

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. Referrals for individuals currently leasing rental housing must include:

FOR INDIVIDUALS WHO ARE FINANCIALLY BURDENED WHILE LIVING IN RENTAL HOUSING:

- Financial Need Verification Form
- Copy of the most current lease
- Statement from the owner/property manager stating the current lease will be mutually terminated and re-executed for participation in the rental assistance program (**if rental assistance is approved**) for individuals that plan to leasing in place
- Support Coordinator statement indicating why rental assistance is needed
- Most recent utility bills for ALL tenant-paid utilities (electric, water, sewer, gas, oil, propane and/or trash)
- Proof of income (Award letter, last 2 paystubs)

FOR INDIVIDUALS WHO ARE FINANCIALLY BURDENED IN A HOME THEY OWN AND WANT TO MOVE TO A RENTAL UNIT:

- Submit copies of the most recent bills for the mortgage payment, real estate taxes, homeowner's insurance
- Most recent owner-paid utilities (electric, water, sewer, gas, oil, propane and/or trash)
- Proof of income (Award letter, last 2 paystubs)

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

Submit this form and required attachments with the DBHDS housing referral to: housingreferrals@dbhds.virginia.gov

Individual's First and Last Name: _____

Street Address of Individual's Residence: _____

City, State, Zip: _____

SC Name/CSB Name: _____ Date: _____

List the amount of monthly income the individual currently receives. "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.

Monthly Income	
Earned Income (Employment)	\$
SSI	\$
SSDI	\$
SSA	\$
Pension	\$
Family Support/Direct Assistance	\$
Other	\$
TOTAL INCOME:	\$

Expenses - Please list monthly Fixed and Flexible expenses below.

Monthly Fixed Expenses	Cost
Rent*	\$
Electric	\$
Gas/Oil	\$
Water/Sewer	\$
Home Phone	\$
Cell Phone	\$
Internet Service	\$
Trash Pickup	\$
Cable	\$
Medical Insurance	\$
Auto Insurance	\$
Life Insurance	\$
Renters Insurance	\$
Child Support/Alimony	\$
Child Care	\$
Other	\$
TOTAL FIXED:	

Monthly Flexible Expenses	Cost
Savings	\$
Groceries	\$
Eating Out	\$
Entertainment/Hobbies	\$
Laundry	\$
Cleaning/Household Supplies	\$
Clothes/Personal Care Supplies	\$
Gasoline/Bus/Taxi	\$
Newspaper/Magazines	\$
Alcohol/Cigarettes	\$
Tuition/Books	\$
Barber/Beautician	\$
Auto Maintenance	\$
Doctor/Dentist	\$
Pets	\$
Parking	\$
Repairs	\$
TOTAL FLEXIBLE:	

FOR DBHDS USE ONLY:

Total Monthly Income \$ _____

Total Current Monthly Housing Costs \$ _____

Percentage of Monthly Income Spent on Housing Costs _____