



## 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.

"80%" Limit	Household Size							
	1	2	3	4	5	6	7	8
\$	33,450	38,200	43,000	47,750	51,600	55,400	59,250	63,050

### 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****(YOUR NEW RESIDENCE INFO)****Insert New Landlord's Information here**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Home phone number (\_\_\_\_) \_\_\_\_\_  
Work phone number (\_\_\_\_) \_\_\_\_\_

**(YOUR CURRENT ADDRESS)****Insert your Current Address Information here**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

**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  
Residences and Rental Activity

Employment, Income and Assets  
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 Deposit 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  
Schools and Colleges  
Support and Alimony Providers  
Retirement Systems  
Welfare Agencies  
Banks and Financial Institutions

Past and Present Employers  
Credit Providers and Credit Bureaus  
State Unemployment Agencies  
Social Security Administration  
Veterans Administration  
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