



# HOME Tenant Based Rental Assistance

## Request for Utility Deposit

Tenant Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The above named tenant is requesting funds to pay Utility Deposits related to connecting utilities at their new TBRA funded rental unit.

DCA Utility Deposit Grant fund is a one-time grant that will provide funding up to \$500 to cover connection fees related to gas, electric, and water service only. The grant can only be used for utilities that the participant will be responsible for paying. The grant is not intended to pay for past due services at prior addresses.

The purpose of the grant is to enable the head of household or another adult in the household to have utility service connected in their name. The TBRA program requires that if the participant is responsible for paying utilities that the service needs to be connected prior to moving-in. The TBRA program also requires that utilities need to be connected to the rental unit at all times. Failure to have utilities service connected at the rental unit is grounds for termination from the program.

The Utility Deposit Grant fund is a true grant and the participant is not responsible for paying it back to DCA. DCA will only pay Utility Deposit grants directly to the utility company. No funds will be paid directly to the participant or to a member of the participant's household.

• **Name of Electric Service Provider:** \_\_\_\_\_ Utility Deposit Requested: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Direct Deposit Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Bank Account: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

• **Name of Gas Service Provider:** \_\_\_\_\_ Utility Deposit Requested: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Direct Deposit Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Bank Account: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

• **Name of Water Service Provider:** \_\_\_\_\_ Utility Deposit Requested: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Direct Deposit Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Bank Account: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Case Manager Signature Date