

DATE: _____

**OFF THE STREETS - BRIDGEPORT (OTSB)
SOCIAL WORKERS CHECKLIST
SECURITY DEPOSIT ASSISTANCE FOR HOMELESS
APPLICANTS**

Send completed checklist to:

**Off the Streets-Bridgeport
c/o Gerard Agoglia CPA and Deacon Donald Ross
St. Stephen Parish
6948 Main Street
Trumbull, CT 06611**

Referring Social Service Worker: _____

Agency: _____

Address: _____

Phone: _____

e-mail: _____

Applicant(s) name(s): _____

Phone: _____ e-mail: _____

Homeless: Includes people living on the streets, or in a shelter, or on a short term basis with others (ie, sleeping on a couch or in the basement.)

1. Is the applicant homeless or about to be homeless?

2. Where is the applicant(s) living now?

3. Security deposit:
 - a. Does the applicant have a security deposit due from his / her last apartment?

 - b. If yes, how much? \$_____

c. Has the applicant applied for the security deposit guarantee program?

d. If refused, explain why.

4. What are the circumstances for the applicant's homelessness?

5. Describe why the applicant is homeless. *(i.e., applicant lost their job and could no longer pay the rent.)*

6. Indicate the evidence used to identify and **verify each individual's citizenship status**: *(i.e., driver's license, birth certificate and/or passport)*

7. Identify the sources and amounts of monthly income ***by individual***. Indicate how you have verified the amounts and the likelihood that the income will continue.

a. Income Verification: _____
(i.e., pay stub, employer letter / phone call, State assistance)

b. Employment term: _____
(i.e., past years, months, weeks and future prospect)

8. Monthly Price of Identified Rental: \$ _____

9. Income/Support \$ _____ Rent to Income Ratio: _____%

(OTS guideline: No more than 50% of income can be used for rent.)

10. Indicate name, gender & age of all apartment applicants:

<u>Name(s)</u>	<u>M / F</u>	<u>Age</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

11. Upon applicant's approval for a one-month security deposit, the following language **MUST BE** included in the lease :

"Off the Streets – Bridgeport, 6948 Main Street, Trumbull, CT, 203-590-1501 has provided a security deposit of \$_____. In the event the lease is terminated, the landlord will return the deposit to Off the Streets-Bridgeport less any legally withheld damages. In the event of multiple security deposits, the other non-Off The Streets-Bridgeport deposits must be used first to cover damages and/or other deductions before The Off The Streets-Bridgeport deposit."

If the above language is added as a rider, the lease security deposit section must be amended to indicate that the rider governs.

12. Has the premises been inspected? _____

a. Date Inspected: _____

b. By Whom: _____

c. Describe, if any, significant issues requiring remediation:

13. **OTSB** may have some furniture and household goods that can be given to the applicant without charge. Ask the applicant about their needs.

14. To enable us to plan for delivery of furniture, please let us know what floor the apartment is located on and accessibility of the apartment - Is there an elevator, how wide is the staircase and the doorway to the apartment?

15. To assist **OTSB** in raising funds, we wish to include on our website Facebook pages circumstances giving rise to the applicant's homelessness and the resolution. All personal information will be disguised with no real names used. Ideally, we would like to take a short video of the person(s) expressing their gratitude to OTSB for assisting them in getting into an apartment. A thank you note in their own words would be appreciated.

16. Will the applicant have case management services and if so, how frequently and for how long?

17. We require that the case worker contact OTSB at 203-590-1501 at 6- and 9-month intervals to advise us applicant's status.

6th month: _____

9th month: _____

Social Worker Signature Agency Date