



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 the Workforce Rental Assistance Program. 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.

For the tenant to receive up-to 3 months of rental assistance from the program, this duration must demonstrate up-to a 3-month commitment.

Rental Begin Date _____ Rental End Date _____

By checking this box, the tenant and landlord certify that the tenant will remain housed in the unit for the prospective months covered by UniteCT.

If the tenant is not housed for these months or moves out before all the rental assistance was applied, the Landlord listed above must return the rental assistance to the Connecticut Department of Housing. Return funds to the following address:

Yardi Systems, Inc., 12301 Research Blvd., Bldg. 4, Suite 100, Austin, TX 78759.

Please put the tenant's case number and name in the memo line of the check.

4. PAYMENT.

\$ _____ Monthly Rent Amount

\$ _____ Security Deposit Amount (if applicable)

Signature of Landlord: _____

Signature of Tenant: _____

Date: _____