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

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to cooperate with **TCHSC - COC of the Treasure Coast** as a program participant in the Rental Assistance –Permanent Supportive Housing **(RA-PSH**) 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 as long as funding permits. I understand that if I commit any of the below listed infractions, I am at risk of losing my housing subsidy: *(Applicant must initial all requirements.)*

\_\_\_\_\_ 1. I agree to follow all of the rules of my lease. I am fully aware that rental assistance can be terminated if I violate conditions of my lease.

\_\_\_\_\_ 2. I understand that subleasing apartment, moving out without notice, or moving to another HUD funded unit will result in termination from the **RA-PSH** Program.

\_\_\_\_\_ 3. I understand that if landlord choses not to renew my lease due to consistent lease violations will result in loss of my **RA-PSH** Subsidy.

\_\_\_\_\_ 4. I understand that manufacturing of illegal substances or distribution of illegal substances will result in termination from the **RA-PSH** Program.

\_\_\_\_\_ 5. I understand that if I am incarcerated or hospitalized for longer than a 90 day period for either medical or psychiatric reasons, I will lose my **RA-PSH** subsidy.

\_\_\_\_\_6. I understand that annual reviews are a mandatory requirement and must be completed within the 90-day window of client’s anniversary date/ Failure to complete the annual review within the allotted time frame will result in loss of my **RA-PSH** subsidy.

\_\_\_\_\_ 7. I understand that knowingly submitting incorrect information or withholding income will result in termination from the **RA-PSH** Program.

\_\_\_\_\_ 8. I understand that unauthorized people moving into apartment is a lease violation and will result in termination from the **RA-PSH** Program.

\_\_\_\_\_ 9. I understand that Non-compliance with financial portion of rental assistance where co pay is not paid in a timely manner which results in eviction for nonpayment will result in termination from the **RA-PSH** Program. **I will negotiate with my landlord a payment plan for any outstanding monies I owe landlord to avoid eviction and risk of termination**.

\_\_\_\_\_ 10. I understand that I am able to voluntarily withdraw from the **RA-PSH** Program at any time and that I willfully elected to participate in program in hopes to stabilize my housing, gain greater self-determination skills and entitlements.

\_\_\_\_\_ 11. 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.

\_\_\_\_\_ 11. I understand that being engaged in services is required by my service provider in

 Order to meet the match requirements of the grant and that not participating in services which in turn lead to lease violations will result in termination from the **RA-PSH subsidy**

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

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