

Housing Program Agreement

Permanent Housing Programs work with families and individuals for the goal of attaining and maintaining permanent housing stability. One way to achieve this goal is to help maintain a positive and communicative landlord, tenant, and program relationship.

With the understanding that our goal is to work together to effectively maintain housing for the program participant, I agree to:

Landlord

- Notify the tenant and Program Staff if I have not received full rent by the 3rd day of the month.
- Notify the tenant and Program Staff if I have received complaints from neighbors/other tenants.
- Notify the tenant and Program Staff if I have significant concerns about the condition of the tenant's unit.
- Notify the tenant and Program Staff if I think someone is living in the tenant's unit who is not named on the lease.
- Provide the tenant with 24 hours' notice prior to entering the unit.
- Follow up / respond quickly to inquiries and concerns.
- Notify the tenant and Program Staff if I see something that is a violation of the lease.
- Other: _____

Tenant

- Notify the landlord and Program Staff if a serious emergency occurs that will impact my ability to pay rent on time.
- Notify the landlord and Program Staff if I will be away from the unit for an extended period (examples: 30, 60, 90 days).
- Inform the landlord of maintenance issues.
- Notify the landlord and Program Staff if I observe or experience an issue or event that impacts the safety of the community.
- Follow up / respond quickly to the landlord's inquiries and concerns.
- Give 30 days' notice to landlord and Program Staff if/when I decide to move.

Program Staff

- Notify the landlord and tenant if I become aware of a situation that will impact the tenant's ability to pay rent on time.
- Notify the landlord and tenant if I become aware of a circumstance that will impact the tenant's occupancy of the unit (examples: tenant is hospitalized for 60, 90 days).
- Notify the landlord and tenant if I observe a maintenance issue.
- Notify the landlord and tenant if I observe or experience an issue or event that impacts the safety of the community.
- Participate in problem solving / trouble shooting in the event that the tenant and landlord are unable to resolve an issue.
- Follow up / respond quickly to the landlord's and tenant's inquiries and concerns.
- Complete an annual inspection with the landlord and tenant present.

Please contact me using any of the following:

| | Phone | Cell/2 nd Phone | Email | Address |
|------------------|-------|-------------------------------|-------|---------|
| Landlord | | | | |
| Tenant | | | | |
| Program Staff | | | | |

Landlord (Print): _____

Landlord (Sign): _____ Date: _____

Tenant (Print): _____

Tenant (Sign): _____ Date: _____

Program Staff (Print): _____

Program Staff (Sign): _____ Date: _____

Notice to Landlord of Eligibility/Payment Intent

Participant Name: _____

Participant Address: _____

The above-named individual/household has been screened and qualifies for the _____ Permanent Supportive Housing Program. Listed below is the assistance type and authorization date for which the individual/household qualifies for:

Type(s) of Assistance to be provided:

- Rental arrears in the amount of _____
- Utility arrears in the amount of _____
- Security deposit in the amount of _____
- First month's rent in the amount of _____
- Incentive in the amount of _____
- Repair in the amount of _____
- Monthly rent in the amount of _____

Rent will be paid monthly until _____ as long as the tenant continues to reside in the unit and qualify for the program. Rental assistance will be paid to landlord on the first of the month for the months indicated. **Landlord must return security deposit to the applicant at the end of the rental agreement/lease. Landlord must submit a copy of any notice provided to the participant that request s/he vacate the unit, or which could be used to commence an eviction to:**

Email: _____

Address: _____

The above individual/household will no longer be eligible for rental assistance under the following conditions:

- They vacate the unit.
- They no longer qualify for the program.

Please notify _____ at _____ with any question or concerns you may have regarding the listed participant.

Staff Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Landlord Signature: _____ Date: _____

Notice to Tenant on Program Graduation

Date: _____

Program Participant Name: _____

Program Participant Address: _____

Dear _____:

We at [Insert Agency] wanted to take the time to congratulate you for all the hard work you have done to be leaving the Permanent Supportive Housing Program. You have accomplished so much since you first met with a case manager to help you apply to the PSH program.

We are so glad that we have been able to assist you and be a part of your journey. Congratulations! If you have any questions or if you need further assistance, please contact me.

Sincerely,

Notice to Tenant on Program Discharge

Date: _____

Program Participant Name: _____

Program Participant Address: _____

Re: Discharge from Permanent Supportive Housing

Dear _____:

This is to notify you that we intend to discharge you from the Permanent Supportive Housing Program effective _____. After this date, you will be responsible for the full contract rent. The reason for program discharge is as follows:

If you dispute this decision, you may request an informal hearing to try to resolve this dispute. In order to do this, you must contact our office in writing or verbally **within 30 calendar days** of the date of this letter.

If you request an informal hearing verbally, you must speak with staff to confirm that your request has been received. If you contact staff by phone, you must leave a voicemail and include a working callback phone number.

If you do not request an informal hearing within the thirty (30) day period, you will have waived your right to dispute the termination and will no longer receive housing assistance from the Agency.

If you have any questions or if you need further assistance, please contact me.

Sincerely,

Notice to Landlord on Tenant Discharge From Program

Date: _____

Landlord Name: _____

Landlord Address: _____

Re:

To Whom It May Concern:

This letter is to inform you that the _____ PSH Program will not pay rent for the above-mentioned apartment after _____ and the program participant will be responsible for paying the full rent amount.

If you have any questions, please contact me.

Sincerely,

cc:

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below). _____

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

| | | | |
|-----------------|---------------|-----------------|---------------|
| _____ Lessor | _____ Date | _____ Lessor | _____ Date |
| _____ Lessee | _____ Date | _____ Lessee | _____ Date |
| _____ Agent | _____ Date | _____ Agent | _____ Date |

Request for Payment

Program Participant Name: _____ Date of Request: _____

Participant Address: _____ Date Inspection Passed: _____

Funds Requested:

Rental arrears \$ _____

Security deposit \$ _____

1st month rent \$ _____

2nd month rent \$ _____

Utility arrears \$ _____

Utility deposit \$ _____

Utility payment \$ _____

Storage/moving \$ _____

Other (describe)\$ _____

Total funds \$ _____ Program participant portion \$ _____ Amount requested \$ _____

Check payable to _____ Amount \$ _____

Address _____

Tax ID or SS # of business/landlord _____

Phone _____

Check payable to _____ Amount \$ _____

Address _____

Tax ID or SS # of business/landlord _____

Phone _____

Check payable to _____ Amount \$ _____

Address _____

Tax ID or SS # of business/landlord _____

Phone _____

Case Manager Signature _____ Date _____

Supervisor Signature _____ Date _____

For Finance Department Use Only:

Date Approved: _____

Approved By: _____

Date Paid: _____

Disability Definition

How is disability defined?

In the Defining “Chronically Homeless” Final Rule (2015) disability is defined as one or more of the following:

1. Physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
 - Is expected to be long-continuing or of indefinite duration; **and**
 - Substantially impedes the person’s ability to live independently; **and**
 - Could be improved by more suitable housing.
2. Developmental Disability: Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000. Means a severe, chronic disability that:
 - Is attributable to a mental or physical impairment or combination; **and**
 - Is manifested before age 22; **and**
 - Is likely to continue indefinitely; **and**
 - Results in substantial limitations in three or more major life activities, **and**
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency
 - Reflects need for:
 - A combination and sequence of special, interdisciplinary, or generic services; **or**
 - Individualized supports; **or**
 - Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Who Can Diagnose Disability

| Title | | Diagnose Addiction | Diagnose Mental Health |
|--|-------|---|---|
| Psychiatrist/Psychologist | Psy.D | Yes | Yes |
| Medical Doctor | MD | Yes | Yes |
| Nurse Practitioner | NP | Yes | Yes |
| Physician Assistant | PA | Yes | Yes |
| Psychiatric Nurse Practitioner | PNP | Yes | Yes |
| Psychiatric Mental Health Nurse | PMHN | Yes | Yes |
| Advance Practice Registered Nurse | APRN | Yes | Yes |
| Registered Nurse | RN | No | No |
| Licensed Practical Nurse | LPN | No | No |
| Licensed Clinical Social Worker | LCSW | Yes | Yes |
| Licensed Master Social Worker | LMSW | No (yes, under supervision of LCSW or MD) | No (yes, under supervision of LCSW or MD) |
| Licensed Mental Health Counselor | LMHC | Yes | Yes |
| Bachelor's Social Work | BSW | No | No |
| Certified Rehabilitation Counselor | CRC | Yes | Yes |
| Credentialed Alcohol and Substance Abuse Counselor | CASAC | Yes | No |
| Certified Addictions Treatment Counselor | CATC | Yes | No |

Professionals “must be licensed to treat whatever disability it is that they are confirming”.

File Face Sheet

- Proof of social security numbers and documentation of birth dates for the lease holder(s)
- Income verification documents (any or all of the following as applicable):
 - Most recent paystubs (one month)
 - Public Assistance budget
 - SSI/SSDI award letter
 - Unemployment compensation
 - Child support
 - Other sources of income
 - Tax returns
- Standard Eligibility Documents
 - Documentation of Homelessness
 - Documentation of Disabling Condition
- Variable Eligibility Documents
 - Documents required by specific funding sources
- Rent Calculation Worksheet
- Program Agreement
- Balance of State Release of Information
- Agency Releases of Information (landlord, income, medical, substance use, mental health, etc.) (update annually or as needed)
- HUD Housing Quality Standards (HQS) Inspection Checklist
- Rental Agreement or Lease
- Lead-Based Paint Disclosure Form
- Case Notes (can be housed in HMIS or comparable database)