



*We Help Veterans & Families
Find More Peace in Their Life*

Revised: 3/17/25

FUNDING CRITERIA APARTMENT SECURITY DEPOSIT

Date: _____

Name of Veteran needing aid: _____

How much money is needed? _____

Date amount is needed: _____

Describe why funding is needed. Details are important!

Have you been late with payments before?

If yes, please explain:

Can you state you will be able to make future payments in a timely manner? Yes, ___ No ___

If not, why not? _____

Who else has been contacted for assistance and what was the outcome (agencies)?

Do the Landlord or Property Management accept multiple payments from multiple organizations? Yes, ___ No ___

Preferred method of payment (check or credit card)? _____



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Is Veteran employed? Yes, ___ No ___

If yes, where employed? _____

Supervisor name: _____

Phone number: _____

How many hours a week? _____ Monthly income? _____

Does Veteran have other sources of income:

VA benefits? Yes, ___ No ___

If yes, what is their monthly income? _____

Social Security? Yes, ___ No ___

If yes, what is their monthly income? _____

Social Security Disability? Yes, ___ No ___

If yes, what is their monthly income? _____

Spouse Employed? Yes, ___ No ___

If yes, what is their monthly income? _____

List all other household income and their sources:

Is Veteran otherwise self-sustaining for monthly expenses? Yes, ___ No ___

Do you have personal funds to offset the amount requested? Yes, ___ No ___

If yes, how much? _____



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Are you supporting any dependents? Yes, ____ No ____

If yes, please list members and ages: _____

Details of your monthly household expenses. Remember to include expenses, such as, groceries, insurance, phone bill etc.

Will you be refunded your security deposit from your previous apartment?

If so, how much: _____

If not, why not: (be specific): _____

For New Apartment

Signed copy of the entire lease agreement on landlord's letterhead with, name, address, and phone number of property management.

For Previous Apartment

Landlord name: _____

Landlord number: _____

How long did you live there: _____

Why are you moving? _____



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Were you ever behind in rent? Yes, ___ No ____

Are you being evicted? If yes, explain:

Did you have confrontations with other residents? If yes, explain:

We will call your previous landlord to confirm your answers.

To be considered for assistance, Qualified Listeners will need the following in addition to this completed form, copy of Honorably Discharged DD214, and photo ID:

No action will be taken on your request until all questions are answered and all supporting documentation is received.

Person completing this form:

Name (please print)

Signature