



**UniteCT Moving Assistance Program  
Rental Terms Form**

This form shall reflect the terms of tenancy between an applicant of the Moving 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. The duration must be at least 6 months.**

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

**4. PAYMENT.**

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

\$ \_\_\_\_\_ Security Deposit Amount

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

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

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