



**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).



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): \_\_\_\_\_





## 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: \_\_\_\_\_



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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)



## 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.

- o 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.

- o 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.
- o 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.
- o This release of information additionally covers all minor members of the household accessing services.
- o 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: \_\_\_\_\_



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](http://cceh.org).





# 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, exceed 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?

<input type="checkbox"/> In an emergency shelter <input type="checkbox"/> Unsheltered, place not meant for human habitation <input type="checkbox"/> In hotel/motel paid for by government/ charity <input type="checkbox"/> 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
<input type="checkbox"/> Enrolled in a permanent supportive housing program	Jump to question #7
<input type="checkbox"/> Enrolled in a Rapid Rehousing Program <input type="checkbox"/> In a hotel or motel paid by for self, family or friend <input type="checkbox"/> Staying with family or friends <input type="checkbox"/> Household owns or rents their own apartment <input type="checkbox"/> 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 is less than 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 Security Deposit Guarantee Program Application Process

### What is the Security Deposit Guarantee 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](mailto:Tamika.Riley@JourneyHomeCT.org), or [Amanda.Gordon@JourneyHomeCT.org](mailto: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 will 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 2<sup>nd</sup> issuance of the guarantee (proof of not residing in the unit for more than 45 days is evidence).

## 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- landlords 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/](http://journeyhomect.org/provider-resources/)

FOR OFFICE USE ONLY

# APPLICATION

HMIS ID \_\_\_\_\_



<u>APPLICANT NAME(S)</u>	<u>Social Security Number(s)</u>	<u>DSS Client ID Number(s)</u>
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 \*)

	<u>AMOUNT</u>		<u>AMOUNT</u>
* <input type="checkbox"/> TFA	\$ _____	<input type="checkbox"/> SNAP	\$ _____
* <input type="checkbox"/> Refugee Cash Assistance	\$ _____	<input type="checkbox"/> SSI/SSDI	\$ _____
* <input type="checkbox"/> AABD (State Supp.)	\$ _____	<input type="checkbox"/> Child Support	\$ _____
* <input type="checkbox"/> SAGA	\$ _____	<input type="checkbox"/> Employment	\$ _____
* <input type="checkbox"/> Title XIX	\$ _____	<input type="checkbox"/> Social Security	\$ _____
* <input type="checkbox"/> Diversion	\$ _____	<input type="checkbox"/> 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
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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 \_\_\_\_\_

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 \_\_\_\_\_



**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

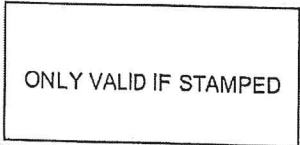
- \_\_\_\_\_ Inspect the apartment, *with the landlord present*, **BEFORE** you move in.
- \_\_\_\_\_ **DO NOT** move into the apartment until your Security Deposit Guarantee has been approved by us.
- \_\_\_\_\_ Pay your rent every month. Even if you intend to move, **PAY** the last month's rent. **DO 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



REV. 9/2016  
NON TRANSFERRABLE

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.)

SECURITY DEPOSIT GUARANTEE PROGRAM  
TENANT INSPECTION FORM

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

NAME: \_\_\_\_\_ APARTMENT No.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(number and street)

\_\_\_\_\_ (city/town) \_\_\_\_\_ zip code

WORKING SMOKE DETECTOR?  Yes  No

YEAR BUILDING BUILT? \_\_\_\_\_ EVIDENCE OF OLD PEELING OR CHIPPED PAINT?  Yes  No

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.

**INTERIOR ITEMS**

- |           |  |  |  |                                |
|-----------|--|--|--|--------------------------------|
| Floors    | <input type="checkbox"/> Need Replacement    | <input type="checkbox"/> Scratched/Spots       | <input type="checkbox"/> Need Cleaning     | <input type="checkbox"/> O.K.  |
| Walls     | <input type="checkbox"/> Holes/Crumbling     | <input type="checkbox"/> Chipped/Peeling       | <input type="checkbox"/> Need Painting     | <input type="checkbox"/> O.K.  |
| Ceilings  | <input type="checkbox"/> Water Damaged/Holes | <input type="checkbox"/> Cracked               | <input type="checkbox"/> Need Painting     | <input type="checkbox"/> O.K.  |
| Doors     | <input type="checkbox"/> Need Replacement    | <input type="checkbox"/> Need Repair           | <input type="checkbox"/> Need Painting     | <input type="checkbox"/> O.K.  |
| Windows   | <input type="checkbox"/> Need Replacement    | <input type="checkbox"/> Broken/Need Repair    | <input type="checkbox"/> Need Weatherizing | <input type="checkbox"/> O.K.  |
| Wood Trim | <input type="checkbox"/> Missing/Broken      | <input type="checkbox"/> Chipped/Cracked       | <input type="checkbox"/> Needs Cleaning    | <input type="checkbox"/> O.K.  |
| Tile      | <input type="checkbox"/> Missing/Broken      | <input type="checkbox"/> Chipped/Cracked       | <input type="checkbox"/> Needs Cleaning    | <input type="checkbox"/> O.K.  |
| Stairs    | <input type="checkbox"/> Dilapidated         | <input type="checkbox"/> Broken Ralls/Spindles | <input type="checkbox"/> Need Painting     | <input type="checkbox"/> O.K.  |
| Cabinets  | <input type="checkbox"/> None/Broken         | <input type="checkbox"/> Missing Doors         | <input type="checkbox"/> Dirty/Marred      | <input type="checkbox"/> Clean |

check one box for each of the following Items

Specific Comments

**PLUMBING ITEMS**

- |                    |   |                                       |  |                               |
|--------------------|---|---------------------------------------|--|-------------------------------|
| Bath – fixtures    | <input type="checkbox"/> Need Replacement | <input type="checkbox"/> Water Leaks  | <input type="checkbox"/> Need Adjustment | <input type="checkbox"/> O.K. |
| Kitchen – Fixtures | <input type="checkbox"/> Need Replacement | <input type="checkbox"/> Water Leaks  | <input type="checkbox"/> Need Adjustment | <input type="checkbox"/> O.K. |
| Bath – Sink        | <input type="checkbox"/> Chipped/Broken   | <input type="checkbox"/> Stained      | <input type="checkbox"/> Needs Cleaning  | <input type="checkbox"/> O.K. |
| Kitchen – Sink     | <input type="checkbox"/> Chipped/Broken   | <input type="checkbox"/> Stained      | <input type="checkbox"/> Needs Cleaning  | <input type="checkbox"/> O.K. |
| Toilet(s)          | <input type="checkbox"/> Not Working      | <input type="checkbox"/> Leaks/Broken | <input type="checkbox"/> Need Adjustment | <input type="checkbox"/> O.K. |
| Hot Water          | <input type="checkbox"/> Not Included     | <input type="checkbox"/> Low Pressure | <input type="checkbox"/> Too Cold/Adjust | <input type="checkbox"/> O.K. |
| Laundry Room       | <input type="checkbox"/> None             | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Dirty           | <input type="checkbox"/> O.K. |
| Tub/Shower         | <input type="checkbox"/> None             | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Stained/Dirty   | <input type="checkbox"/> O.K. |
| Bath Vent          | <input type="checkbox"/> None             | <input type="checkbox"/> Fan Broken   | <input type="checkbox"/> Window Only     | <input type="checkbox"/> O.K. |

check one box for each of the following Items

Specific Comments

**ELECTRIC ITEMS**

- |                |                                       |  |  |                               |
|----------------|---------------------------------------|--|--|-------------------------------|
| Wiring         | <input type="checkbox"/> Exposed      | <input type="checkbox"/> Missing Wall Plates | <input type="checkbox"/> Broken Switches | <input type="checkbox"/> O.K. |
| Outlets        | <input type="checkbox"/> None         | <input type="checkbox"/> Not Working         | <input type="checkbox"/> 1 per Room      | <input type="checkbox"/> O.K. |
| Celling Lights | <input type="checkbox"/> None         | <input type="checkbox"/> Need Replacement    | <input type="checkbox"/> Need Repair     | <input type="checkbox"/> O.K. |
| Stove          | <input type="checkbox"/> Not Included | <input type="checkbox"/> Needs Repair        | <input type="checkbox"/> Needs Cleaning  | <input type="checkbox"/> O.K. |
| Refrigerator   | <input type="checkbox"/> Not Included | <input type="checkbox"/> Needs Repair        | <input type="checkbox"/> Needs Cleaning  | <input type="checkbox"/> O.K. |

check one box for each of the following Items

Specific Comments

**HEATING**

- |           |                                      |  |                                       |                               |
|-----------|--------------------------------------|--|---------------------------------------|-------------------------------|
| System    | <input type="checkbox"/> Poor Heat   | <input type="checkbox"/> Some rooms adequate | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> O.K. |
| Radiators | <input type="checkbox"/> Not Working | <input type="checkbox"/> Need Repair         | <input type="checkbox"/> Noisy        | <input type="checkbox"/> O.K. |

check one box for each of the following Items

Specific Comments

**EXTERIOR ITEMS**

- |              |  |  |  |                               |
|--------------|--|--|--|-------------------------------|
| Yard         | <input type="checkbox"/> None              | <input type="checkbox"/> Can't Use     | <input type="checkbox"/> Debris            | <input type="checkbox"/> O.K. |
| Halls        | <input type="checkbox"/> Unsafe            | <input type="checkbox"/> Need Lights   | <input type="checkbox"/> Need Cleaning     | <input type="checkbox"/> O.K. |
| Stairs       | <input type="checkbox"/> Unsafe            | <input type="checkbox"/> Need Lights   | <input type="checkbox"/> Need Cleaning     | <input type="checkbox"/> O.K. |
| Pest Control | <input type="checkbox"/> Needed            | <input type="checkbox"/> Scheduled     | <input type="checkbox"/> None Needed       | <input type="checkbox"/> O.K. |
| Porches      | <input type="checkbox"/> Unsafe            | <input type="checkbox"/> Shaky         | <input type="checkbox"/> Need Repair/Paint | <input type="checkbox"/> O.K. |
| Sidling      | <input type="checkbox"/> Needs Replacement | <input type="checkbox"/> Needs Repair  | <input type="checkbox"/> Needs Cleaning    | <input type="checkbox"/> O.K. |
| Paint        | <input type="checkbox"/> Chipped/Peeling   | <input type="checkbox"/> Old – Yellow  | <input type="checkbox"/> Dirty             | <input type="checkbox"/> O.K. |
| Windows      | <input type="checkbox"/> Need Replacement  | <input type="checkbox"/> Need Repair   | <input type="checkbox"/> Need Cleaning     | <input type="checkbox"/> O.K. |
| Doors        | <input type="checkbox"/> Missing           | <input type="checkbox"/> Need Hardware | <input type="checkbox"/> Need Paint        | <input type="checkbox"/> O.K. |
| Roof         | <input type="checkbox"/> Missing Tiles     | <input type="checkbox"/> Leaks         | <input type="checkbox"/> Worn              | <input type="checkbox"/> O.K. |
| Gutters      | <input type="checkbox"/> Broken            | <input type="checkbox"/> Clogged       | <input type="checkbox"/> Rusty             | <input type="checkbox"/> O.K. |

check one box for each of the following Items

Specific Comments

Signature of Tenant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Landlord/Landlord's Authorized Agent \_\_\_\_\_

Printed Name of Landlord/Landlord's Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_