



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 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:

Community Housing Services Agency, Inc.
Adela Smith asmitho2@savannahga.gov 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 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.
(Circle appropriate choices on each line)	(Circle appropriate choices on each line)
Ethnicity: Hispanic or Latino Not Hispanic or Latino	Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: American Indian / Alaska Native / Asian / Black or African American / Native Hawaiian / Other Pacific Islander / White	Race: American Indian / Alaska Native / Asian / Black or African American / Native Hawaiian / Other Pacific Islander / White
Sex: Male Female	Sex: 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

