

DBHDS Office of Community Housing Financial Need Verification Form

Support Coordinators: please complete this form if you are referring an individual for a DBHDS housing resource (e.g., Housing Choice Voucher Preference, SRAP) who already currently lives in independent housing. The purpose of the form is to document whether the individual is financially burdened by housing costs. Submit this form and required attachments with the DBHDS housing referral package to housingreferrals@dbhds.virginia.gov.

Individual's First and Last Name: _____

Street Address of Individual's Residence: _____

City, State, Zip: _____

Support Coordinator Name: _____ Date: _____

CSB Name: _____

1. List the amount of monthly income the individual currently receives in each category. "Family Support/Direct Assistance" includes any amounts the individual's family contributes to keep the individual independently housed, whether paid directly to the individual or to third parties.

SSI	\$ _____
SSDI	\$ _____
SSDAC	\$ _____
SSA	\$ _____
Employment	\$ _____
Pension	\$ _____
Family Support/Direct Assistance	\$ _____
Other 1: _____	\$ _____
Other 2: _____	\$ _____

2. **FOR INDIVIDUALS WHO ARE FINANCIALLY BURDENED WHILE LIVING IN RENTAL HOUSING:** Please submit a copy of the lease that shows the current monthly rent amount and most recent tenant-paid utility bills (electric, water, sewer, gas, oil, propane and/or trash).
3. **FOR INDIVIDUALS WHO ARE FINANCIALLY BURDENED IN A HOME THEY OWN AND WANT TO MOVE TO A RENTAL UNIT:** Please submit copies of the most recent bills for the mortgage payment, real estate taxes, homeowner's insurance and owner-paid utilities (electric, water, sewer, gas, oil, propane and/or trash).

*NOTE: DBHDS Housing Resources can be used in rental housing but not owner-occupied housing.

FOR DBHDS USE ONLY:

Total Monthly Income	\$ _____
Total Current Monthly Housing Costs	\$ _____
Percentage of Monthly Income Spent on Housing Costs	_____
Rent Burdened? [] YES [] NO	

Housing Coordinator Signature _____