



CT BLOCK GRANT RECOVERY PROGRAM Client Application for Security Deposit



APPLICANT'S NAME: _____

DATE: _____

Social Security#: _____ - _____ - _____

D.O.B: ____ / ____ / ____

Have you experienced a sudden and significant loss of Income? Yes No

Gender: Male Female **Ethnicity:** Hispanic Non-Hispanic Unknown

Race: White Black/African American Asian/Pacific Islander
 American Indian/Alaskan Native Mixed or Other Race Unknown

Marital Status: Never Married Married/Cohabiting Separated Divorced
 Annulled Widowed Other Unknown

Total household gross monthly income (attach verification): _____

Total household monthly expenses: _____

Person making referral: _____ Title: _____

Agency: _____ LOC: _____

Phone#: _____ Email: _____

To be eligible for security deposit applicant must provide proof they are able to sustain the apartment.

