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Applicant Name: _____

Client Number: _____

Current Address: _____

E-mail address: _____

Rental Address: _____

Client Phone Number: _____

Alternate Number: _____

Name of Landlord: _____ (Matching payments will *only* be made to the Landlord)

EXPECTED MOVE IN DATE: _____

DATE SUBMITTED: _____

To be considered, all of the following documents have to be submitted to **Marco.Ferreira@hacfl.com**

1. This fully completed and signed application
2. A document showing security deposit amount paid by applicant to Landlord (such as check, Money Order)
3. A copy of your lease
4. A copy of your HCV Voucher - RFTA

Please fill in the numbers in the 2nd column:

Total Amount of Deposit	\$
Applicant's Contribution to Deposit:	\$
Amount Requested by Applicant (must be the same as contributed by the applicant, up to \$2,000):	\$

Please explain why you are an appropriate candidate for this limited assistance:

Signature: _____

Date: _____