlord Participation Form**

To be completed by Landlord

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 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 or Email: dianne@cfhva.org

Checks are sent directly to the Landlord