

**SECURITY DEPOSIT GUARANTEE PROGRAM
TENANT REQUIREMENTS**

CAN Region: _____

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: _____