**Mt. Shasta**



**Security Deposit Assistance Program**

The Security Deposit Assistance Program (SDAP) is a Community Development Block Grant funded program for households living within the city limits of Mt. Shasta. To be eligible for participation, applicants must be below the median household income limit by size of household (see chart at the bottom of this page for current income limits). **This program will assist eligible applicants with security deposit funds for an amount not to exceed 2 (two) months’ rent or $2,000 (two thousand dollars), whichever is less. Additionally, applicants must provide a copy of a signed lease for one year (minimum).** Assistance is made on behalf of the participant. No funds will go directly to participants. If the funds have been distributed on behalf of the participant and the participant terminates their lease early, it is the participant’s responsibility to repay the deposit funds to the City of Mt. Shasta.

**Household Size**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **"80%" Limit** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| $ | 31,850 | 36,400 | 40,950 | 45,500 | 49,150 | 52,800 | 56,450 | 60,100 |

**PARTICIPANT INFORMATION FORM**

Please complete the following Participant Information Form. This information will help us determine your assistance.

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

 Head of Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address

 If different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Cell Work Other

 Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Cell Work Other

 Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I would like to be contacted by email

Are you currently receiving ANY form of rental assistance? Yes No

If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit to Be Occupied by Assisted Family**

**Owner Information Assisted Unit Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone number (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation Required:** Provide three months of bank statements, three months of pay stubs and a copy of your current tax return.

**Head of household must sign this form certifying accuracy of information provided**

I certify under penalty of perjury that to the best of my knowledge, the information contained in these forms is true and correct.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization for Release of Information**

**Consent**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to Great Northern Services (GNS) any information or materials needed to complete and verify by application for participation in the City of Mt. Shasta Security Deposit Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Community Development in administering and enforcing program rules and policies.

**Information Covered**

I understand that verification and inquires that may be requested include but are not limited to:

 Identity and Marital Status Employment, Income and Assets

 Residences and Rental Activity Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information that is not pertinent to my eligibility for this Security Assistance Program.

**Groups or Individuals that may be asked**

The following groups that may be asked to release the above information include, but are not limited to:

 Previous Landlords Past and Present Employers

 Schools and Colleges Credit Providers and Credit Bureaus

 Support and Alimony Providers State Unemployment Agencies

Retirement Systems Social Security Administration

Welfare Agencies Veterans Administration

Banks and Financial Institutions Utility Companies

**Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with GNS and will stay in effect for a period of 12 months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of Household

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Spouse/ Co-Head of Household

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult Member Signature