MY SISTERS' PLACE, INC.

My Sister's Place Inc. Rent Subsidy / Security Deposit Program
In association with First Congregational Church of Vernon (FCCV)

The objective of this program is to assist people who would otherwise be unable to obtain a security deposit and secure permanent housing in the Greater Hartford region.

ELIGIBILITY GUIDELINES

The following guidelines are to be followed in determining who qualifies to be served by this program **(Very important—please read):**

1. The applicant must be 18 years or older to qualify for this program.

2. The applicant must currently be low income, at or below 200% of the 2022 Federal Poverty level (FPL). Based on your household size, for 1 person is $27,180/yr or $2,265/mo., 2 people is $36,620/yr or $3,052/mo, 3 people is $46,060/yr or $3,838/mo, 4 is $55,500/yr or $4,625/mo, 5 is $64,940/yr or $5,412/mo, and 6 is $74,380/yr. or $6,198/mo.

3. Referral to this program is optional and can be made by a staff member that provides their case management at the facility they live at or in their community. Applicant can also be self-referred.

4. The applicant must have already identified and been approved for an apartment in one of the towns in Hartford or Tolland counties and the name and address of the landlord must be provided. Towns that are eligible include: Hartford, Andover, Avon, Bloomfield, Bolton, Canton, Columbia, Coventry, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hebron, Manchester, Mansfield, Marlborough, Newington, Rocky Hill, Simsbury, Somers, South Windsor, Stafford, Suffield, Tolland, Union, Vernon, West Hartford, Wethersfield, Willington, Windsor, and Windsor Locks.

   Please Note: The approval letter will be sent to the Landlord or Property Management Company, not the client. The applicant should not have already moved into the apartment before their application is approved.

5. Please inform your prospective landlord or property manager that should you be approved we won't be sending a check for the security deposit, but rather a letter guarantee that can be used to cover any damages at move out if needed.

6. Security deposit applications are approved on a first come, first served basis, and will be completed while funds are still available.

7. Applicants must not be currently receiving Security Deposit/Rental Subsidy from any other agency or be receiving funds from multiple sources.

ADDITIONAL APPLICATION REQUIREMENTS

Before an application will be processed the following items must be provided with an application:

1. Income verification (a month's worth of paystubs and/or entitlements budget sheet) and documentation of subsidy assistance or housing voucher that may be provided. Please note: Applicant should not be paying more than 55% of his/her income towards rent, Rent-to-Income ratios higher than 50% will be reviewed on a case-by-case basis but are not guaranteed. Applicant must also be at or below 200% of the Federal Poverty Level (FPL).

MY SISTERS' PLACE, INC.

Please note, funding is limited and distributed based on date the completed application was received.

2. A completed W-9 tax form from landlord is required as proof of ownership of the apartment.

3. A completed SDG program application at the end of this application OR denial letter from them if already applied. **It is mandatory that this be included, or may cause delays to your application**. To be eligible, you must be denied by DOH for their SDG program based on either income too high, not being homeless, or being undocumented.

4. Agreement to provide a copy of the lease which will be mailed to the My Sisters' Place Housing Coordinator for applicant's record.

5. A promissory statement from the applicant requesting assistance that he/she will notify the Housing Coordinator of My Sisters' Place Inc. if he/she vacates the unit before one year's time has lapsed.

6. A completed HMIS form in the back of the application authorizing release of the applicant's info, and completed Release of Info (ROI) authorizing release of the applicant's info to share with First Congregational Church of Vernon and the State of CT Department of Housing.

****Any application NOT meeting the above guidelines and missing any paperwork will be deemed incomplete, delayed, and potentially denied****

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HEAD OF HOUSEHOLD INFORMATION

First Name: _____ M.I.:____ Last Name: _____

Referring Agency: _____ □ Shelter □ Transitional Living Program

Applicant Address: _____ Phone: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ SSN: _____

Gender: □ Male □ Female □ Transgender □ Unknown

Primary Race: □ American Indian or Alaskan Native □ Native Hawaiian or Other Pacific Islander □ Asian □ Black or African American □ Other □ Other Multi Racial □ White

Primary Ethnicity: □ Hispanic/Latino □ Non-Hispanic/Non-Latino

Type of Living Situation: _____

Length of Stay: □ One week or less □ More than one week, but less than one month □ One to three months □ More than three months, but less than one year □ One year or longer

Zip Code of Last Permanent Address: _____

Zip Code Data Quality: □ Full zip code reported □ Don't Know/Refused

Are you a veteran of the U.S. military? □ Yes □ No □ Don't Know □ Refused

Do you have a disability of a long duration? □ Yes □ No □ Don't Know □ Refused

Highest Educational Level Attained: _____

Marital Status: □ Married/Civil Union □ Separate □ Divorced □ Widowed □ Other (Please Explain): _____

MY SISTERS' PLACE, INC.

HOUSEHOLD INFORMATION

This section excludes the head of household named above and includes both other adults and custodial children.

Full Names of All Household Members (First, MI, Last)	Relationship to Head of Household	DOB	SS#	Gender	Primary Race	Ethnicity	Veteran (Y/N)	Disability (Y/N)	Highest Educational Level Attained

FINANCIAL INFORMATION & INCOME SOURCE(S)

This section includes all household members with a source of income.

SOURCE	RECIPIENT NAME	CASE NUMBER	RECERT. DATE	MONTHLY AMOUNT
Wages – Full Time				
Wages – Part Time				
TANF				
SSI/SSDI				
Food Stamps				
Unemployment Benefits				
Alimony				
Child Support				
Medicaid				
Other (Please explain below)				

Total: _____

MY SISTERS' PLACE, INC.

HOUSING INFORMATION

Has permanent housing been established (found): □ Yes □ No
If "**No**", See page 1 for Guidelines for Eligibility
If "**Yes**", please continue:

Landlord Information:

First Name: _____ M.I.:____ Last Name: _____

Agency/Company (if applicable): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Property Management Company Information (if applicable):

Company Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Address of Proposed Dwelling:

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Dwelling Description: _____

Amount Requested: Security Deposit: $_____ Rent Subsidy: $_____

Name and Mailing Address for Check Completion:

First Name: _____ M.I.:____ Last Name: _____

Company Name (if applicable): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

The total rent per month tenant is paying as of this date is $_____

Name of Referring Staff: _____ _____
Name Title

_____ _____
Phone number Email

_____ _____
Supervisor's Signature Title

Date Application Completed: _____

MY SISTERS' PLACE, INC.

My Sister's Place Inc. Rent Subsidy / Security Deposit Program
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PROMISSORY NOTE

Amount Approved: □ Yes - $_____ - Security Deposit □ Not Applicable Date: _____

I, _____, promise to inform the Housing
(Client's Name)

Coordinator of My Sisters' Place Inc. if I vacate my rental unit before 1 year's time has lapsed.

Provide information to the following:

My Sisters' Place Inc.
211 Wethersfield Ave.
Hartford, CT 06114
Attention: Housing Coordinator Assistant
(860) 860-969-1907 (Office)
(860) 860-756-0195 (Fax)

_____	_____	_____
(Client's Signature)	(Print Name)	(Date Signed)
_____	_____	_____
(Primary Worker's Signature)	(Print Name)	(Date Signed)

MY SISTERS' PLACE, INC.

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

- The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDs; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

A list of participating agencies which will have access to your information is attached. To see a list of participating agencies please go to this website: http://www.cthmis.com/info/detail/general-hmis-info/23 and click the "CT HMIS - List of Participating Agencies" link at the bottom of the page.
Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The Connecticut Coalition to End Homelessness (860-721-7876) at any time.

NAME (LAST, FIRST): _____ **DATE OF BIRTH:** _____

I authorize the agencies referenced above to input my information *described above* into CT HMIS and to access my information stored there for the purpose of ensuring effective coordination of services. Information entered into or accessed from CT HMIS will not be used in any way to diagnose or treat any physical or mental health conditions.

- I understand that my information may be used for research, evaluation, and advocacy. This may include research projects that seek to match my needs with other agencies or programs that may assist in providing housing, case management, or other health and/or homelessness-related services. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.

- A representative of the ***AGENCY NAME*** has explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.

- This release of information additionally covers all minor members of the household accessing services.

- I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact ***DESIGNATED AGENCY CONTACT PERSON.***

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again.

NOTICE TO RECIPIENT OF CLIENT'S INFORMATION

All or part of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this form will expire two years from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it cannot be change anything about information disclosures that have already occurred.

Client Signature: _____ Date: _____

MY SISTERS' PLACE, INC.

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____

Print: _____ Date: _____

Legal Authority: _____

_____ _____ _____

Agency witness signature *Print Name* *Date*

If you have any questions or need additional information regarding this HMIS Authorization Release of Info form, please contact the Connecticut Coalition to End Homelessness at 860-721-7876 or online at cceh.org.

MY SISTERS' PLACE, INC.

Authorization to Release /Obtain Information

I._____, hereby authorize **Housing**
(Applicant name)

Coordination of My Sister's Place Inc. to release /to obtain from First Congregational Church of Vernon and

State of CT Department of Housing_____ the following information from my

case records for the purpose of : **Housing**.

Initial each line that applies:

___Medical History	___ Psychiatric History	___Psychosocial History
___Hepatitis	___ Laboratory Reports	___ Income Verification
___T.B.	___ Alcohol/Drug History	___ AFDC/GA Benefits
___ Academic Records	___ Vocational Information	___ Psychological Evaluation
___HIV/AIDS Information	___Rental History	___ Daily Living Skills
___ Admission/Discharge Summaries		___ HMIS

___ Other (Specify)_____

I understand that the confidentiality of psychiatric records are protected under Chapter 899 of the Connecticut General Statutes and that confidentiality of drug and alcohol abuse records are protected by Federal confidentiality rules (42 CFR Par. 2). State law prohibits further disclosure of this information without my specific written consent. I understand that this permission can be revoked by me at any time upon written request, and that this consent will automatically expire as specified below.

_____

(Specification of the date, event, or condition upon which this consent expires)

_____ _____ _____-___-_____ _____
Signature **D.O.B.** **S.S. #** **Date**

JOURNEY HOME

Innovative Solutions to End Homelessness

Security Deposit Guarantee Program Eligibility Screening
To Determine if Household Might be Eligible

1. **Does the gross monthly income of this household, <u>exceed</u> 150% of the federal poverty level according to the chart below?**

☐ YES (*Household is NOT eligible for SDGP.*)

☐ NO (Continue to question 2)

PERSONS IN FAMILY/ HOUSEHOLD	150% of the Poverty Level (2017)*	
	Monthly Income Limits	Annual Income Limits
1	$1,507.50	$18,090.0
2	$2,030.00	$24,360.0
3	$2,552.50	$30,630.0
4	$3,075.00	$36,900.0
5	$3,597.50	$43,170.0
6	$4,120.00	$49,440.0
7	$4,642.50	$55,710.0
8	$5,165.00	$61,980.0
For families/households with more than 8 persons, add $4,420 for each additional person.		

*Based on the 2017 Federal Poverty Income Guidelines used by HUD, as required by CT Dept of Housing.

2. **Does this household have ALL of the following documents: photo ID, birth certificate, social security card, proof of income/ no income verification for all family members?**

☐ YES (*Continue to question #3*)

☐ NO (*Household is NOT eligible for SDGP without all documents, continue on to question #3 only if you know the client will be able to obtain ALL of these required documents prior to lease up.*)

3. **What is the housing/homeless status of this client?**

☐ In an emergency shelter ☐ Unsheltered, place not meant for human habitation ☐ In hotel/motel paid for by government/ charity ☐ In an institution (program/ prison) where they have been for less than 90 days and were in one of the above situations immediately prior.	*Jump to question #5*
☐ Enrolled in a permanent supportive housing program	*Jump to question #7*
☐ Enrolled in a Rapid Rehousing Program ☐ In a hotel or motel paid by for self, family or friend ☐ Staying with family or friends ☐ Household owns or rents their own apartment ☐ In an institution where they have been for more than 90 days.	*Continue to question #4*

4. **Is this household actively fleeing domestic violence and has no other resources to obtain permanent housing?**

☐ Yes (*Continue to question #5*)

☐ No (*Household is not eligible for SDGP.*)

JOURNEY HOME

Innovative Solutions to End Homelessness

Security Deposit Guarantee Program Eligibility Screening

5. **Is this person matched to a program with a full-subsidy or do they have a full-subsidy that they are leasing up under for the first time? (Section 8, RAP certification, HUD funded PSH subsidy)**

   ☐ YES *(This household MAY be eligible for SDGP; request a HUT lookup)*

   ☐ NO *(continue to question #6)*

6. **Has this person identified a unit where the monthly rent <u>is less than</u> 60% of their monthly income?**

   Monthly income $ _____ x .6 = $_____ monthly rent _____

   ☐ Rent is Greater than 60% of income *(Household is not eligible for SDGP with this unit.)*

   ☐ Rent is Less than 60% of household income *(This household MAY be eligible for SDGP, request a HUT lookup)*

7. **Is this household "Moving On" from PSH (they no longer will have services) using a full subsidy (Section 8 or RAP)?**

   ☐ YES *(This household MAY be eligible for SDGP; request a HUT lookup)*

   ☐ NO *(Household is not eligible for SDGP.)*

Greater Hartford
Coordinated Access Network

Greater Hartford Coordinated Access Network
Security Deposit Guarantee Program Application Process

What is the Security Deposit Gurantee Program

The Security Deposit Guarantee Program (SDGP) is a State of Connecticut Department of Housing (DoH) security deposit assistance program which provides landlords of eligible tenants with a guarantee that they will reimburse the landlord for damages up to the amount of two (2) months of rent (one month for tenants aged 62 and older).

Landlords do not receive a check. Upon submission of a completed application to DoH, landlords will receive instructions in the mail with regards to how they may submit a claim for reimbursement. It is against the law in CT for landlords to refuse to accept the SDGP in lieu of a cash security deposit.

The SDG is non-transferrable. If a tenant moves into another unit, the SDG cannot be transferred to their new unit and the tenant does not receive a payout in the amount of the guarantee.

Journey Home screens applications on behalf of the CT Department of Housing for the Greater Hartford CAN. The CT Department of Housing has final say over the eligibility of an applicant.

Clients should always be screened for SDGP eligibility before attempting to apply for other security deposit resources.

Determining Eligibility to Apply

Please note: Client should NOT moving into their new unit until the completed application has been received, reviewed and approved by Journey Home staff. Client who fail to comply, risk losing their eligibility for assistance.

1. Agencies with clients who they anticipate will need to use the Security Deposit Guarantee should submit HMIS ID's to Tamika.Riley@JourneyHomeCT.org, or Amanda.Gordon@JourneyHomeCT.org (in Tamika's absence). If a full Social Security is not in HMIS, this will need to be provided. Potentially eligible clients include households that:
    a. Are currently experiencing "literal homelessness" (Category 1) or "Fleeing Domestic Violence (Category 4) and are referred to the SDG Program through the local CAN contact program/person for the SDG Program.
    b. Are receiving a subsidized housing voucher (HCV, RAP, etc.) to "move on" from Permanent Supportive Housing. Households must be referred to the SDG Program through the local CAN contact program/person for the SDG Program.
    c. Are able to **demonstrate they can afford the unit** based on their current documentable income
        i. If client has a voucher or their unit is subsidized the household must provide proof of a subsidy and document that their income with cover their portion of the rent.
        ii. If the unit is not subsidized, the rent must not exceed 60% of the household's income.
    d. Household **income cannot exceed 150% of the Federal Poverty Level** for their household size.

2. Journey Home will call Penny at DOH to identify a client's eligibility to apply-
    a. Clients are **NOT eligible** if
        i. they have applied for SDGP in the last 18 months, or
        ii. if 2 payouts of any amount have been issued for this client to landlords.
    b. Clients **MAY be eligible** if 1 payout has been made and another guarantee was issued but no payout was made on it- clients must obtain proof that no payout was made on the 2nd issuance of the guarantee (proof of not residing in the unit for more than 45 days is evidence).

Greater Hartford
Coordinated Access Network

Greater Hartford Coordinated Access Network
Security Deposit Guarantee Program Application Process

Submission of Application Paperwork

3. Housing Case manager should work with the client to obtain or complete the following that **MUST** be submitted to Journey Home for determination of eligibility:

   ☐ Homeless Verification with third party documentation

   ☐ Photo ID (current state of CT ONLY)

   ☐ Birth Certificate (long form for all children)

   ☐ Social Security Card or Letter from SSA with number on it

   ☐ Proof of Income/No income statement (Housing Agency form can be used)

   ☐ DSS printout for benefits/ income

   ☐ Copy of their subsidy if applicable

   ☐ SDG-4 "APPLICATION" (**Original Signed Copy Required**- lanlords must mail original if not close by)

4. Following the identification of a unit, inspection and lease signing, the following must be mailed or dropped off to Journey Home for final review.

   ☐ SDG – 8 "Tenant Requirements" (to be completed by Tenant- and a copy given to them)

   ☐ SDG – 9 "Tenant Inspection Form" **ORIGINAL REQUIRED** (to be completed by Tenant and Landlord)

   ☐ SDG – 10 "Landlord Information" (to be completed by Landlord- and a copy given to them)

   ☐ SDG – 11 "Written Agreement In Lieu of Security Deposit" **ORIGINAL REQUIRED** (to be completed by landlord and then signed by Authorized CAN Staff)

   AND

   Copies of:

   ☐ The lease

   ☐ Subsidy letter/Rent Adjustment (indicating client portion)

   ☐ Copy of the Inspection report if available

Finalizing Approval

5. Journey Home will check the application package for completeness and compliance with eligibility requirements.
   a. If it is complete, Journey Home will ask the housing case manager to upload **ALL** of the documents to the client's HMIS record (associated with the By Name List) as **ONE PDF** (unless some of the documents are already uploaded separately)
   b. If it is incomplete, Journey Home will contact the housing case manager for missing pieces
6. Following receipt of all final paperwork Journey Home will mail SDG-4, SDG – 9, SDG -11 and the subsidy letter or proof of affordability to DOH for final approval
7. Department of Housing will send a notice of approval to the landlord, with instructions for how to submit a future claim.

For Questions regarding this process or the paperwork please contact Tamika Riley at 860-808-0336.

Program Paperwork will be available for download at journeyhomect.org/provider-resources/

Updated 2.15.2020

DOH-SDG-04 CAN
REV. 09/2016

State of Connecticut
Department of Housing
505 Hudson Street
Hartford, CT 06106

FOR OFFICE USE ONLY

APPLICATION

HMIS ID_____

CONNECTICUT
Department of Housing

APPLICANT NAME(S)	Social Security Number(s)	DSS Client ID Number(s)
1.		
2.		
3.		
4.		
5.		
6.		

Applicants Current Address: _____

Number of Household (HH) Members: _____Adults _____Children = _____Total HH

Is Applicant CATEGORICALLY eligible (Check One) _____Yes _____No
_____Literally Homeless _____Victim of Domestic Violence

Is Applicant INCOME eligible (Check One of *)

	AMOUNT		AMOUNT
*____ TFA	$_____	____ SNAP	$_____
*____ Refugee Cash Assistance	$_____	____ SSI/SSDI	$_____
*____ AABD (State Supp.)	$_____	____ Child Support	$_____
*____ SAGA	$_____	____ Employment	$_____
*____ Title XIX	$_____	____ Social Security	$_____
*____ Diversion	$_____	____ Other	$_____

TOTAL Household INCOME $_____

Poverty Scale Limit for Total Household Members $_____

Total Monthly Income = $_____ ***MUST NOT EXCEED 150% Federal Poverty level for household size***

Address of Intended NEW PERMANENT dwelling Unit:

_____
Number and Street Apartment/Floor City/Town CT Zip Code

Occupancy Date: _____

DOH-SDG-04 State Department of Housing Security Deposit Application
2 of 2

Rent subsidized _____Yes _____No _____Section 8 _____RAP _____Co C _____Other

Authorizing Housing Authority _____ Tenant Portion of Rent $_____

RENT AFFORDABILITY

Total Rent/Month a. $_____

Household Monthly Income b. $_____

Household Monthly Income c. $_____ X 60% = d. $_____

If the amount in line d. is equal to or below the amount in line a. then the dwelling unit IS AFFORDABLE.
Can the Household Afford the Monthly Rent Payment(s) _____Yes _____No

Security Deposit Requested $_____ (applicants 62 and over are, by statute, not required to have a security deposit of more than one month's rent)

Security Deposit Approvable $_____ (equal to _____ month(s) rent)

HUT DATABASE VERIFICATION

HUT Social Security Number and Name Look-Up for Applicant _____Yes _____No
Previous Payments made _____Yes _____No Check Number _____ Date_____ Amount $_____
(If the applicant has received 2 payouts, they are no longer eligible for SDG)

Verified returned State Issued Security Deposit Amount $_____ Date_____

APPLICATION APPROVED _____

APPLICATION DENIED _____ Reason for Denial _____

I hereby certify that the information on this document and all statements made by me are true and correct to the best of my knowledge and belief. I authorize the Connecticut State Department of Housing (DOH), or its agents to disclose information for the purposes of administration of the Security Deposit Guarantee Program, make inquiries and receive any information or verification that may be necessary to confirm and validate the accuracy of the information provided.

I further shall hold harmless the State of Connecticut, DOH, and its agents against any liability claims that may be associated with the rental occupancy of any rental unit for which a security deposit is paid by said parties on my, or my household's behalf.

I agree to notify DOH or its agents, in writing, within ten (10) days of moving from the rental unit for which a security deposit has been guaranteed by DOH or its agents on my, or my household's behalf.

I understand that I have the right to request a desk review if I am dissatisfied with a decision concerning my application for a security deposit under this program. Requests for reviews must be made to the administering agency's designee within sixty (60) days of the decision.

_____ _____
APPLICANT SIGNATURE DATE APPLICANT SIGNATURE DATE

APPLICANT SIGNATURE DATE APPLICANT SIGNATURE
DATE

Agency STAFF SIGNATURE PRINTED NAME DATE TELEPHONE NUMBER

Return APPLICATION to Department of Housing, ATTN: Penny Clark, 505 Hudson Street, Hartford, CT 06106-7107

DOH-SDG10 CAN

State of Connecticut – Department of Housing

(REV.07/16)

SECURITY DEPOSIT GUARANTEE PROGRAM
LANDLORD INFORMATION

CAN Region___Greater Hartford CAN_____:

Please read and initial each line provided at the left of the item to show that you read and understand them.

Landlord Initials

_____ **THIS PROGRAM INVOLVES A SECURITY DEPOSIT GUARANTEE, NOT A CASH SECURITY DEPOSIT.** Payment is guaranteed by the State of Connecticut, Department of Housing (DOH). If the tenant owes you for property damage or back rent at the end of the tenancy, you may file a claim for payment with the above identified administering agency or sub-administering agency.

_____ Under the Connecticut Fair Housing Act, as enforced by the Connecticut Commission on Human Rights and Opportunities, a security deposit guarantee provided by the State is the legal equivalent of a cash security deposit. Except for owner-occupied two family houses, **it is illegal in Connecticut for a landlord to refuse to accept an otherwise qualified applicant because the applicant has a state security deposit guarantee instead of a cash security deposit.**

_____ The Tenant Inspection Form (DOH-SDG9) is to be completed and signed by both the **tenant** and **landlord**.

_____ The Security Deposit Guarantee Agreement (DOH-SDG11) is to be completed and **signed by the landlord**.

_____ DO NOT allow your tenant to move in until you receive the signed Security Deposit Guarantee Agreement in the mail, by fax or by email from us. ***Move-In Exceptions will be made, on a case-by-case basis, for Section 8 and RAP Certificate recipients.***

------ Copy of **Certificate of Occupancy** as per CGS 17b-802-2 (if applicable as per CGS 47a-5)

_____ ***If the above mentioned forms are not returned to Journey Home, on or before _____, the Security Deposit Guarantee Agreement will be nullified; and you, the landlord, will not be able to seek a damage/unpaid rent claim with the Department of Housing on behalf of your tenant(s), _____.***

After this form, and the two (2) forms mentioned above have been completed, signed and returned, final approval will be made within five (5) working days and you will be sent, by mail, a copy of the Security Deposit Guarantee Agreement, signed by the Coordinated Access Network staff.

_____ _____

Printed Name of Landlord Date

_____

Signature of Landlord

If you have any questions, please call us at: _____860-808-0336_____

DOH-SDG-08
(REV. 7/2016)

State of Connecticut – Department of Housing

SECURITY DEPOSIT GUARANTEE PROGRAM
TENANT REQUIREMENTS

CAN Region: Greater Hartford CAN

Listed below are your responsibilities as a participant in the Security Deposit Program. Follow the instructions and initial each line at the left of the item. When completed, sign and date the form. Bring or mail the completed form to the above identified administering agency.

Tenant Initials

_____ Inspect the apartment, *with the landlord present*, **BEFORE** you move in.

_____ **DO NOT** move into the apartment until your Security Deposit Guarantee has been approved by us.

_____ Pay your rent every month. Even if you intend to move, **PAY** the last month's rent. **DO NOT** have the Security Deposit Guarantee cover your last month's rent.

_____ Notify your landlord of any problems with your apartment so those problems can be fixed during the time you live in the apartment or before you move in to the apartment.

_____ Keep your apartment **CLEAN.**

_____ If you are moving to another apartment, *you must give us your new address.* If you fail to give us the new address in writing, you may not be able to get a Security Deposit Guarantee in the future if a dispute occurs about damages to the apartment from which you moved.

_____ If you damage the apartment or fail to pay your rent, the cost of repairs or the rent will be deducted from the security deposit promised by the program. This also will affect the amount of any future security deposit guarantee for which you may apply. **IT ALSO MAY CAUSE INELIGIBILITY for a LIFETIME.**

_____ _____
Printed Name of Tenant Date

_____
Signature of Tenant

If you have any questions, please call us at: 860-808-0336

DOH-SDG-11 CAN

REV. 9/2016
NON TRANSFERRABLE

State of Connecticut – Department of Housing
505 Hudson Street
Hartford, CT 06106

ONLY VALID IF STAMPED

SECURITY DEPOSIT GUARANTEE

WRITTEN AGREEMENT IN LIEU OF SECURITY DEPOSIT
NOT PREPAID TO LANDLORD

COORDINATED ACCESS REGION: __Greater Hartford CAN_____

This is an agreement between the State of Connecticut Department of Housing (DOH), acting through authorized agent identified above, and the landlord or landlord's authorized agent to pay to the landlord for any damage suffered by the landlord due to the tenant's failure to comply with such tenant's obligations as defined in Section 47a-11 and 47a-21 of the Connecticut General Statutes, provided the amount of any such payment shall not exceed the amount allowed under the SDG Program Regulations, 17b-802.

The rental unit is located at (*give full address*) _____
No. *Street* *Apt/unit* *Town/City* *Zip Code*

The Security Deposit Agreement is on behalf on the tenant known as: _____

NAME OF TENANTS MOVING INTO THE RENTAL UNIT COVERED BY THIS SECURITY DEPOSIT AGREEMENT ARE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

The amount of monthly rent is $ _____

To make a claim for damages: The landlord shall submit ***a written claim to DOH*** within 45 days of the tenant vacating the dwelling unit. Claim must include the tenant address and reason for the claim e.g. (unpaid rent/damages). The department shall only pay reimbursements for claims that include receipts for repairs and documented proof of unpaid rent. *Repair or replacement of items caused by normal wear and tear shall not be covered under the terms of this agreement.*

DOH, or its agent, reserves the right to inspect the dwelling unit to determine the extent of any damages. Payments are expected to be made within 30 days of the date that the claim is verified by DOH.

Any payment for damages is to be made payable to: _____
(Print clearly)

Any payment for damages is to be mailed to: Name _____

Complete address: _____ Phone #:_____

The amount of security deposit approved for the landlord is $_____ **(Maximum 2 months)** It is agreed that the landlord shall notify the department (or administering agency) in writing, within 30 days, when an individual or family has moved from the rental unit.

_____ _____
Signature of Landlord or Authorized Agent DATE Signature of CAN Contact DATE

_____ _____
Printed Name of Landlord or Authorized Agent Printed Name of CAN Contact

The inspection form (DOH-SDG-09) signed by the tenant and the landlord is made an attachment to this agreement. Additionally, the landlord agrees that the State of Connecticut and the Department of Housing or its agents shall not be responsible or liable for any damages or claims associated with the rental or occupancy of said rental unit, except to the extent provided for in this agreement. **This agreement is not valid until approved and signed by the agency's authorized representative and stamped in the upper right-hand corner in the space provided.**

FOR OFFICE USE ONLY

The amount approved as assurance for the security deposit is $_____. The amount that the tenant is responsible to pay toward the security deposit is $_____ (the amount requested by the landlord minus the amount approved above.)

DOH-SDG-9 CAN

State of Connecticut – Department of Housing

(Rev. 9/16)

SECURITY DEPOSIT GUARANTEE PROGRAM
TENANT INSPECTION FORM

Administering Agency: Greater Hartford CAN Sub-administering Agency: Journey Home

NAME: _____ APARTMENT No.: _____

ADDRESS: _____ No. of Bedrooms: _____
(number and street)

_____
(city/town zip code)

If the building was built before 1978 and the response to the "peeling" or "chipped" paint question is "Yes", there is a possible lead paint problem.

WORKING SMOKE DETECTOR? ☐ Yes ☐ No

YEAR BUILDING BUILT? _____ EVIDENCE OF OLD PEELING OR CHIPPED PAINT? ☐ Yes ☐ No

INTERIOR ITEMS		check one box for each of the following items			Specific Comments
Floors	☐ Need Replacement	☐ Scratched/Spots	☐ Need Cleaning	☐ O.K	
Walls	☐ Holes/Crumbling	☐ Chipped/Peeling	☐ Need Painting	☐ O.K.	
Ceilings	☐ Water Damaged/Holes	☐ Cracked	☐ Need Painting	☐ O.K	
Doors	☐ Need Replacement	☐ Need Repair	☐ Need Painting	☐ O.K.	
Windows	☐ Need Replacement	☐ Broken/Need Repair	☐ Need Weatherizing	☐ O.K	
Wood Trim	☐ Missing/Broken	☐ Chipped/Cracked	☐ Needs Cleaning	☐ O.K.	
Tile	☐ Missing/Broken	☐ Chipped/Cracked	☐ Needs Cleaning	☐ O.K	
Stairs	☐ Dilapidated	☐ Broken Rails/Spindles	☐ Need Painting	☐ O.K.	
Cabinets	☐ None/Broken	☐ Missing Doors	☐ Dirty/Marred	☐ Clean	

PLUMBING ITEMS		check one box for each of the following items			Specific Comments
Bath – fixtures	☐ Need Replacement	☐ Water Leaks	☐ Need Adjustment	☐ O.K	
Kitchen – Fixtures	☐ Need Replacement	☐ Water Leaks	☐ Need Adjustment	☐ O.K.	
Bath – Sink	☐ Chipped/Broken	☐ Stained	☐ Needs Cleaning	☐ O.K	
Kitchen – Sink	☐ Chipped/Broken	☐ Stained	☐ Needs Cleaning	☐ O.K.	
Toilet(s)	☐ Not Working	☐ Leaks/Broken	☐ Need Adjustment	☐ O.K	
Hot Water	☐ Not Included	☐ Low Pressure	☐ Too Cold/Adjust	☐ O.K.	
Laundry Room	☐ None	☐ Needs Repair	☐ Dirty	☐ O.K	
Tub/Shower	☐ None	☐ Needs Repair	☐ Stained/Dirty	☐ O.K.	
Bath Vent	☐ None	☐ Fan Broken	☐ Window Only	☐ O.K	

ELECTRIC ITEMS		check one box for each of the following items			Specific Comments
Wiring	☐ Exposed	☐ Missing Wall Plates	☐ Broken Switches	☐ O.K	
Outlets	☐ None	☐ Not Working	☐ 1 per Room	☐ O.K.	
Ceiling Lights	☐ None	☐ Need Replacement	☐ Need Repair	☐ O.K	
Stove	☐ Not Included	☐ Needs Repair	☐ Needs Cleaning	☐ O.K.	
Refrigerator	☐ Not Included	☐ Needs Repair	☐ Needs Cleaning	☐ O.K.	

HEATING		check one box for each of the following items			Specific Comments
System	☐ Poor Heat	☐ Some rooms adequate	☐ Needs Repair	☐ O.K	
Radiators	☐ Not Working	☐ Need Repair	☐ Noisy	☐ O.K.	

EXTERIOR ITEMS		check one box for each of the following items			Specific Comments
Yard	☐ None	☐ Can't Use	☐ Debris	☐ O.K	
Halls	☐ Unsafe	☐ Need Lights	☐ Need Cleaning	☐ O.K.	
Stairs	☐ Unsafe	☐ Need Lights	☐ Need Cleaning	☐ O.K	
Pest Control	☐ Needed	☐ Scheduled	☐ None Needed	☐ O.K.	
Porches	☐ Unsafe	☐ Shaky	☐ Need Repair/Paint	☐ O.K	
Siding	☐ Needs Replacement	☐ Needs Repair	☐ Needs Cleaning	☐ O.K.	
Paint	☐ Chipped/Peeling	☐ Old – Yellow	☐ Dirty	☐ O.K	
Windows	☐ Need Replacement	☐ Need Repair	☐ Need Cleaning	☐ O.K.	
Doors	☐ Missing	☐ Need Hardware	☐ Need Paint	☐ O.K	
Roof	☐ Missing Tiles	☐ Leaks	☐ Worn	☐ O.K.	
Gutters	☐ Broken	☐ Clogged	☐ Rusty	☐ O.K	

Signature of Tenant _____ Date _____

Signature of Landlord/Landlord's Authorized Agent _____ Printed Name of Landlord/Landlord's Authorized Agent _____ Date _____