



CFH, Inc.
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.



CFH, Inc.

7702 Donegan Drive

Manassas, VA 20109

703-221-4510 – INFO@CFHVA.ORG

RENTAL PROGRAM – TENANT APPLICATION FORM

Please Print

Name: _____
Last First M.I. Date

Property: _____ Arlington _____ Fairfax _____ Fredericksburg

Household Composition

Name	Relationship	Age	Last 4 Digits of SS#
	Head of Household		

Household Income

Income Information – List **GROSS** (Before Taxes) Income from ALL sources

Name	Source of Income	Amount of Income	Pay period		
			Circle One		
			Weekly Monthly	Bi-weekly Annually	Bi- Monthly
			Weekly Monthly	Bi-weekly Annually	Bi Monthly
			Weekly Monthly	Bi-weekly Annually	Bi Monthly
			Weekly Monthly	Bi-weekly Annually	Bi Monthly

Total Gross Household Income \$ _____

Unemployment Compensation

- ___ A) I am not presently employed but will begin work with (Company Name) _____ on (Date) _____ and will earn \$ _____ per hour/week/bi-weekly/monthly.
- ___ B) I am not presently employed and do not receive unemployment compensation or other benefits.
- ___ C) I am not presently employed but I do received benefits from _____.

Applicant Contact Information

Preferred Phone Number: _____ Work Phone Number: _____

Email _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Email: _____

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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 CFH Inc., 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 may 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



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RENTAL PROGRAM – EMPLOYMENT VERIFICATION

Applicant: complete this box ONLY; return to CFH after completing this box ONLY

To: _____ Date: _____

Name of Employer

Supervisor/Contact

Supervisor Title

Supervisor/Contact Fax #

Supervisor/Contact Phone

Supervisor/Contact Email

Re: Employee Name

Employee Social Security Number

I hereby authorize the management agent listed below to make inquiries regarding my employment for the purpose of determining my eligibility for occupancy.

Applicant Signature

Print Name

Date

Employer:

The individual named above is an applicant to a housing program that requires verification of income. The information provided will remain confidential to the satisfaction of the stated purpose only. Your prompt response is very important and greatly appreciated. Thank you!

Please return completed form to: **CFH, Inc. FAX: 703-221-3708 / Email: info@cfhva.org**

Please complete each question leaving no blanks. If a question does not apply to the employee, write "N/A"

1. Employee Name: _____ Occupation: _____

2. Presently Employed: [] Yes [] No Date First Employed: _____ Last Day: _____

3. Current Gross Wages/Salary: \$_____ per (circle one) hourly/weekly/bi-weekly/semi-monthly/monthly

4. If hourly, number of regular hours per week: _____

5. Overtime pay expected: [] Yes [] No If yes, OT rate _____ # hours OT _____

6. Shift Differential: [] Yes [] No If yes, rate _____ per hour / # of hours per week _____

7. Commissions, bonuses, tips expected: [] Yes [] No If yes, _____ per _____

8. Pay increase anticipated: [] Yes [] No Amount increase: _____ When: _____

9. Total anticipated annual earnings for the coming 12 months: \$_____

10. If employee will not be paid for work time in the next 12 months, please indicate period and loss of pay:

Employer Representative Signature

Printed Name

Date

Title

Phone

Fax

Email

