DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY-BASED HOUSING SUBSIDY PROGRAM
CERTIFICATE OF PARTICIPATION

DDS Region: _____ Effective Date: _____

This is to certify that _____ is authorized to participate in the Department of Developmental Services Community-Based Housing Subsidy program pursuant to Section 17a-218 of the Connecticut General Statutes and Sections 17a-218-1 through 17a-218-7, inclusive of Regulations of Connecticut Agencies.

The Community-Based Housing Subsidy program is a program operated by the Department of Developmental Services for the purpose of assisting persons receiving residential services to meet the housing costs attributable to the acquisition, retention, use, and occupancy of a community-based residence. Housing costs may include, but are not limited to:

1. Rent or other periodic payment for the use and occupancy
2. Security deposits when exception may be granted
3. Utilities
4. Insurance
5. Costs relating to routine maintenance and repair

The State of Connecticut, the Department of Developmental Services, and any of its employees have no responsibilities as lessees or other interest in the property that is the subject of the housing subsidy.

Based on the participant's resources, the subsidy may be adjusted or terminated. Failure to submit an income and expense verification form for three consecutive months may result in termination. Please work with your Community-Based Housing Subsidy Program Liaison.
Housing subsidy recipients must notify DDS upon receipt of any retroactive payouts from Social Security (SSA) or the Department of Social Services (DSS) and should submit a copy of the award letter to the region.

Housing subsidy recipients that elect to receive the subsidy directly may see a change to their DSS-issued benefits, such as Supplemental Nutrition Assistance Program (SNAP), Cash assistance, and Medicaid and should contact DSS for more information.

Participant agrees to the distribution of this document to the landlord: ☐ Yes ☐ No

_____ _____
DDS Applicant Signature Date

_____ _____
DDS Assistant Director Date

_____ _____
DDS Regional Director Date

Distribution: Program Participant, Landlord