**PERMANENT SUPPORTIVE HOUSING (PSH)**

**RENTAL ASSISTANCE PAYMENT CONTRACT  
PARTICIPANT (TENANT) AGREEMENT**

|  |  |
| --- | --- |
| Landlord (name): | |
| Dwelling Unit (complete address): | |
| HMIS # | Contract Effective Date: |

By signing this form, you agree that you are receiving rental assistance through a Permanent Supportive Housing (PSH) program administered by the **Cape Fear Council of Governments**, and that you understand the information below.

You are responsible to pay rent each month. Your initial rent portion is $ .   
You understand that the rent portion you pay may change when your household income or household changes.

To continue receiving rental assistance, you must:

* Comply with the terms of lease you signed with the landlord listed above.
* Report changes in your household income within 10 days of a change.
* Make a written request to add a person to or remove someone from your household.
* Keep the unit decent, safe and sanitary.
* Report maintenance or repair needs to the landlord in writing immediately.
* After the first 12 months, if you would like to move, give the landlord and the Program Administrator at least a 30-day written notice that you wish to move.

As a part of this program, you have access to services you may need. In addition, you may receive help from the Program Administrator or your case manager if you need help resolving a conflict or disagreement with your landlord before you risk eviction. You may use e-mail to report changes or ask for help.

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SIGNATURE OF TENANT/HEAD OF HOUSEHOLD DATE

***WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States***, ***shall*** ***be fined not more than $10,000, or imprisoned for not more than five years, or both.***