

Application Fee Assistance Request Instructions

CMTO may be able to assist you if you need help paying application fees. Please follow the steps below to request help.

Step 1: Is the home in a CMTO opportunity area?

Check www.creatingmoves.org to make sure the address is in the opportunity areas.

Step 2: Is the home a good fit for your family?

Take a tour to view the home before you decide to apply. Check to make sure the monthly rent is affordable with your Housing Choice Voucher.

Step 3: Do you have your information ready?

Fill out the packet and submit ALL of the following information to InterIm CDA. Your application assistance cannot be completed if information is missing or incomplete.

- ☐ Completed application form for every household member 18 years and older
- ☐ Completed Property Information and consent form
- ☐ Copy of photo ID for all household members 18 years and older
- ☐ Income verification for all household members 18 years and older (2 months of paystubs or recent copy of TANF/SSI letters)

After you complete these 3 steps, you can submit your packet to InterIm CDA to get help with your application:

In-Person

Drop your completed packet and documents off at

**601 S King Street, Suite 305
Seattle, WA 98104**

**Office is open from 9:00 am -
5:00 pm Monday-Friday.*

Email

info@creatingmoves.org

Fax

206-623-3479

Text

Send CLEAR pictures of your completed application packet and all required documents to 206-771-5137

Please allow 24-48 hours for InterIm CDA to respond to your request.

Application Form

Notice: All adult applicants (18 years or older) must complete a separate application.

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE	MOBILE PHONE		EMAIL
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIPCODE
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE	
MONTHLY RENT	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIPCODE
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE	
MONTHLY RENT	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
1.		3.		
2.		4.		
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER				
1.		4.		
2.		5.		
3.		6.		
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY	
SUPERVISOR NAME	SUPERVISOR PHONE	START DATE	END DATE	
2. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY	
SUPERVISOR NAME	SUPERVISOR PHONE	START DATE	END DATE	

1. OTHER INCOME DESCRIPTION			MONTHLY INCOME
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME
EMERGENCY CONTACT			
NAME	ADDRESS	PHONE	RELATIONSHIP
PERSONAL REFERENCES			
1. NAME	ADDRESS	PHONE	RELATIONSHIP
2. NAME	ADDRESS	PHONE	RELATIONSHIP
PET INFORMATION			
TYPE OF ANIMAL	BREED	SIZE	NAME
VEHICLE INFORMATION			
1. MAKE & MODEL	YEAR	COLOR	LICENSE #
2. MAKE & MODEL	YEAR	COLOR	LICENSE #
OTHER INFORMATION			
HAVE YOU EVER:	FILED FOR BANKRUPTCY?	WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE?	
	BEEN CONVICTED OF A CRIME? IF YES, PLEASE PROVIDE TYPE OF OFFENSE, COUNTY, AND STATE?		
	BEEN EVICTED OR LEFT A TENANCY OWING MONEY?		
DO YOU OR ANYONE IN YOUR HOUSEHOLD SMOKE?			

PROPERTY INFORMATION		
STREET ADDRESS		CITY STATE ZIPCODE
PROPERTY MANAGER NAME	PROPERTY MANAGER PHONE	PROPERTY MANAGER EMAIL
DESIRED MOVE-IN DATE	MONTHLY RENT	TENANT-PAID UTILITIES <input type="checkbox"/> Electric <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Garbage <input type="checkbox"/> Water
LEASING EXPENSES Holding Fee \$_____ Security Deposit \$_____ <input type="checkbox"/> Refundable <input type="checkbox"/> Non-Refundable <input type="checkbox"/> Refundable <input type="checkbox"/> Non-Refundable		

Required Documents

Please enclose the following:

- ☐ Copy of photo ID for all household members 18 years and older
- ☐ Income verification for all household members 18 years and older (2 months of paystubs or recent copy of TANF/SSI letters)

Consent Form

I am voluntarily giving permission to InterIm CDA to use the information I have provided to submit rental applications on my behalf through the Creating Moves to Opportunity program.

I affirm the information I provide to InterIm CDA is true and correct. It is my responsibility to make sure that all the information I provide to InterIm CDA is complete. InterIm CDA is not responsible for verifying my personal information or the affordability of the unit to which I am applying.

I understand that I may submit this Application Fee Assistance Request Packet to InterIm CDA by email, text, fax, or in-person and I accept the security risks of sending my personal identifying information electronically if I chose to email, text, or fax my information. I understand that sending my personal identifying information by email, text, or fax is not secure and InterIm CDA is not responsible for a breach in security.

I understand that if I am approved for a unit that I applied to with InterIm CDA's assistance and I decide not to rent the unit, I will not be eligible to receive any further assistance with application fees.

By signing below, I confirm I have read and understand the information presented in this consent form. If I have questions about this consent form I can contact **Renae Figueira** by email: rfigueira@interimcda.org or phone: **206-802-4697**.

Name (Printed):	
Signature:	
Date:	