



## **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. You must be able to obtain a legal lease from the landlord and be able to maintain the monthly rental fee on the unit. You will be required to pay the loan back within 6 to 24 months and be able to provide good landlord references. We will also need the following information:

- HSGP Loan application
- Monthly Budget Sheet & Verification of all income and expenses
- Most recent Landlord Reference Form (to be completed by current landlord)
- Social security numbers of all household members
- Apartment Inspection Form (to be completed by the prospective Landlord for the new unit)
- Landlord form, signed, stating their understanding of the program and their willingness to participate in the program knowing that they will not receive the cash up front. **\*Note:\*** At least a 6 month lease is required.

**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: 719-4225 or 719-4226**

This is not an emergency program. The application process takes **at least 5 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.

For your convenience, you may print out the HSGP Information Sheet, application, and landlord forms, complete them and then contact us for an appointment.

# Check List

Without the correct information your application could take two weeks or longer to process. Please note we are not an emergency service. Your application will be processed in the order it is received.

Go over the Check list below to make sure you have the correct information so your application can be processed in a timely manner.

## **Please check over the following:**

- \_\_\_\_\_ Completed application with all signatures required (everyone over 18 years of age)
- \_\_\_\_\_ Documentation of all household income (pay stubs, award letters, SS, SSI, SSDI, TANF, APTD, child support, food stamps, unemployment, self employment, pensions, etc..)
- \_\_\_\_\_ Completed budget form. Place 0 on budget form where it does not apply (Do not leave anything blank)
- \_\_\_\_\_ Landlord reference form provided by the current landlord. If you are homeless a referral or documentation of homelessness (case manager, physician, town or city assistance or person you are staying with)
- \_\_\_\_\_ Authorization form signed by all parties signing lease
- \_\_\_\_\_ Landlord & apartment inspection form to be completed by the prospective landlord.
- \_\_\_\_\_ Ten dollar application fee (which is credited to your loan)

**Do not move into the apartment until the Security Deposit Loan has been approved and papers have been signed. An appointment will be scheduled to sign the loan agreement upon approval.**



**Program Monthly Budget Questionnaire**

Total household income: **List source for ALL adults in the household.**

<i>Type of Income:</i>	<i>Amount Received:</i>	<i>Type of Income:</i>	<i>Amount Received:</i>
TANF		APTD	
Soc Sec / SSI		Child Support(not Collected by the State)	
SSDI		Employment/Unemployment	
Pensions:		Other:	

TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_  
 OTHER HOUSEHOLD RESOURCES \$ \_\_\_\_\_ Explain: \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**HOUSING**

Rent/Mortgage \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Gas/Oil/Heat \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cable \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Have you applied for fuel assistance?** Yes or No  
**Have you applied for electric assistance?** Yes or No  
**Do you have subsidized housing?** Yes or No

**FOOD AND HOUSEHOLD**

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

**Do you receive food stamps?** Yes or No  
**If Yes, How much a month ?** \_\_\_\_\_

**Are you on the WIC Program?** Yes or No

**TRANSPORTATION**

Auto Payment \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Bus/Taxi \$ \_\_\_\_\_

**PERSONAL**

Doctor/Dentist \$ \_\_\_\_\_  
 Medications \$ \_\_\_\_\_  
 Cigarettes \$ \_\_\_\_\_  
 Meals Out/Delivered \$ \_\_\_\_\_

**Do you receive Medicaid/Medicare?** Yes or No

**OTHER**

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

**TOTAL** \$ \_\_\_\_\_

**INCOME LESS EXPENSES** \$ \_\_\_\_\_

**PAST DUE BILLS**

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

**TOTAL** \$ \_\_\_\_\_

SULLIVAN COUNTY & MONADNOCK AREA HOUSING COALITIONS  
A program of Southwestern Community Services, Inc.

AUTHORIZATION FOR RELEASE OF/REQUEST FOR INFORMATION

I, \_\_\_\_\_, with a birth date of \_\_\_\_\_,

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, authorize Southwestern Community Services, Inc MAHC/SCHC to release/obtain information regarding any and all pertinent information needed for my/our case.

To/From: { ALL THAT APPLY }

Welfare Dept	( )	NH Div of Human Svs.	( )
Attorney/Legal Aide	( )	Landlords	( )
Relatives	( )	Probation/Parole/Police	( )
Mental Health Provider	( )	Doctor/Hospital	( )
Veterans Services	( )	Employer	( )
Churches	( )	Dept. Employment Sec.	( )
Outreach Workers	( )	Other	( )
Social Security Admin.	( )	Other	( )

**I understand the following:**

- This release is only valid for purposes stated above. A photocopy shall be considered effective and valid as the original.
- Information will be shared within the organization of Southwestern Community Services, Inc. on an as need basis.
- Re-disclosure of information released to persons and agencies outside of SCS/MAHC/SCHC is prohibited. However, such disclosure is out of the control of SCS/MAHC/SCHC.
- Release of information directly to a client or former client shall be under the supervision of an appropriate member of the professional staff.

I further understand that I may cancel this authorization at any time, (except while I'm in the shelter programs), and if not cancelled earlier, this authorization will automatically expire in one year.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

CANCELLATIONS OF THIS REQUEST MUST BE IN WRITING

# 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 below as well as providing any additional comments. Thank you!!

## CLIENT AUTHORIZATION

I hereby authorize the release of this requested information to Southwestern Community Services, Inc.

\_\_\_\_\_  
Client's Signature Date

- 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? \_\_\_\_\_ 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? \_\_\_\_\_
- 8) Housekeeping: \_\_\_\_ excellent \_\_\_\_ good \_\_\_\_ fair \_\_\_\_ poor  
*Excellent = clean and 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 communication skills with everyone*  
*Good = talks to neighbors/land lord for resolutions, 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*
- 11) Did (does) the tenant have animals? \_\_\_\_ Yes \_\_\_\_ No *If Yes:*  
Neighbor complaints? \_\_\_\_\_ Sanitary conditions maintained? \_\_\_\_\_  
Animal well cared for? \_\_\_\_\_ Damages? \_\_\_\_\_
- 12) Did any unauthorized person(s) live in the unit for a substantial period (over 2 weeks)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Would you rent to this applicant again? \_\_\_\_\_
- 14) Are you related to the tenant or any member of the tenant household? Yes \_\_\_\_ No \_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone Number



**Housing Security Guarantee Program (HSGP)**  
**Administered by the Monadnock Area Housing Coalition and Sullivan Area Housing Coalition**

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.

**Can a tenant who is already living in my apartment apply for the Guarantee???** No, under no circumstance can we administer a Guarantee to a tenant you have already moved into a unit without securing a deposit.

**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/or repairs for damages above and beyond normal wear and tear. As the administering agency, we will then 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 and 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 and photographs if available.

**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 with 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:**

**1(800)529-0005 Ext 4225 or 4226// or (603) 719-4225 & (603) 719-4226**

*Office Locations:*

69-Z Island Street  
P.O. Box 603  
Keene, NH 03431-0603  
Services: (603) 352-7512  
1-800-529-0005 ~Fax: (603) 352-3618

96-102 Main Street  
P.O. Box 1338  
Claremont, NH 03743  
Services: (603) 542-9528~Fax: (603) 542-3140  
TTY-NH Relay 1-800-735-2964



LANDLORD FORM

(To be filled out by potential Landlord)

Information Only not a letter of Guarantee

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: \_\_\_\_\_
Street Address Town/City Zip Code

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

Utilities included: \_\_\_\_\_ # of Bedroom(s): \_\_\_\_\_ Move in Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of lease: 1 year \_\_\_\_\_ 6 mos. \_\_\_\_\_ Tenant-at-will \_\_\_\_\_ TENANTS AT WILL ARE NOT ELIGIBLE FOR THIS PROGRAM

NOTE: A LEASE MUST BE AVAILABLE FOR TENANT TO BE ELIGIBLE

This form is only to determine the eligibility of the prospective Tenant; we will notify you if they are eligible for the security deposit program, at that time we will make arrangements for all three parties to sign a Security Deposit Loan Agreement. Please DO NOT let the tenant move in prior to signing the agreement.

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 Housing Security Guarantee Certificate. This Guarantee will go into effect only 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 Number: \_\_\_\_\_
Please 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 \_\_\_\_\_



MAHC/SCHC
HOUSING SECURITY GUARANTEE PROGRAM
Apartment Inspection Form

Tenant Name: \_\_\_\_\_

Apt. Location: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

DOES THE APARTMENT HAVE THE FOLLOWING?

- Yes/No checkboxes for: Smoke Detectors, Screens on Windows, Air-conditioning, Free of vermin/rodents, Tub, Refrigerator, CO Detectors, Heating, Access to Fire Escape, Shower, Stove.

PLEASE USE THE FOLLOWING SPACE TO MAKE NOTES OF DEFECTS:

\_\_\_\_\_
\_\_\_\_\_

PLEASE CHECK EVERY ROOM & MAKE NOTES OF BROKEN OR COSMETIC DAMAGE:

KITCHEN: \_\_\_\_\_

LIVING ROOM: \_\_\_\_\_

BATHROOM: \_\_\_\_\_

BEDROOMS: \_\_\_\_\_

Other: \_\_\_\_\_

Landlord Signature

Date

Tenant Signature

Date