

ONLY VALID IF STAMPED

REV. 9/2016

**NON TRANSFERRABLE**

SECURITY DEPOSIT GUARANTEE  
WRITTEN AGREEMENT IN LIEU OF SECURITY DEPOSIT  
**NOT PREPAID TO LANDLORD**

COORDINATED ACCESS REGION: \_\_\_\_\_

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. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 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 Manager      DATE

\_\_\_\_\_  
Printed Name of Landlord or Authorized Agent

\_\_\_\_\_  
Printed Name of CAN Manager

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.)