



Housing Security Guarantee Program for Security Deposit Loan

The Housing Security Guarantee Program (HSGP) and Homeless Housing and Access Revolving Loan Fund (HHARLF) are designed to provide security deposit assistance to eligible households if they have no other means of obtaining a security deposit, in order to secure rental housing. **The assistance is in the form of a voucher to the Landlord and a LOAN to the client. The Landlord does NOT receive cash up front!**

In order to be eligible for the HSGP, you **must**:

- Meet the income eligibility guidelines defined below
- Not currently be living in the apartment or storing your belongings in the apartment
- Not currently have an outstanding loan with the Nashua Pastoral Care Center
- Have the ability to maintain the monthly housing costs (rent & utilities)
- Have the ability to repay the loan within 6-24 months
- Provide good Landlord references

HUD Area Median Income Limits for 2009/10 (AMI) (subject to change) – Southern Hillsborough County

Income Limit (Gross)	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
50% of AMI	\$31,500	\$36,000	\$40,500	\$45,000	\$48,600	\$52,200

Since this is a LOAN program, you will be required to provide the following documentation:

- Completed HSGP application packet
- Social Security cards for each member of the household
- Proof of all household income and expenses
- Proof that you have had income in your household for a minimum of 3 months
- \$10.00 non-refundable application fee (if approved, the \$10 will be applied towards loan balance)
- A signed Landlord Verification Form, stating the Landlord's understanding of the program and their willingness to participate, knowing that they will not receive cash up front.

Reasons for **denial** include:

- Applicant has taken possession of the apartment before applying for the loan
- Incomplete application and/or missing documentation
- Failure to meet income guidelines
- Rent on apartment exceeds 50% of net household income
- History of damaging rental housing
- History of consistently failing to pay rent
- Failure to make payments on a prior HSGP loan

Please Note: This is not an emergency program. The process takes 5-7 business days from the time a completed application has been submitted. If you are experiencing an emergency and need assistance immediately, please contact the local welfare office in the Town or City you reside in.

Please complete the following application in full and have the New Landlord read and complete the 4 Landlord Information Pages, including the Landlord Verification Form on the last page. If something does not apply to you, write 0 or N/A in the space provided. Once the Landlord has read and filled out the Verification pages, you may call the Care Center at 886-2866 to schedule your initial interview.



Security Deposit Loan Application

Date _____ Interviewer _____
 Applicant Name _____ SS# _____
 Co-Applicant Name _____ SS# _____
 Tel. # _____
 Head of Household: ___ Male ___ Female

Household Members—List all persons who will be living in the household, including yourself

Name	Date of Birth	Age	Relationship to applicant

For Statistical Purposes Only

Marital Status: ___ Single ___ Single w/children ___ Married ___ Married w/children
 ___ Living w/partner ___ Living w/partner & children

Does your household receive a rent subsidy, such as Section 8 or Public Housing? ___ Yes ___ No
 *If yes, you must provide proof of the amount of rent you will be paying.

Residential History (For the Past 3 Years)

Current Address _____ Rent \$ _____
 Landlord's Full Name _____ Landlord's Tel # _____
 Move-In Date _____ How long have you lived there? _____
 Do you owe any back rent? _____ If so, what is the balance? _____
 Reason For Moving _____

Previous Address _____ Rent \$ _____
 Landlord's Full Name _____ Landlord's Tel # _____
 Move-In Date _____ How long did you stay? _____
 Do you owe any back rent? _____ If so, what is the balance? _____
 Reason For Moving _____

Previous Address _____ Rent \$ _____
 Landlord's Full Name _____ Landlord's Tel # _____

Have You Ever Been Evicted? ___ Yes ___ No If Yes, How many times? _____
 If Yes, when, and from what address? _____

Explain: _____

Employment History (For the Past 3 Years)

Name Of Wage Earner 1: _____

Current Employer _____ Contact Person _____
Date of Hire _____ Tel # _____
How Many Hours Per Week? _____ Rate of Pay Per Hour: \$ _____
How Often Are You Paid? ___ Daily ___ Weekly ___ Every 2 Weeks ___ Twice a Month ___ Once a Month
Permanent or Temporary Employment? _____

Previous Employer _____ Contact Person _____
Dates Employed: _____ Tel # _____
How Many Hours Per Week? _____ Rate of Pay Per Hour: \$ _____
Reason For Leaving: ___ Quit ___ Fired ___ Laid Off ___ Other—Explain _____

Previous Employer _____ Contact Person _____
Dates Employed: _____ Tel # _____
How Many Hours Per Week? _____ Rate of Pay Per Hour: \$ _____
Reason For Leaving: ___ Quit ___ Fired ___ Laid Off ___ Other—Explain _____

Employment History (For the Past 3 Years)

Name Of Wage Earner 2: _____

Current Employer _____ Contact Person _____
Date of Hire _____ Tel # _____
How Many Hours Per Week? _____ Rate of Pay Per Hour: \$ _____
How Often Are You Paid? ___ Daily ___ Weekly ___ Every 2 Weeks ___ Twice a Month ___ Once a Month
Permanent or Temporary Employment? _____

Previous Employer _____ Contact Person _____
Dates Employed: _____ Tel # _____
How Many Hours Per Week? _____ Rate of Pay Per Hour: \$ _____
Reason For Leaving: ___ Quit ___ Fired ___ Laid Off ___ Other—Explain _____

Previous Employer _____ Contact Person _____
Dates Employed: _____ Tel # _____
How Many Hours Per Week? _____ Rate of Pay Per Hour: \$ _____
Reason For Leaving: ___ Quit ___ Fired ___ Laid Off ___ Other—Explain _____

Is anyone in the household enrolled in a job training program? ___ Yes ___ No
If Yes, Who and Where? _____

References—Please list 1 personal reference and 1 credit reference

Personal: _____ Tel # _____

Credit: _____ Tel # _____

Providing Solutions . . . Changing Lives

*Transitional Housing (Group & Independent Living) * CARE (Crisis Advocacy and Resource Education)
Prevention and Intervention of Homelessness*

The answers you provide to the following questions are voluntary, for statistical purposes only, and help determine the type and amount of funding we receive through various sources. Please take a moment to read through this section and check what applies to you. All answers are confidential.

Ethnic Composition (choose one)

- Hispanic/Latino
- Non-Hispanic

Race (choose one)

- Black
- White
- Asian
- Hawaiian/Pacific Islander
- Native American
- Asian & White
- Black & White
- Native American & Black
- Native American & White
- Other Multiple Races
- Other:_____

Have you been diagnosed with a mental illness? Y or N

Are you the victim of domestic abuse? Y or N

Have you been treated for alcohol abuse? Y or N

Have you been treated for drug abuse? Y or N

Are you a veteran of the U.S. military? Y or N

Has anyone in the household ever used the Housing Security Guarantee Program or the Homeless Housing and Access Revolving Loan Fund? ___Yes ___No

If Yes, who? _____

If Yes, through what agency? _____

Have you ever had a security deposit loan from the Nashua Pastoral Care Center? ___Yes ___No

If Yes, was the loan repaid in full? ___Yes ___No

Providing Solutions . . . Changing Lives

*Transitional Housing (Group & Independent Living) * CARE (Crisis Advocacy and Resource Education)
Prevention and Intervention of Homelessness*



Household Budget

Please complete the following Monthly Budget page, so we can obtain a clear picture of your household's financial situation. Under the section labeled "Income", please include all income received in your household for each family member. This may include your children's income. You will be required to show proof of all income that you report on the budget form.

Income includes, but is not limited to:

Wages earned from a job
Disability Benefits (SSDI, SSI, APTD, etc.)
TANF & Food Stamps
Child Support/Alimony
Unemployment Benefits
Worker's Compensation
Social Security Retirement Benefits
Retirement or VA Pensions
Section 8/Public Housing
Rent Vouchers

When completing the "Expenses" section of the Budget page, make sure to include everything you spend money on each month, including but not limited to: food, telephone service, cable, laundry, car payments, insurance, medications, loans, credit cards, recreation, etc.

*Be sure to enter the amount of rent you will be paying on the new apartment that you are applying for.

**If the utilities are not included in the rent, make sure to call each utility company for an estimate of the monthly bill, and include those figures in the Budget page.

If the following budget page is left blank or not completed in full, your application will be returned to you and your appointment will be re-scheduled.

If you have questions about the budget page, please call our office at 886-2866.

Providing Solutions . . . Changing Lives

*Transitional Housing (Group & Independent Living) * CARE (Crisis Advocacy and Resource Education)
Prevention and Intervention of Homelessness*

SS#:	Name:
Address:	
Date:	Phone#:

INCOME

Salary	\$	SSDI	\$
TANF		Social Security	
Worker's Comp		Unemployment	
Child Support		Section 8/Rent Voucher	
Alimony		Old Age Assistance	
Pension		APTD	
SSI		Other	
Food Stamps			
		TOTAL MONTHLY INCOME	\$

EXPENSES

Housing Expenses		Personal Expenses	
Rent		Medications	
Electric		Vitamins	
Gas		Babysitter	
Home Phone		Church Donations	
Cell Phone		School lunches	
Cable		Hair	
Total	\$	Nails	
		Cigarettes	
Household Expenses		Magazines/Papers	
Food		Sports/Recreation	
Toiletries		Other	
Diapers/Wipes		Total	\$
Laundry		Other Monthly Expenses	
Pet Food		Child Support	
Total	\$	Rent-to-Own	
Transportation		Loans	
Car Payment		Credit Cards	
Gasoline		Other	
Car Insurance		Total	\$
Maintenance			
Bus/Taxi		TOTAL MONTHLY EXPENSES	\$
Total	\$		
		Total Disposable Income (Income less expenses)	\$



Authorization for Release of Information

I/We, _____
(Names of All Adults in the Household)

Hereby declare that the information provided by me/us in this application is true, correct, and complete to the best of my/our knowledge. I/We understand that any misstatement or omission of fact on this application shall be considered cause for denial.

I/We authorize the Nashua Pastoral Care Center to verify any information provided by me/us, and to contact past and present Landlords, employers and creditors for the purpose of verifying information provided by me/us for the Housing Security Guarantee Program loan application, as well as any private, Local, City, State or Federal Agencies that are providing me or anyone in my/our household with assistance. I/We authorize the Nashua Pastoral Care Center to discuss information pertinent to my/our housing needs with the appropriate persons/agencies. I/We also understand that a \$10 processing fee will be due upon submission of this application.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

*Please make sure that this page has been signed by all the adult members of your household who are applying for the security deposit loan. If there are more than 4 adults in the household, please have them sign & date in the space above. This application is not valid without the signatures of all the adults in the household.



Landlord Packet

- This packet must be presented to the Landlord of the apartment you are applying to rent.
- Information pages 1 and 2 are for the Landlord to keep.
- Information pages 3 and 4 must be completed and signed by the Landlord.
- Applicant must submit Landlord Information pages 3 and 4 with the HSGP application packet at appointment.

If you have any questions, please call the Care Center at 886-2866

Providing Solutions . . . Changing Lives

*Transitional Housing (Group & Independent Living) * CARE (Crisis Advocacy and Resource Education)
Prevention and Intervention of Homelessness*



HSGP/HHARLF Landlord Information & Agreement

Please take a moment to read the following information about the Housing Security Guarantee Program before filling out any forms that have been given to you by your prospective tenant:

What is the Housing Security Guarantee Program?

In 1995, the NH State legislature found in part that “the inability of individual citizens to amass sufficient funds for housing security deposits contributes significantly to the problem of homelessness in the state of New Hampshire”. The HSGP was established in 1995 by the Department of Health & Human Services (DHHS), Bureau of Homeless & Housing Services, as an attempt to eliminate homelessness. The Bureau is the administrator of the program, and it contracts with various non-profits and Community Action Programs around the state to run the program for specific geographic locations. The Nashua Pastoral Care Center is the contractor for Southern Hillsborough County.

The HSGP provides guarantees of rental security deposits to eligible persons. This is a loan program with a guarantee to the Landlord that, in the event of a default, they will be reimbursed the amount of the security deposit. The tenant will be responsible to make monthly payments to the HSGP provider (the Care Center), and when the amount is paid in full, the funds will be transferred to the Landlord to hold as the tenant’s security deposit.

How does my prospective tenant apply for the program?

Tenants must first pick up an application at the Care Center. Once they have found an apartment and a Landlord who is willing to work with the program, they must fill out the application in full, and have the prospective Landlord complete the “Landlord Verification” form. Once that is done the applicant may call the Care Center to schedule an appointment. The application process generally takes 5-7 days from the initial appointment. ***The tenant cannot move into the apartment until the loan process is completed!***

At the first interview, the caseworker will review the application and the tenant’s income to determine if they qualify for the program. ***Please note that qualification does not imply that the tenant is approved!*** The tenant is only approved when they have completed their 2nd appointment at the Care Center and the caseworker has signed the voucher certificate and notified the Landlord that the loan process has been finalized and approved.

If the tenant meets program qualifications, they will be given a voucher certificate with an assigned loan number. This certificate must be signed by the Landlord and returned to the Care Center for final approval and agency signature. The tenant is also required to do an inspection of the apartment before the move-in date. The apartment must be safe, sanitary and meet all State and Local Housing Codes.

When this has been done, the tenant must return the voucher certificate and inspection form to the Care Center. This will serve as the 2nd appointment. If everything has been done properly, the caseworker or another approved Care Center representative will sign the voucher, giving final approval to the tenant. The Landlord will then be notified that our process is complete and that the tenant is approved to move in to the new apartment.



Dear Property Owner / Agent:

As the administrating agency we provide a Letter of Guarantee for the security deposit after a tenant has signed a security deposit loan agreement. We then collect the guaranteed amount from the tenant in monthly installments, designed to help the tenant work the security deposit expense into their household budget.

When do you receive the actual cash for the security deposit? You are paid the guaranteed amount in one of two ways:

(1) When the guaranteed amount has been paid in full by the tenant to this agency, that amount will be transferred to the landlord as the tenant's security deposit.

(2) When the tenant defaults on the rental agreement and the landlord makes a claim for rent due and /or repairs for damages above and beyond normal wear and tear, then, as the administrating agency, we will verify the claim and pay up to the guaranteed amount to the landlord.

How are claims made? Call to alert us that the tenant has moved. Indicate if you expect to make a claim, and we will send you a Claim Form. Send the claim back to us in writing. Verification is required and a move-out inspection will be made if claims are for damages. To make a claim for rent-due, include copies of rent receipts and /or ledger pages showing that rent was not paid as agreed upon, or copies of the legal Eviction along with the claim. To make a claim for damages above normal wear and tear, include copies of the bills, invoices and/or receipts for materials purchased. Photographs of the damages may be requested

Claims must be made within 30 days of vacancy!

What if the tenant fails to make payments? The property owner will be paid any legitimate claim up to the amount guaranteed. Every Guarantee is fully underwritten. The administering agency assumes the responsibility of collecting from the tenant. The Underwriter covers the balance of the Guarantee not paid by the tenant.

What if the building changes owners? The Guarantee is assigned to an approved apartment and stays with that apartment and the tenant signing the Guarantee. Please notify us immediately if your building changes owners, so we may issue a new voucher in the name of the new owner.

What if the tenant wants to move to another apartment within the building or complex? A new Guarantee must be agreed to by the Agency, the tenant, and the property owner. Please contact this agency if you are planning to relocate the tenant.

Is interest owed the tenant on the Guarantee? Interest does not begin accruing until funds have been sent to the property owner.

If you have any further questions, call The Care Center at 886-2866.

Providing Solutions . . . Changing Lives

*Transitional Housing (Group & Independent Living) * CARE (Crisis Advocacy and Resource Education)
Prevention and Intervention of Homelessness*



HSGP Landlord Agreement

To the Landlord/Agent: Please initial the following statements to indicate your willingness to work with the HSGP/HHARLF programs.

___ I have been provided with the 4 "Landlord Information" pages contained in the HSGP application packet.

___ I understand that I will not be receiving a cash security deposit from the Care Center; I will receive a voucher to keep until the tenant has either completed their loan payments in full to the Care Center, or upon the tenant vacating the unit and owing rent or having caused damages above and beyond normal wear & tear.

___ I understand that the tenant is not allowed to move in to the apartment until they have had 2 appointments at the Care Center, and that the Care Center will contact me once final approval of the voucher has been given. At that point, the tenant will be allowed to move in.

___ I understand that if I allow the tenant to move in, allow the tenant to move their belongings in, or give possession of the keys to the tenant before I receive notice of final approval from the Care Center, the tenant will not be eligible for the loan, and I may be ineligible to utilize the HSGP in the future.

___ I further understand that if I make any false or misleading claim on the deposit when the tenant has moved, I may be ineligible to utilize the HSGP in the future.

___ I agree to communicate with the Care Center as needed to address any issues that may arise, pertinent to my tenant's housing needs.

I have read the informational pages and agree to the aforementioned terms of this program.

Landlord/Owner signature

Date

Property Management Authorized Signature

Date



LANDLORD VERIFICATION (To be completed by New Landlord)

The person(s) named below:

_____ is in the process of applying to our program for a Security Deposit Loan. We need the following information before they can be considered for assistance. Please fill in the following, and do not leave anything blank. **Please note that incomplete forms will be returned which will delay the application process.** It is the applicant's responsibility to return this form at the time of their appointment. Copies and/or faxed versions of this document will not be accepted.

Address--Incl. City/Town and Zip Code: _____

Monthly Rent: _____ Security Deposit Amount (Max. \$1,000): _____

List all Utilities Included: _____

Number of Bedrooms: _____ Studio Apartment? ___ Yes ___ No

Type of Lease: 1 Year _____ 6 Months _____ Tenant-at-Will/Month-to-Month _____

Date of Move-In (DO NOT leave blank or write ASAP): _____

THIS IS NOT THE LETTER OF GUARANTEE!!!

Signing this form indicates your willingness to work with our Guarantee Programs. If the tenant qualifies, you will receive a formal Guarantee Agreement (Voucher) for your signature. The Guarantee will only go into effect when signed by Tenant, Landlord/Agent, and the Nashua Pastoral Care Center. **Do not let the tenant move into the apartment until you have received the Guarantee Voucher signed by a representative of the Nashua Pastoral Care Center. If the tenant moves in or takes possession of the keys prior to completing the application process, the application will be null and void!**

Please check one: ___ I have ___ I have not used the Housing Security Guarantee Program prior to this.
___ I have ___ I have not used the Homeless Housing and Access Revolving Loan Fund prior to this.

Please print the following information on who should receive the Guarantee Voucher for signature and subsequent payments on the Guarantee:

Landlord/Owner Name: _____

Mailing Address (incl. Zip Code): _____

Phone: _____

Fax #: _____

I certify the accuracy of the above information and agree to work with the Housing Security Guarantee/Homeless Housing & Access Revolving Loan Fund programs administered by the Nashua Pastoral Care Center.

Signature _____ Date _____
Landlord/Owner or Agent