



Southwestern Community Services

Over 40 years of people helping people in Cheshire and Sullivan counties

HOUSING SECURITY GUARANTEE PROGRAM (HSGP) Security Deposit Loan Assistance

Information Sheet

The Housing Security Deposit Program (HSGP) is designed to provide clients security deposit assistance if they have no other means of obtaining a security deposit in order to secure rental housing. **This assistance is in the form of a guarantee certificate to the landlord and a LOAN to the client.**

In order to be eligible for the HSGP Program, you must meet the income eligibility guidelines, be able to obtain a legal lease from the landlord, **be able to maintain the monthly rental fee on the unit**, be able to pay the loan back within 6 to 24 months, be able to provide good landlord references, and be able to provide the following information:

- **\$10.00 non-refundable application fee.** If the HSGP security deposit loan amount is approved, the \$10.00 fee will be deducted from the security deposit loan amount.
- Completed application
- Verification of all income and expenses
- Positive landlord references
- Social security numbers of all household members
- Proof that you have no other way to pay your security deposit
- A signed landlord form stating their understanding of the program and their willingness to participate in the program knowing that they will not receive the cash up front.

HUD Area Income Limits for 2010

Area	Income Limit	1 person	2 person	3 person	4 person
Cheshire County	50% of Area Median	\$24,200	\$27,650	\$31,100	\$34,550
Sullivan County	50% of Area Median	\$24,200	\$27,650	\$31,100	\$34,550

Applicants may be denied if they do not submit completed applications and documentation; if they do not meet income guidelines; if it is determined they cannot afford the rental unit; if they have a prior history of damaging rental housing; if they have consistently failed to pay rent or pay on a prior HSGP loan; and/or if they cannot show the steps they are taking to make different choices.

Please drop off completed application with supporting documentation at our SCS Office in Keene or Claremont. If you have any questions, please contact a representative at : 352-7512 Ext. 4225 or 4226.

This is not an emergency program. **The application process takes at least 10-14 business days from the time a *COMPLETED* application is received.** If you are experiencing an emergency and need assistance immediately, please contact your local welfare office of the town you reside in.

Please note: If you move into the new apartment before the process is completed, you will no longer be eligible for the program.

**Southwestern Community Services, Inc.
Housing Security Guarantee Program
Loan Application**

Date: _____ Representative: _____

Borrower (s) Name _____ Soc Sec # _____ DOB: _____
Co Borrower Name _____ Soc Sec # _____ DOB: _____

Address _____

Mailing Address _____

Telephone Numbers (Home) _____ (Cell) _____ (Work) _____

Place of Employment: _____ Marital Status: _____

Landlord's Name _____ Tel # _____

Landlord's Address _____

How long have you lived here? _____ From _____ To _____

Current security deposit held by landlord \$ _____ Is there any reason why you will not get this security deposit back? (please explain) _____

Residential History:

Previous Address _____ REFERENCE

Landlord's Name _____ Tel # _____ CHECKED

Landlord's Address _____

How long did you stay? _____ From _____ To _____

Reason for moving _____

INTAKE BY: _____ REFERRED BY: _____		Date of Birth	TANF	Gender	Disabled	Ethnicity	Education Level	Food Stamps	Health Insurance	VET	Monthly Income	Income Source Code	MI or SA or DV or DD or PD *
Last	First												
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
TOTAL INCOME													

* MI = Mental Illness * SA- Substance Abuse * DV = Domestic Violence
* DD = Developmentally Disabled * PD = Physically Disabled

Signature Applicant _____ Date

Signature Applicant _____ Date

Signature Agency Representative _____ Date



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APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We authorize any relative, physician, lawyer, banker, check cashing service, employer, former employer, insurance company, health care provider, mental health professional, pharmacy, hospital, emergency care facility, ambulance service, police, Sheriff, State Police, firefighter, EMT, Red Cross, Salvation Army, or any persons or organizations with information concerning my / our circumstances to furnish such information to Southwestern Community Services.

I/We further authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Bureau of Elderly and Adult Services, NH Legal Assistance, and City/Town Welfare Department, shelter/ housing provider, Department of Employment Security, Veterans' Administration, other departments of Southwestern Community Services, or any non-profit agency or any City/Town departments, to release information from their files to Southwestern Community Services Homeless Services for the purpose of verifying information submitted to us.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

TOTAL HOUSEHOLD INCOME

Please list all sources of income for all household members.

Include documentation with this application.

Type of Income	Amount	Type of Income	Amount

TOTAL MONTHLY INCOME \$ _____

Monthly Expenses: Please list all regular monthly expenses. For the housing section please use figures for the **NEW** apartment, *not the one you are residing in*. Fill in all blanks. Put **-0-** or **N/A** if it does not apply to you.

HOUSING

Rent/Mortgage \$ _____
 Electricity \$ _____
 Gas/Oil/Heat \$ _____
 Telephone/Cell Phone \$ _____
 Cable \$ _____
 Internet \$ _____

Have you applied for fuel assistance? _____
 Benefit amount for last year? _____
 Have you applied for electric assistance? _____
 Discount % amount? _____

FOOD AND HOUSEHOLD

Food \$ _____
 Non-Food Grocery \$ _____
 Diapers \$ _____
 Laundry \$ _____
 Childcare \$ _____

Do you receive food stamps? _____
 If yes, how much? _____
 (Please provide documentation)

Do you receive WIC? _____

TRANSPORTATION

Auto Payment \$ _____
 Gas \$ _____
 Auto Insurance \$ _____

PERSONAL

Doctor/Dentist \$ _____
 Medications \$ _____
 Meals Out/Delivered \$ _____

Do you receive Medicaid/Medicare? _____

OTHER

Rent-to-own \$ _____
 Loans/Credit Cards \$ _____
 Other \$ _____

TOTAL \$ _____

PAST DUE BILLS

Rent \$ _____
 Electricity \$ _____
 Gas/Oil/Heat \$ _____
 Telephone \$ _____
 Cable \$ _____
 Other \$ _____

TOTAL \$ _____



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HOMELESS SERVICES PROGRAM LANDLORD REFERENCE FORM

TO: _____

RE: _____

To Whom It May Concern:

The above person has applied for assistance from our program. He/She has provided your name as a current/former landlord. We are requesting information regarding their rental history. Please take the time to answer the questions provided, as well as providing any additional comments. Please be advised that all information will be held in the strictest confidence.

Signature SCS Program Representative

SCS Phone Number

Ext.

1. Address of Apartment _____
2. Applicant resided at your premises from ____/____/____ to ____/____/____
3. Amount of rent paid per month/week \$ _____
4. Type of tenant: Excellent Good Fair Poor
5. Was rent paid in full? Yes No If not, amount in arrears: \$ _____
6. Rent payment history: Excellent Good Fair Poor
Excellent = always on time Good = if late or behind, always called and caught up quickly
Fair = always struggling, but kept at it Poor = late, behind, little effort
7. Did tenant's household cause any significant damage? Yes No
8. Housekeeping: Excellent Good Fair Poor
Excellent = always clean & tidy Good = clean, not always tidy
Fair = needs reminders for clean, give up on tidy Poor = unclean and untidy
9. Neighbor/Landlord relations: Excellent Good Fair Poor
Excellent = cooperative, honest, tactful, open, good communications skills with everyone
Good = talks to neighbors/landlord for resolution, tries to work things out, fair in conflicts
Fair = tries to talk to neighbors, but gives up; avoids issues
Poor = doesn't try to talk, complains instead, petty, spiteful, creates or maintains feuds
10. Did (does) the tenant have animals? Yes No If yes, what? _____
 Neighbor complaints? Yes No Sanitary conditions maintained? Yes No
 Animal well cared for? Yes No Damages? Yes No
11. Did any unauthorized person(s) live in the unit for more than 2 weeks? Yes No
12. Would you rent to this applicant again? Yes No
13. Are you related to the tenant or any member of their household? Yes No

COMMENTS: _____

Landlord's Signature

____/____/____
Date

Phone Number

****Please Note**** *The next three pages are for the potential (new) Landlord.*



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Housing Security Guarantee Program (HSGP) Administered by SCS, Inc. Homeless Services Program

Dear Property Owner/Agent:

Welcome, and thank you for taking the time to learn about our program!

The **Housing Security Guarantee Program** provides guarantees of rental security deposits to eligible persons in accordance with RSA 126-A:50, which in part, states:

The inability of individual citizens to amass sufficient funds for housing security deposits contributes significantly to the problem of homelessness in the State of New Hampshire.

As the administrating agency we provide a Letter of Guarantee for the security deposit after a tenant has signed a security deposit loan agreement. We then collect the guaranteed amount from the tenant in monthly installments, designed to help the tenant work the security deposit expense into their household budget.

When do you receive the actual cash for the security deposit? You are paid the guaranteed amount in one of two ways:

- 1) When the guaranteed amount has been paid in full by the tenant to this agency, that amount will be transferred to the landlord as the tenant's security deposit.
- 2) When the tenant defaults on the rental agreement and the landlord makes a claim for rent due and repairs for damages above and beyond normal wear and tear, then, as the administering agency, we will verify the claim and pay up to the guaranteed amount to the landlord.

How are claims made? Call to alert us that the tenant has moved. Indicate if you expect to make a claim. Send the claim in writing. Verification is required and a move-out inspection will be made if the claims are for damages. To make a claim for Rent-Due, include copies of rent receipts/or ledger pages showing that rent was not paid as agreed upon, or copies of The Legal Eviction along with this claim. To make a Claim for Damages above Normal Wear and Tear, include copies of the Bills.

Claims must be made within 30 days of vacancy!

What if a tenant fails to make payments? The property owner will be paid any legitimate claim up to the amount guaranteed. Every guarantee is fully underwritten. The administering agency assumes the responsibility of collecting from the tenant. The Underwriter covers the balance of the Guarantee not paid by the tenant.

What if the building changes owners? The guarantee is assigned to an approved apartment and stays that apartment and the tenant signing the Guarantee.

What if the tenant moves to another apartment building or complex? The agency, the tenant and the property owner must agree to a new Guarantee. Please contact this agency if you are planning to relocate the tenant.

Is interest owed the tenant on the Guarantee? Interest does not begin accruing until funds have been sent to the property owner.

If you have any further questions please feel free to call:

(603) 352-7512 Ext. 4225 or 4226

****Please Note**** This form is to be completed by NEW landlord

LANDLORD FORM Information Only

The person named below:

_____ has applied to our Program for a Security Deposit and/or rental guarantee. We need the following information before they can be considered for assistance.

Please fill in the following:

Address of available unit: _____

Monthly Rent: \$_____ Tenant Portion: \$_____ Security Deposit: \$_____

Utilities included: (please list each) _____

Number of bedrooms: _____ Date of Move in: _____

Type of lease: 1 year _____ 6 mos. _____ Tenant-at-will _____

**NOTE: A LEASE MUST BE AVAILABLE FOR TENANT TO BE ELIGIBLE
TENANTS AT WILL ARE NOT ELIGIBLE FOR THIS PROGRAM**

This is NOT the LETTER OF GUARANTEE!!!!!!!!!!!!!!!!!!!!

Signing this form indicates your **willingness** to work with our Guarantee program(s). If the tenant is approved you will receive for your signature a form Guarantee Agreement. The Guarantee will only go into effect when signed by the tenant, landlord/agent, and the administering agency.

Please check one: I have _____ have not _____ used the Housing Security Guarantee Program prior to this.

Please print the following information on who should receive the Guarantee for signature and subsequent payments on the Guarantee.

Name: _____ Telephone: _____

Print name

Mailing Address: _____

Fax #: _____ SS# or Tax Payer ID _____

I certify the accuracy of the above information, that I have read and understand the information sheet on the Housing Security Guarantee Program and agree to work with the Guarantee programs administered by the agency.

Signature _____ Date _____

Please note: As this document IS NOT the official Security Deposit Guarantee, do not let the tenant move in until the actual Guarantee is signed by all parties.



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MAHC/SCHC HOUSING SECURITY GUARANTEE PROGRAM

Apartment Inspection Form

Tenant Name: _____

Apt. Location: _____

Landlord Name: _____

Address: _____

Phone Number: () _____ - _____

Does the apartment have the following?

- | | | | | | |
|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke detectors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | CO detectors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Screens on windows | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heating |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Air-conditioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Access to fire escape |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Free of vermin/rodents | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shower |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tub | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stove |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Refrigerator | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Please use the following space to make notes of defects:

Please check every room and make notes of broken or cosmetic damage:

Kitchen: _____

Living Room: _____

Bathroom: _____

Bedrooms: _____

Other: _____

Landlord Signature

Date

Tenant Signature

Date