

# Tenant Based Rental Agreement

Property Address: \_\_\_\_\_

I \_\_\_\_\_ agree to cooperate with \_\_\_\_\_ as a program participant in the Shelter Plus Care, Tenant Based Rental Program funded by HUD. I will comply with the following program rules. I understand through my participation in this program that my rent will be subsidized for up to five (5) years as long as I comply with the following items.

\_\_\_\_\_ 1. I agree to abstain from the use of illegal drugs and will not abuse alcohol or other substances while in this program.

\_\_\_\_\_ 2. I agree to random drug testing as determined necessary by my treatment plan or case manager.

\_\_\_\_\_ 3. I agree to pay my utilities and keep electric and water on at all times in my apartment. Failure to maintain utilities is a safety hazard and may result in termination from the grant within 5 days.

\_\_\_\_\_ 4. I agree to work toward my goals and objectives as documented in my individualized service plan, which I developed in cooperation with my case manager. I understand that my participation in the services identified in the plan to provide matching dollars for my rent subsidy is required.

\_\_\_\_\_ 5. I agree to work with my case manager regarding any problems with my landlord. Should I move from the premises without proper notice to my case manager and/or landlord I will lose HUD funds provided for my rent.

\_\_\_\_\_ 6. I agree to maintain all appointments with my case manager and housing liaison.

\_\_\_\_\_ 7. I agree to maintain my apartment in a clean and safe manner and report any repairs and/or safety concerns to the landlord. I have been advised that if my apartment is not maintained in an acceptable manner and becomes a safety hazard, that I will be given 48-hours to correct the identified issues. Failure to clean-up or correct identified problems can result in termination from the grant. Continued violations of this expectation will result in termination of my subsidy.

\_\_\_\_\_ 8. I agree to manage my behavior in the community in a socially appropriate manner and know that any behavior that results in arrest or incarceration may result in loss of my HUD rent subsidy.

\_\_\_\_\_ 9. I understand that the HUD rent subsidy is paid directly to my landlord. It is my responsibility to pay all other housing expenses such as rent co-pay, utilities, food, daily living expenses, etc.

\_\_\_\_\_ 10. I understand that personal information regarding my case will be kept confidential except for the information that must be shared with HUD and/or the coordinating agency as a requirement of the grant. I will be educated on the scope of this information and must sign a release for information relevant to determining eligibility and on-going program participation.

\_\_\_\_\_ 11. I understand that required personal information will be entered into the HMIS Database.

\_\_\_\_\_ 12. I understand that I will not be allowed to have unauthorized roommates live in my apartment, and that any change to household size involving additional occupants must be submitted in writing; subject to committee review for determination and approval. Any additional occupants without committee approval may result in termination and loss of my HUD rent subsidy

\_\_\_\_\_ 13. Any visitor(s) will not be allowed to stay more than one (1) week.

\_\_\_\_\_ 14. I understand that if determined eligible for this program, I must participate in finding my own apartment within thirty (30) days of the signing of my service plan.

\_\_\_\_\_ 15. I am aware that I have (30) days to file a written appeal if I am terminated from the grant for any reason and disagree with the decision.

\_\_\_\_\_ 16. I am aware that a violation(s) of my lease that results in an eviction notice from my landlord or leasing agent, may also result in termination from the grant.

\_\_\_\_\_ 17. Other conditions determined by the Shelter Plus Care committee: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature : \_\_\_\_\_

Date: \_\_\_\_\_