



CT BLOCK GRANT RECOVERY PROGRAM Client Application for Security Deposit



APPLICANT'S NAME: _____

DATE: _____

Social Security#: _____ - _____ - _____

D.O.B: ____ / ____ / _____

Have you experienced a sudden and significant loss of Income? Yes No

Gender: Male Female **Ethnicity:** Hispanic Non-Hispanic Unknown

Race: White Black/African American Asian/Pacific Islander
 American Indian/Alaskan Native Mixed or Other Race Unknown

Marital Status: Never Married Married/Cohabiting Separated Divorced
 Annulled Widowed Other Unknown

Total household gross monthly income (attach verification): _____

Total household monthly expenses: _____

Person making referral: _____ Title: _____

Agency: _____ Level of Care (LOC): _____

Phone#: _____ Email: _____

To be eligible for security deposit applicant must provide proof they are able to sustain the apartment.



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Client Application for Security Deposit



To be eligible for security deposit applicant must provide proof they are able to sustain the apartment.

Monthly Rent: \$ _____

Applicant's move-in date: ____ / ____ / ____

Security Deposit Requested: \$ _____

Exact address where participant will be residing: _____

Name of Owner: _____ FEIN / SSN: _____

Owner Address: _____

Owner Telephone #: _____

Rental Unit Type: Private Apartment Shared Apartment/House Sober House Room
 Other: _____ Number of bedrooms in the rental unit: _____

What is the maximum allowable occupancy of the dwelling or unit, per local zoning regulations? _____

How many people live in this household, per the lease agreement? _____

Are all household members related? Yes No (If No, # of unrelated people live in this household) # _____

Owner's Attestation	Lessee's Attestation
<p>I understand that I am attesting to the following:</p> <ul style="list-style-type: none"> I am solely responsible for determining the applicant's ability to pay the rent. ABH® and DMHAS do not provide any recommendations regarding the applicant's ability to pay rent. My property complies with local zoning regulations. The information provided is subject to verification and audit, and intentional misrepresentation may lead to criminal prosecution. If approved, payment is for security deposit only. ABH® and DMHAS are not liable if the applicant is unable to pay rent. <hr/> <p>Signature of Owner _____ Date _____</p> <p><i>(Original signatures are required. Electronic signatures are not accepted.)</i></p>	<p>I understand that I am attesting to the following:</p> <ul style="list-style-type: none"> The information provided is subject to verification and audit and intentional misrepresentation may lead to criminal prosecution. If approved, payment is for security deposit assistance only and is not an approval for subsequent month of rental payment. <hr/> <p>Signature of Participant / Applicant _____ Date _____</p> <p><i>(Original signatures are required. Electronic signatures are not accepted.)</i></p> <p>Additional Required Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lease <input type="checkbox"/> W-9 <input type="checkbox"/> Proof of Income <input type="checkbox"/> Letter from referring person attesting risk of homelessness unstably housed OR CT BOS CoC Homelessness Verification Form (available at: https://www.ctbos.org) <p>ALL FORMS MUST BE FAXED TO ABH® at 860-967-0539</p> <p>Changes made after initial submission require owner initials.</p>