

**SECURITY DEPOSIT GUARANTEE PROGRAM
LANDLORD INFORMATION**

CAN Region _____ :

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-SDG-09) is to be completed and signed by both the **tenant and landlord.**

_____ The Security Deposit Guarantee Agreement (DOH-SDG-11) 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 Name of Agency, on or before insert date, 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), insert tenant's name.***

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: _____