



Housing Counseling Services, Inc.

Est. 1972
Serving DC, MD and VA

2410 17th St., N.W. • Suite 100 • Adams Alley • Washington, D.C. 20009
202-667-7006 • www.housingetc.org

Security Deposit/1st Month's Rent Verification

To:

_____ has recently applied to Housing Counseling Services, Inc. for financial
(CLIENT NAME)
assistance towards their security deposit or first month's rent for your rental property. In order to process this application, we need confirmation of the payments required to let the client move in.

Please fax this completed form, a signed W-9 Federal Form within the current calendar year and a copy of the proposed lease for the unit to 202-667-0862 or send by email to documents@housingetc.org.

If we do not receive these documents, we will not be able to assist your potential tenant. Please contact us at 202-667-7006 if you have further questions. Your assistance is greatly appreciated!

Tenant Name: _____

Address of Approved Unit: _____

Lease Start Date: _____

First Month's Rent: _____

Security Deposit: _____

Monthly Rental Amount: _____

Payee Name: _____

This should match the name on the W9

Payment Mailing Address: _____

This should match the address on the W9

Taxpayer ID/SS#: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____ Phone Number: _____