



*The Society of  
St. Vincent de Paul*

In The Archdiocese of Boston, Inc.  
18 Canton Street, Stoughton, MA 02072  
781-344-3100 FAX 781-341-4560

**INSTRUCTIONS FOR APPLYING FOR SECURITY DEPOSIT ASSISTANCE**

1. During a home visit help the family complete the Application for Security Deposit Assistance and the Authorization for Release of Information. Ask for pay stubs, other income verification and bank account statements to verify the information.
2. Sign and date the Request for Security Deposit Assistance Funds. After the Conference President signs it, mail or FAX it to the Central Office along with the application, authorization and a copy of the applicant's identification.
3. Irene DeBlois will review and approve the application. Contact Irene for assistance with the paperwork or to provide information about additional community resources.
4. A check for the security deposit will be sent directly to the landlord. The landlord will be asked to sign a receipt assuring the return of the funds to the Society.
5. Security Deposit Program is for Families with children under the age of 18.
6. Conference must review status of family quarterly once Security Deposit is issued.



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**TIPS FOR FAMILY FINANCES FORM ON APPLICATION**

**Income** – Use your net paycheck (what you take home after deductions)

- If you're paid weekly – Figure 4.3 paychecks per month.
- If you're paid bi-weekly – Figure 2.2 paychecks per month.
- Commission, overtime, bonuses – Divide yearly income by 12.
- Other income: Consider dividends, interest, child support, gifts, tax refunds or business income.

**Expenses** – Check registers or credit card statements could help you calculate amounts.

- Utilities – Estimate based on relative size of new apartment. Is the hot water electric, gas or oil? Are any utilities included in the rent?
- Transportation costs – Public transportation or vehicle costs. Vehicle costs include loan, gas, repairs, excise tax, registration and maintenance.
- Laundry – Include both dry cleaning and laundromat costs.
- Insurance – Include medical (if it isn't a payroll deduction), life, renter's and vehicle insurance.
- Other expenses – Consider Internet connection, alimony, child support, classes, entertainment, meals eaten out, pet care, support to relatives, donations, children's allowances, gifts, dues, past due utilities and haircuts.



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**REQUEST FOR SECURITY DEPOSIT ASSISTANCE FUNDS**

*(Please print clearly)*

Amount requested: \$ \_\_\_\_\_ Date Due to Landlord: \_\_\_\_\_

Check made Payable to: \_\_\_\_\_

District: \_\_\_\_\_

Conference: \_\_\_\_\_

Conference President: \_\_\_\_\_

Conference President Signature: \_\_\_\_\_

A home visit with this family determined their need and appropriateness for the program.

Vincentian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Vincentian Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_



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## **APPLICATION FOR SECURITY DEPOSIT ASSISTANCE**

*(Please print clearly)*

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_ Town \_\_\_\_\_

Current Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Residents of New Housing	M / F	Date of Birth	Relationship

Are you expecting any change in family make-up? \_\_\_\_\_

What is your current living situation?

Shelter       In residential treatment       In subsidized housing

Doubled up       In transitional housing       In private apartment

Other (please explain) \_\_\_\_\_

**FAMILY FINANCES**

Monthly Income

Wages: \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Monthly Expenses

Rent (New) \$ \_\_\_\_\_  
Groceries, etc. \$ \_\_\_\_\_  
Heat \$ \_\_\_\_\_  
Electric \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_  
Cable \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Child care \$ \_\_\_\_\_  
Past bills & credit \$ \_\_\_\_\_  
Laundry \$ \_\_\_\_\_  
Medical \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

**NEW HOUSING**

Address: \_\_\_\_\_

\_\_\_ Private rental – lease      \_\_\_ Section 8      \_\_\_ Public Housing  
\_\_\_ Private housing – subsidized      \_\_\_ Other (explain) \_\_\_\_\_

Landlord’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Landlord’s Address \_\_\_\_\_

Total start-up costs needed:

First month’s rent \$ \_\_\_\_\_ Last month’s rent \$ \_\_\_\_\_

Security deposit \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Date Security Deposit due to landlord: \_\_\_\_\_

Do you expect any changes to your finances in the next year? Please explain. \_\_\_\_\_

\_\_\_\_\_

Additional information which may be useful in understanding your request for assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application presents a complete and accurate view of my need for assistance and my ability to afford my new housing. I agree to work with the Society and keep them informed of my progress.

I understand the Security Deposit and interest will be refunded to the Society. I will keep the apartment clean and damage free.

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Date



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

*(Please print clearly)*

I, \_\_\_\_\_, understand in order to assist in the resolution of my housing crisis and the coordination of stabilization services, the St. Vincent de Paul Society may need to share information with my landlord, my property manager, housing agency staff, St. Vincent de Paul members, staff and others. I authorize the Society to obtain or disclose only such information as will help me in the resolution of my housing crisis. I understand I may revoke this release in writing at any time, although I realize some actions may have already been taken on my behalf.

I understand this release of information is good for one year from the date signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, will do my best to respect your privacy. I will only obtain or disclose information necessary to help with the resolution of your housing crisis and the coordination of stabilization services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3/10/08



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Signature

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3/10/08