

APPLICATION DATE: _____

OFF THE STREETS BRIDGEPORT (OTSB)

**SOCIAL WORKERS CHECKLIST
FOR HOMELESS APPLICANTS SEEKING SECURITY DEPOSIT ASSISTANCE**

203-590-1501
WWW.OTSBRIDGEPORT.COM

PLEASE **EMAIL** COMPLETED FORMS (**STRONGLY RECOMMENDED**) TO BOTH
GERARD.AGOGLIA@OTSBRIDGEPORT.COM and DONALD.ROSS@OTSBRIDGEPORT.COM
ALTERNATIVELY, YOU MAY MAIL TO:
OFF THE STREETS BRIDGEPORT
C/O GERARD AGOGLIA and DONALD ROSS
6948 MAIN STREET
TRUMBULL, CT 06611

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

Referring Social Service Worker: _____

Agency: _____

Address: _____

Phone: _____

e-mail: _____

Applicant(s) name(s): _____

Phone: _____ e-mail: _____

Homeless: Includes people living on the streets, in a car, in a shelter, on a short-term basis in a hotel/motel or sheltering with others (i.e., sleeping on a couch or in a 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 back from the last apartment?
 - b. If yes, how much? \$ _____
 - c. Has the applicant applied for the security deposit guarantee program?
 - d. If refused, explain why.

4. Describe the circumstances for the applicant's homelessness.
(i.e., applicant lost their job and could no longer pay the rent)

5. Indicate and attach evidence used to **identify/verify each individual's identity:** (i.e., driver's licenses, birth certificates and/or passports.)
OTSB DOES NOT REQUIRE VERIFICATION OF CITIZENSHIP!

6. 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.

Income Verification: _____

(e.g., pay stub, employer letter / phone call, State assistance)

Employment term: _____

(i.e., past years, months, weeks and future prospect)

7. Monthly Price of Identified Rental: \$ _____

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

(OTSB evaluates all requests for security deposit assistance on a case by case basis. Generally, no more than 50% of income should be used to pay rent; however, OTSB is flexible in this regard as our primary goal is to secure permanent housing for applicants.)

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

<u>Name(s):</u>	<u>M / F</u>	<u>Age</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

- f. _____
- g. _____

10. Upon applicant's approval for a **one-month security deposit**, the following language **MUST BE** included as a **RIDER or ADDENDUM** to the lease. (Questions Call: 203-590-1501)

"Off the Streets–Bridgeport, 6948 Main Street, Trumbull, CT, 06611 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 or addendum to the lease, the security deposit section **must be amended** to indicate that the rider governs. Off The Streets Phone Number: 203-590-1501.

- 11. a. Has the premise been inspected? _____
- b. Date Inspected: _____
- c. By Whom: _____
- c. Is the premise acceptable to the applicant? _____
- d. Describe, if any, significant issues requiring landlord remediation:

12. **OTSB** may have some furniture and household goods that can be given to the applicant without charge. Ask the applicant about their needs and list items desired below:

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

14. 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.

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

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

6th month: _____

9th month: _____

_____/_____/_____
Social Worker Signature Agency Date