



## SECURITY DEPOSIT RENTAL ASSISTANCE PROGRAM

Provides up to \$1,000 to qualified applicants needing security deposit and related assistance necessary to rent a dwelling. The Applicant and Co-Applicant must provide all of the following, if applicable:

- Please complete and sign the attached application
- Attach a copy of a Picture ID for the Applicant and Co-Applicant
- Copy of current income for ALL household members, including most recent:
  - 9 paycheck stubs (if paid every week)
  - 5 paycheck stubs (if paid every two weeks)
  - 4 paycheck stubs (if paid twice a month)
  - 2 paycheck stubs (if paid once a month)
- Proof of Child Support (Most recent 12 months print out)
- Copy of Child Support Court Order
- Current Year SSI (Social Security Supplemental Income Awards letter – if applicable)
- Current Year SSA (Social Security Awards letter - if applicable)
- Current Pension checks or letter
- Current Year VA Disability or Retirement letter
- Signed Federal Tax Returns for two most recent years
- All W-2s for two most recent years
- Bank Statements (2 most recent months for each account) - all pages, including blank pages
- Most recent quarterly IRA/401k statement (if applicable) - all pages, including blank pages
- Copy of proposed lease showing terms, rent amount and security deposit required

(2) Return the completed application and other documents to either:

<b>Community Housing Services Agency, Inc.</b>
Anita Smith-Dixon <a href="mailto:asmithdixon@savannahga.gov">asmithdixon@savannahga.gov</a> 912-651-2169
5515 Abercorn St Savannah, GA 31405



# SECURITY DEPOSIT RENTAL ASSISTANCE APPLICATION

## APPLICANT INFORMATION

Name:		How did you hear about the program?	
Date of birth:	SSN:	Cell Phone:	
Marital Status: (Circle One) Married Separated Unmarried Widowed Divorced			
Email Address:		Home Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent Live with Relative Other	How long at this address?		
Monthly payment or Rent:\$		Do you receive Section 8? Y N Amount:	
Previous address ( if less than 2 years at current address):			
City:	State:	ZIP Code:	
Own Rented Other	Monthly payment or rent:\$	How long at this address?	
What is your comfort level for a House Payment?			

## APPLICANT EMPLOYMENT INFORMATION

Employer:		Start Date?	
Address:		Work Phone:	
City:	State:	ZIP Code:	
Position:	(Please Circle One) Hourly Salary Annual \$	# of Hours	
	Weekly:		

## APPLICANT ADDITIONAL EMPLOYMENT INFORMATION

Employer:		Start Date?	
Address:		Work Phone:	
City:	State:	ZIP Code:	
Position:	(Please Circle One) Hourly Salary Annual \$	# of Hours	
	# of Hours Weekly:		

## CO-APPLICANT INFORMATION

Name:		Will you live in new home being purchased? Y N	
Date of birth:	SSN:	Cell Phone:	
Marital Status: (Circle One) Married Separated Unmarried Widowed Divorced			
Email Address:		Home Phone:	
Current address:		How long at this address?	
City:	State:	ZIP Code:	
Own Rent Live with Relative Other			





# SECURITY DEPOSIT RENTAL ASSISTANCE APPLICATION

Monthly payment or Rent:\$ \_\_\_\_\_ Do you receive Section 8? Y N Amount: \_\_\_\_\_

Previous address ( if less than 2 years at current address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Continued on next page

Owned Rented Other \_\_\_\_\_ Monthly payment or rent: \_\_\_\_\_ How long at this address? \_\_\_\_\_

### CO-APPLICANT EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Start Date? \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position: \_\_\_\_\_ (Please Circle one) Hourly Salary Annual \$  
# of Hours Weekly: \_\_\_\_\_

### CO-APPLICANT ADDITIONAL EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Start Date? \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position: \_\_\_\_\_ (Please Circle one) Hourly Salary Annual \$  
# of Hours Weekly: \_\_\_\_\_

### LIST ALL OCCUPANTS OF HOUSE TO BE PURCHASED (LIST ALL PERSONS THAT WILL BE LIVING IN THE HOUSE)

NAME:	Relationship	AGE	Income/Benefit
	Self		

Anticipated date to enter a lease? \_\_\_\_\_ Name and phone number of landlord? \_\_\_\_\_



Continued on next page

**OTHER ASSETS(CHECKING, SAVINGS, ETC), OR SOURCES OF INCOME**

NAME OF BANK OR CREDIT UNION	TYPE	ACCOUNT BALANCE
	Checking	

**ADDITIONAL REQUIRED INFORMATION**

Are you in the military, a Veteran or a Surviving Spouse of Veteran?    Yes                      No

**SECURITY DEPOSIT RENTAL ASSISTANCE PROGRAM**

The Security Deposit Rental Assistance Program is a grant. **THIS IS NOT A LOAN.**

**By signing below, I acknowledge any money received or paid on my behalf from the HNSD/CHSA Security Deposit Rental Assistance Program is a grant and not a loan.**

Applicant \_\_\_\_\_ Date \_\_\_\_\_                      Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DEMOGRAPHIC INFORMATION OPTIONAL**

Applicant: ___ I do not wish to furnish this information.	Co-Applicant: ___ I do not wish to furnish this information.
<b>(Circle appropriate choices on each line)</b>	<b>(Circle appropriate choices on each line)</b>
<b>Ethnicity:</b> Hispanic or Latino    Not Hispanic or Latino	<b>Ethnicity:</b> Hispanic or Latino    Not Hispanic or Latino
<b>Race:</b> American Indian / Alaska Native / Asian / Black or African American / Native Hawaiian / Other Pacific Islander / White	<b>Race:</b> American Indian / Alaska Native / Asian / Black or African American / Native Hawaiian / Other Pacific Islander / White
<b>Sex:</b> Male            Female	<b>Sex:</b> Male            Female

**Authorization & Certification**

The undersigned applicant(s) authorize the City of Savannah, Housing & Neighborhood Services Department (HNSD) and CHSA, to verify all information reported above and on the HNSD and CHSA grant application. The applicant(s) also authorize the HNSD/CHSA to obtain his/her/their credit report(s) as part of this application process. The applicant(s) agree to provide the HNSD/CHSA with information it requests in a timely manner. The undersigned also understands that completing this application process should not be construed as being approved of a grant. The undersigned applicant(s) certify that all information reported above and on the HNSD and CHSA grant application is true and accurate.

I hereby certify that I am:(ALL SIGNERS MUST INITIAL ONE OF THE FOLLOWING)

\_\_\_\_\_a US Citizen or \_\_\_\_\_a legal alien                      \_\_\_\_\_a US Citizen or \_\_\_\_\_a legal alien

Signature of Applicant	Date
Signature of Co-Applicant	Date

