



STATE OF COLORADO

John W. Hickenlooper, Governor

Department of Local Affairs

Reeves Brown, Executive Director

Division of Housing

Pat Coyle, Director

State Housing Voucher Security Deposit Request Form

Agency: _____ Grant: _____

Participant Name: _____

Amount Requested (must not exceed contract rent) \$ _____

Effective Date of Action/Move in: _____

Please consider the above request for security deposit assistance not to exceed one month's rent. The above named participant has never before been provided this assistance by DOH. The agency and participant understand that the security deposit payment is being withdrawn from the available housing assistance funds for this grant.

Residential Coordinator Signature/Date: _____

Participant Signature/Date: _____

As a Landlord participating in the Stage Housing Voucher Program, I understand that I may be receiving part or all of the security deposit from DOH for _____ who is moving into a unit I own/manage located at _____. I also understand that I must return any portion of the security deposit to DOH (at the address below) within 30 days after termination of the lease or the surrender and acceptance of the premises, whichever occurs last. This time period may be extended up to sixty days if specified in the lease. If any portion of the security deposit has been deducted the landlord shall provide the tenant with a written statement listing the exact reasons for the retention of any portion of the security deposit.

Landlord Printed Name: _____

Landlord Signature/Date: _____

DOH
1313 Sherman St Room 323
Denver, CO. 80203

For DOH use only:

0 Approved

0 Denied

DOH Staff Signature: _____ Date: _____



