



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. (check one)

Month-to-Month
 Rental Begin Date _____ Rental End Date _____

In order 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.

4. PAYMENT.

\$_____ Monthly Rent

\$_____ Security Deposit Amount (if applicable)

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: _____