

**PARTICIPANT DOCUMENTS RECEIVED**

**CoC RENTAL ASSISTANCE PROGRAM**

These documents are to be provided to all program participants each year.

<b>Initials</b>	<b>DOCUMENT</b>
_____	Protect Your Family from Lead in Your Home Brochure
_____	CT Balance of State Continuum of Care (CT BOS COC) Participant / Applicant Bill of Rights
_____	Notice of Occupancy Rights under the Violence Against Women Act, including the Certification form.
_____	Participant Right to Appeal

I have received the documents listed above, on the date noted with my signature here:

Participant Name (PRINT): \_\_\_\_\_

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

Witness Name (PRINT): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need more information or have any questions, please contact your housing coordinator.