



STATE OF CONNECTICUT  
DEPARTMENT OF HOUSING



UniteCT Workforce Rental Assistance Program  
Rental Terms Form

This form shall reflect the terms of tenancy between an applicant of CareerConnect and their landlord. The form must be signed by both parties. **By completing this form, you attest that the information provided is true and correct.**

1. PARTIES.

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

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

Household Occupants:  
(only members 18 yrs. & up) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PROPERTY.

Rental Property Name (if applicable): \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

3. RENTAL TERM. (This must be at least a 3-month term, or longer)

\$ \_\_\_\_\_ Monthly Rent

Rental Begin Date \_\_\_\_\_ Rental End Date \_\_\_\_\_

*The Landlord listed above must return the rental assistance to the Connecticut Department of Housing if the tenant moves out before all the rental assistance was applied.*

Signature of Landlord: \_\_\_\_\_

Signature of Tenant: \_\_\_\_\_

Date: \_\_\_\_\_