



IMPACTO COVID-19

ASISTENCIA DE ALQUILER

¿Ha perdido su empleo recientemente debido a COVID-19?
¡Usted puede ser elegible para asistencia de pago de su alquiler a corto plazo!

REQUISITOS PARA CALIFICAR

- Documentación de que los ingresos y el empleo se han visto afectados como resultado directo de COVID-19
- Estar al día con el propietario
- Vivir en el condado de Salt Lake
- El hogar debe ganar un 60% o menos del Ingreso Medio del Área (AMI), consulte la tabla para obtener más detalles
- Los hogares no serán elegibles si reciben cualquier otra forma de asistencia de alquiler

Máximo Ingreso del Hogar

1 persona	\$36,937
2 personas	\$42,187
3 personas	\$47,475
4 personas	\$52,725
5 personas	\$56,962
6 personas	\$61,162
7 personas	\$65,400
8 personas	\$69,600

EMAIL COVID@HOUSINGCONNECT.ORG
O LLAME AL 801-284-4457





COVID-19 IMPACT

RENTAL ASSISTANCE

Have you recently lost employment due to COVID-19?
You may be eligible for short-term rental assistance!

ELIGIBILITY REQUIREMENTS

- Documentation that income & employment have been affected as a direct result of COVID-19
- Be in good standing with landlord
- Reside in Salt Lake County
- Household must earn 60% or below Area Median Income (AMI), see chart for more detail
- Household not eligible with any other form of rental assistance

Maximum Household Income

1 persona	\$36,937
2 personas	\$42,187
3 personas	\$47,475
4 personas	\$52,725
5 personas	\$56,962
6 personas	\$61,162
7 personas	\$65,400
8 personas	\$69,600

EMAIL COVID@HOUSINGCONNECT.ORG
OR CALL 801-284-4457





COVID-19 Rental Assistance Application Information

Head of Household: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How has your income been affected by COVID-19? Please check *all* that apply:

- | | |
|---|--|
| <input type="checkbox"/> Reduction in hours | <input type="checkbox"/> Loss of childcare or school closure |
| <input type="checkbox"/> Laid off or furloughed | <input type="checkbox"/> Hospitalized or quarantined |
| <input type="checkbox"/> Receiving unemployment | <input type="checkbox"/> Other: _____ |

Are you currently working? ☐ Yes ☐ No
If yes, please provide paycheck stubs.

Do you receive other income? ☐ Yes ☐ No
If yes, please include documentation.

Please utilize the space provide below to write a brief personalized statement explaining your financial situation and how it's been affected by COVID-19:

What months are you requesting rental assistance? _____

Please complete the following packet and email it to Covid@housingconnect.org with the following documentation:

- Complete copy of your current lease agreement
- Copy of valid photo ID and Social Security Card for the Head of Household

Head of Household Signature

Date





Supportive Housing Certification Form

Head Of Household - HOH (Legal Name)			Social Security #	Date of Birth	Age
Last	First	M			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an eligible citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Explain)		
		Highest Grade Completed:			
Street Address			City	State	Zip
Mailing Address (if different)			City	State	Zip
Home Phone		Work Phone		Cell Phone	

Household Members – List the legal names of all other household members below; spouse or co-head first, any other adults, then minors (oldest to youngest). If necessary, additional pages for household members can be made available.

Co-Head Or Spouse (Legal Name)			Social Security #	Date of Birth	Age
Last	First	M			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an eligible citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Explain)		
		Relation to Head of Household			
Street Address			City	State	Zip
Mailing Address (if different)			City	State	Zip
Home Phone		Work Phone		Cell Phone	

Head of Household Initials _____



Other Adult – Including Children Over 18 (Legal Name)			Social Security #	Date of Birth	Age
Last	First	M			
Relationship to Head		Marital Status		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Highest Grade Completed:	Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an eligible citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Explain)			

Other Adult – Including Children Over 18 (Legal Name)			Social Security #	Date of Birth	Age
Last	First	M			
Relationship to Head		Marital Status		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Highest Grade Completed:	Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an eligible citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Explain)			

CHILD – Under 18 (Legal Name)			Social Security #	Date Of Birth	Age
Last	First	M			
Relationship to Head		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander		<input type="checkbox"/> American Indian/Alaskan		Highest Grade Completed:	
Currently In School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Connected with School Liaison? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name			

Child – Under 18 (Legal Name)			Social Security #	Date of Birth	Age
Last	First	M			
Relationship to Head		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander		<input type="checkbox"/> American Indian/Alaskan		Highest Grade Completed:	
Currently In School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Connected with School Liaison? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name			

Additional household members continue on an additional page ☐

Head of Household Initials _____



Current Household Income

Please select all that are applicable for the entire household:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> Education Financial Assistance |
| <input type="checkbox"/> Employment Wages | <input type="checkbox"/> Family/Friend/Org. Contribution | <input type="checkbox"/> FEHP |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Retirement Benefits | <input type="checkbox"/> Self Employment |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Other : _____ |

☐ By checking this box, I am certifying that I do not have any income at this time

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT	FREQUENCY
<i>Example: Jane Doe</i>	<i>Employment – Walmart</i>	<i>\$250.00</i>	<i>Weekly</i>

Did you file a Federal Income Tax return for the most recent year?

☐ Yes ☐ No

Does anyone outside of your household pay any of your bills or expenses?

☐ Yes ☐ No

Current Household Asset Information

Please select all that are applicable for the entire household:

- | | | |
|---|---|--|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Checking Account | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Stocks and/or Bonds | <input type="checkbox"/> Savings Certificates | <input type="checkbox"/> Money Market Accounts |
| <input type="checkbox"/> Trust Funds | <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Other (Please Explain _____) | | |

HOUSEHOLD MEMBER	TYPE OF ASSET	3 MONTH AVERAGE
<i>Example: Jane Doe</i>	<i>Wells Fargo Checking Account</i>	<i>\$600.00</i>

*Please submit a current statement (within 90 days) for all accounts/assets listed above when submitting this paperwork.

☐ By checking this box, I am certifying that I do not have any assets at this time

Head of Household Initials _____



Program Integrity Information:

1. Have any adult members of the household been a victim of domestic violence? ☐ Yes ☐ No
If yes, which household member and year of occurrence: _____
Is this household member currently fleeing from domestic violence? ☐ Yes ☐ No
2. Are you currently pregnant? ☐ Yes ☐ No
If yes, what is the due date: _____
3. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
4. Have you ever used a name other than the one you are using now? ☐ Yes ☐ No
If yes, what name? _____
5. Have you ever used a social security number other than the one you listed above? ☐ Yes ☐ No
If yes, what is the number? _____
6. Do you currently have Health Insurance? ☐ Yes ☐ No
If yes, who is the provider? _____
7. Please list your most recent permanent address where you last stayed for at least 90 days.
(If full address is not known, please provide zip code).

I understand that any misrepresentation of information or failure to disclose information may disqualify me from admission or may be grounds for termination.

Head of Household:_____
*Signature*_____
*Date***Co-Head of Household:**_____
*Signature*_____
*Date***Other Adult:**_____
*Signature*_____
*Date***Other Adult:**_____
*Signature*_____
Date



Authorization to Release Information Supportive Housing Programs

The organizations listed below are participating in Supportive Housing Rental Assistance Programs, which are designed to provide housing and coordinate services that help and/or prevent homelessness. This authorization is designed to permit these organizations to share and receive client information in order to carry out these programs.

In signing this form, you are authorizing Housing Connect to obtain information about you or your family that is required to determine eligibility for a Supportive Housing Program. This eligibility information includes, but is not limited to, information concerning identity, family composition, benefits received, income, out-of-pocket expenses, and communication with landlords regarding potential and ongoing housing related activity.

Client Name: _____ Date of Birth: _____

Address: _____ Phone: _____

I authorize communication between the following organizations that are participating in the Supportive Housing Programs on my behalf (please select all that are applicable):

- | | |
|--|---|
| <input type="checkbox"/> Housing Connect | <input type="checkbox"/> Refugee & Immigration Center AAU |
| <input type="checkbox"/> 4 th Street Clinic | <input type="checkbox"/> SLCo Behavioral Health |
| <input type="checkbox"/> Catholic Community Services | <input type="checkbox"/> SLCo Criminal Justice |
| <input type="checkbox"/> Clinic 1A | <input type="checkbox"/> SLCo Division of Youth Services |
| <input type="checkbox"/> Community Connection Center | <input type="checkbox"/> SLCo Health Department |
| <input type="checkbox"/> Department of Workforce Services | <input type="checkbox"/> The Road Home |
| <input type="checkbox"/> Department of Child and Family Services | <input type="checkbox"/> Utah Aids Foundation |
| <input type="checkbox"/> First Step House | <input type="checkbox"/> Utah Community Action |
| <input type="checkbox"/> Guardian & Conservator Services | <input type="checkbox"/> Valley Behavioral Health |
| <input type="checkbox"/> House of Hope | <input type="checkbox"/> Veterans Affairs |
| <input type="checkbox"/> International Rescue Committee | <input type="checkbox"/> Volunteers of America |
| <input type="checkbox"/> Optum | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Odyssey House | <input type="checkbox"/> Other: _____ |

Optional Personal Emergency or Alternative Contact:

Name: _____ Phone Number: _____

Relationship to Applicant: _____ Email Address: _____

Reason to Contact: _____

Information to be Released: All records and information concerning housing and services that I have received, or will receive, from the above initialed organizations.

For the Purpose of: (a) Providing housing assistance and determining rental subsidy, (b) providing coordinated medical, social, psychological, and other services to me, (c) evaluating the outcomes related to housing and service delivery to assist homeless individuals transition out of homelessness, (d) identifying barriers and service gaps, and (e) to reduce unnecessary utilization of jail and inpatient treatment services.

Not a Condition of Treatment: I understand that my authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or services.

Right to Revoke: This authorization is subject to revocation at any time except to the extent that the agencies which make the disclosures have already taken action in reliance on those disclosures. If not previously revoked, this authorization will terminate one year from the date signed.

Client Signature _____ Date _____

Witness Signature _____ Date _____





Watch Out for Lead-Based Paint Poisoning!

If a home was built before 1978, it may contain lead-based paint. About three out of every four pre-1978 buildings have lead-based paint.

What is Lead Poisoning?

Lead poisoning means having a high concentration of lead in the body.

Lead can:

- Cause major health problems especially in children under 6 years old.
- Damage a child's brain, nervous system, kidneys, hearing, or coordination.
- Affect learning.
- Cause behavior problems, blindness, and even death.
- Cause problems in pregnancy and affect a baby's normal development.

Who Gets Lead Poisoning?

Anyone can get it, but *children under 6* are at the greatest risk, because their bodies are not fully grown and are easily damaged. *Women of childbearing age* are also at risk, because lead poisoning can cause miscarriages, premature births, and the poison can be passed on to their unborn babies.

Where Does it Come From?

The lead hazards that children most often touch are *lead dust, leaded soil, loose chips, and chewable surfaces with lead-based paint*. A child may be harmed when it puts into its mouth toys, pacifiers, or hands that have leaded soil or lead dust on them. Lead also comes from:

- Moving parts of windows and doors that can make lead dust or chips.
- Lead-based paint on surfaces in the home.
- Soil that has been contaminated with lead.
- Drinking water (pipes and solder.)
- Parents who bring lead dust home from work on skin, clothes, and hair.
- Colored newsprint and car batteries.
- Highly glazed pottery and cookware from other countries.

How Do I Know if My Child is Affected?

Is your child:

- | | |
|-----------------------------|--|
| * Cranky? | * Unable to concentrate? |
| * Vomiting? | * Hyperactive? |
| * Tired? | * Complaining of stomach aches or headaches? |
| * Unwilling to eat or play? | * Playing with children who have these symptoms? |

These *can* be signs of lead poisoning. However, your children might be poisoned and not show any signs. Only your clinic or doctor can test to be sure.

What Can I Do About it?

If you suspect your child has been exposed to lead, make an appointment with your doctor or clinic or call Salt Lake County Lead Safe Housing program at 385-468-4892. If you think your unit might have sources of lead poisoning, call the Housing Connect Inspection Department at (801) 284-4427 and request an inspection.

Acknowledgment

I acknowledge that I have received and read a copy of this notice.

Signature of Head of Household

Date



Housing Connect COVID-19 Rental Assistance

Tenant & Landlord Packet





Supportive Housing Rental Assistance Lease Addendum

Tenant:	Landlord:	Unit Address:
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This Lease Addendum adds the following paragraphs to the Lease between the above-referenced Tenant and Landlord.

1. Purpose of the Addendum

The Lease for the above referenced unit is being amended to include the provisions of the Violence Against Women Reauthorization Act of 2013 (VAWA), as well as provisions found under 24 CFR 92.253.

2. Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

3. Effective Date; Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

4. VAWA Protections

- A. The Landlord may not consider incidents of domestic violence, dating violence, sexual assault or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- B. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a Tenant’s household or any guest or other person under the Tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the Tenant or an affiliated individual of the Tenant is the victim or threatened victim of that abuse.
- C. The Landlord may request in writing that the victim or an affiliated individual of the Tenant certify that the individual is a victim of abuse and that the Tenant complete and submit documentation of abuse, using the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Form HUD-50066 or HUD-91066), or other documentation as noted on the certification form, to receive protection under the VAWA. Failure to provide the documentation within 14 business days of request, or an agreed upon extension date, may result in eviction.
- D. Any information submitted to the Landlord will be kept confidential and will not be disclosed to any other individual or entity except if disclosure is consented to by the victim, is required for an eviction, or is otherwise required by law.

5. Prohibited Lease Provisions

The lease may not contain any of the following provisions:

- A. *Agreement to be sued.* Agreement by the Tenant to be sued, to admit guilt or to a judgement in favor of the owner in a lawsuit brought in connection with the lease.
- B. *Treatment of property.* Agreement by the Tenant that the owner may take, hold, or sell personal property of household members without notice to the Tenant and a court decision on the rights of the parties. This prohibition,



however, does not apply to an agreement by the Tenant concerning disposition of personal property remaining in the housing unit after the Tenant has moved out of the unit. The owner may dispose of this personal property in accordance with State law;

- C. *Excusing owner from responsibility.* Agreement by the Tenant not to hold the owner or the owner's agents legally responsible for any action or failure to act, whether intentional or negligent;
- D. *Waiver of notice.* Agreement of the Tenant that the owner may institute a lawsuit without notice to the Tenant;
- E. *Waiver of legal proceedings.* Agreement by the Tenant that the owner may evict the Tenant or household members without instituting a civil court proceeding in which the Tenant has the opportunity to present a defense, or before a court decision on the rights of the parties;
- F. *Waiver of a jury trial.* Agreement by the Tenant to waive any right to a trial by jury;
- G. *Waiver of right to appeal court decision.* Agreement by the Tenant to waive the Tenant's right to appeal, or to otherwise challenge in court, a court decision in connection with the lease;
- H. *Tenant chargeable with cost of legal actions regardless of outcome.* Agreement by the Tenant to pay attorney's fees or other legal costs even if the Tenant wins in a court proceeding by the owner against the Tenant. The Tenant, however, may be obligated to pay costs if the Tenant loses; and
- I. *Mandatory supportive services.* Agreement by the Tenant (other than a Tenant in transitional housing) to accept supportive services that are offered.

6. Termination of Tenancy

An owner may not terminate the tenancy or refuse to renew the lease of a Tenant of rental housing assisted with HOME funds, except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; for completion of the tenancy period for transitional housing or failure to follow any required transitional housing supportive services plan; or for other good cause. Good cause does not include an increase in the Tenant's income or refusal of the Tenant to purchase the housing. To terminate or refuse to renew tenancy, the owner must serve written notice upon the Tenant specifying the grounds for the action at least 30 days before the termination of tenancy.

7. Nondiscrimination

The Landlord shall not discriminate against the Tenant in the provision of services, or in any manner, on the grounds of race, color, religion, national origin/ancestry, sex, age, physical or mental disability, veteran status, gender identity, or source of income of program participants.

Tenant Signatures	Landlord Signature
Tenant Name:	Property/Complex/Management Name
Signature/Date	Name of Owner/Agent/Landlord
Tenant Name:	Signature/Date
Signature/Date	





Disclosure of 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 taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

LESSOR: If your property was built AFTER 1978 please initial here _____, and sign and date the form below.

Lessor's Disclosure (Please initial if applicable)

1. Presence of lead-based paint or lead-based paint hazards (check one below):

_____ Known lead-based paint and/or lead-based paint hazards are present in the dwelling.

Explain: _____

_____ Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the dwelling.

2. Records and reports available to the lessor (check one below):

_____ Lessor has provided the lessee(s) with all available records and reports pertaining to lead-based paint and/or lead-based hazards in the dwelling.

List documents: _____

_____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the dwelling.

Lessee's Acknowledgment (Please initial if applicable)

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

4. _____ Lessee(s) has received the pamphlet "Protect Your Family from Lead in Your Home."

Agent's Acknowledgement (Please initial if applicable)

5. _____ Agent has informed the lessor of the lessor's obligation 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 provided by the signatory is true and accurate.

Lessor/Agent/Management

Date

Signature of Adult Tenant

Date

Lessor/Agent/Management

Date

Signature of Adult Tenant

Date





Rent Reasonable & Unit Approval

Tenant Name: _____

Property Name: _____ Email Address: _____

Landlord Name: _____ Landlord Phone: _____

Address of Unit to Be Offered _____

City		State		Zip
Number of Bedrooms	Number of Bathrooms	Date Constructed/Remodeled	Square Footage	

Landlord: Please read the provided Inspection Check List. After the Tenant submits this request to Housing Connect, a staff member will contact you to arrange for an inspection. Housing Connect is not responsible for any part of the rent prior to unit approval and execution of the Contract.

Tenant: Please fill out this form completely with the Landlord. **Do not sign a lease until the Housing Connect Inspector has inspected and approved the unit.**

1. Type of Unit: ☐ Single Family Home ☐ Duplex/Triplex/Fourplex ☐ Semi-Detached ☐ High Rise (w/Elevator)
☐ Low Rise ☐ Rowhouse/Garden Apt. ☐ Townhouse ☐ Tax Credit

2. Proposed Rent: _____ (Excluding Any Additional Fees & Charges) Deposit Amount: _____

3. Utilities: Please mark the type of utilities in the unit and indicate the responsible party

Utilities	Type					Tenant Pays	Landlord Pays
	Natural Gas	Bottle Gas	Propane	Oil	Electric		
Heat							
Hot Water							
Cooking							
Sewer	Septic Tank		Public Sewer				
Water	Well		City				
Other Electric (lights or other)							
Trash	Can	Dumpster	Other				

4. Amenities Provided by the Landlord:

- ☐ Lawn Maintenance ☐ Pest Control ☐ Hook-Up's ☐ On-Site Laundry ☐ Ceiling Fan(s) ☐ Washer/Dryer (in Unit)
☐ Microwave ☐ Refrigerator ☐ Dishwasher ☐ Garbage Disposal ☐ Stove ☐ Gated/Fenced
☐ Pool ☐ Porch ☐ Balcony ☐ Deck ☐ Patio
Air Conditioner: ☐ Window ☐ Wall ☐ Central
Heating: ☐ Furnace ☐ Wall ☐ Space ☐ Boiler ☐ Radiator
Parking: ☐ Carport ☐ Garage ☐ Assigned ☐ Unassigned _____ # of Spaces

LANDLORD CERTIFICATION:

By executing this request, the Landlord agrees that the required Lease Addendum is acceptable and certifies that:

- The information provided on the form is accurate and true.
- The proposed unit is not assisted or covered by any other federally funded rental subsidy contract.
- The unit currently meets Housing Quality Standards (or will be brought to HQS standard before the Rental Assistance Contract is executed).
- This unit is made available, managed, and operated regardless of race, color, religion, national origin/ancestry, sex, age, physical or mental disability, veteran status, gender identity, or source of income of program participants.

_____ Tenant Name (Type or Print)	_____ Signature	_____ Date
_____ Landlord Name (Type or Print)	_____ Signature	_____ Date





Housing Connect

COVID-19 Rental Assistance

Landlord Packet





Attention Landlords

Important Facts about Payments & COVID-19 Program Participation

Please read and complete all of the forms within this packet. There is valuable information about the program processes and the enclosed forms are required for Housing Connect to release payment to you on behalf of the program participant. If you have any questions, you may contact the Housing Specialist assigned to the participant that you are working with. We look forward to working with you!

Important Payment Information:

- Housing Connect issues rental payments twice monthly, on or around the 1st and 15th of each month. If one of these days falls on a holiday or a weekend, deposits will be made the following business day. We must have the enclosed forms ten (10) days prior to our next check run to ensure you will receive your payment.
- The IRS requires that we obtain a W-9 form from all property owners/managers that receive rental subsidies from Housing Connect. Please complete the enclosed W-9 form, sign, date, and make certain that the name and tax ID numbers match accordingly to your IRS tax records.

You may return the payment information forms via email, fax, post, or in person, whichever is most convenient for you.

Important Leasing and Process Information:

- This program will assist the eligible household for at least a 3 month period
- The program requires a copy of the current lease agreement:
 - The unit must pass a County Inspection or,
 - A HQS Inspection if the unit was built prior to 1978
- The Supportive Housing Rental Assistance Contract will be completed by the Housing Specialist after the unit offered has passed the Inspection and the lease agreement between the landlord and tenant has been received.

Housing Connect does not make housing assistance payments for any days prior to the inspection approval.

By signing this form, I acknowledge that I have read and understand the above information.

Landlord/Manger/Agent Signature

Date





COVID-19 Supportive Housing Rental Assistance Contract

Landlord Name: Telephone #:	Tenant Name: Telephone #:
UNIT ADDRESS (Including Unit #):	

This Rental Assistance Contract ("Contract") is entered into between Housing Connect (Program Administrator) and the Landlord identified above. This Contract applies only to the Tenant family and the dwelling unit identified above. Housing Connect will make monthly payments to the Landlord on behalf of the Tenant during the term of this contract.

1. Term of the Contract

The term of this Contract shall begin on _____ and remains in effect for at least 3 months. In the event assistance is changed for any reason notification will be sent to both the Tenant and Landlord.

2. Rent and Amounts Payable by Tenant and Housing Connect

- A. *Initial Rent.* The initial total monthly rent payable to the Landlord for the first twelve months of this Contract is \$_____.
- B. *Rent Adjustments.* With no less than 60 days' notice to the Tenant and Housing Connect, the landlord may propose a reasonable adjustment to be effective no earlier than the 13th month of this Contract. The proposed rent may be rejected by either the Tenant or Housing Connect. The Tenant may reject the proposed rent by providing the Landlord with 30 days' written notice of intent to vacate. If the Program Administrator rejects the proposed rent, the Program Administrator must give both the Tenant and the Landlord 30 days' notice of intent to terminate the Contract.
- C. *Tenant Share of the Rent.* Initially, and until such time as both the Landlord and the Tenant are notified by Housing Connect, the Tenant's share of the rent shall be \$_____.
- D. *Program Administrator Share of the Rent.* Initially, and until such time as both the Landlord and Tenant are notified by Housing Connect, the Program Administrator's share of the rent shall be \$_____. Housing Connect's obligation is limited to making rental payments on behalf of the Tenant in accordance with this Contract.
- E. *Payment Conditions.* The right of the Landlord to receive payments under this Contract shall be subject to compliance with all of the provisions of the Contract. The Landlord shall be paid under this Contract on or about the first day of the month for which the payment is due. The Landlord agrees that the endorsement on the check shall be conclusive evidence that the Landlord received the full amount due for the month, and shall be a certification that:
1. The Contract unit is in decent, safe, and sanitary condition, and that the Landlord is providing the services, maintenance, and utilities agreed to in the Lease.
 2. The Contract unit is leased to and occupied by the Tenant named above in this Contract.
 3. The Landlord has not received and will not receive any payments as rent for the Contract unit other than those identified in this Contract.
 4. To the best of the Landlord's knowledge, the unit is used solely as the Tenant's principal place of residence.



- F. *Responsibilities.* The Tenant is responsible to pay the Landlord any portion of rent that is not covered by Housing Connect including utilities and fees that are listed in the Lease between the Tenant and the Landlord. The Tenant is not responsible for paying the portion of rent to the owner covered by Housing Connect. Housing Connect's failure to pay the amount defined in Section 3. D above to the Landlord is not a violation of the Lease. The Landlord may not terminate the tenancy, or charge late fee's to be paid by the Tenant, for nonpayment of Housing Connect's assistance payment. The Landlord may not charge or accept, from the Tenant or any other source, any payment for rent of the unit in addition to the approved rental amounts set forth in the Contract.
- G. *Overpayments.* If Housing Connect determines that the Landlord is not entitled to any payments received, in addition to other remedies, Housing Connect may deduct the amount of the overpayment from any amounts due the Landlord, including the amounts due under any other Supportive Housing Rental Assistance Contract.

3. Housing Quality Standards and Landlord-Provided Services

- A. The Landlord agrees to maintain and operate the Contract unit and related facilities to provide decent, safe and sanitary housing in accordance with 24 CFR Section 882.109, including all of the services, maintenance and utilities agreed to in the Lease.
- B. Housing Connect shall have the right to inspect the Contract unit and related facilities at least annually, and at such other times as may be necessary to assure that the unit is in decent, safe, and sanitary condition, and that required maintenance, services, and utilities are provided.
- C. If Housing Connect determines that the Landlord is not meeting these obligations, the Program Administrator shall have the right, even if the Tenant continues in occupancy, to terminate payment of Housing Connect's share of the rent and/or terminate the Contract.

4. Termination of Tenancy

The Landlord may evict the Tenant following applicable State and local laws. The Landlord must give the Tenant written notice of the termination and notify Housing Connect in writing when eviction proceedings are begun. This may be done by providing Housing Connect with a copy of the required notice to the tenant.

Protections for Victims of Abuse

- A. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of such a victim.
- B. Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of domestic violence, dating violence, or stalking.
- C. Notwithstanding any restrictions on admission, occupancy, or terminations of occupancy or assistance, or any Federal, State or local law to the contrary, a PHA, landlord or manager may "bifurcate" a lease, or otherwise remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State, and local law for the termination of leases or assistance under the subsidized housing program.
- D. Nothing in this section may be construed to limit the authority of a public housing agency, landlord, or manager, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up.
- E. Nothing in this section limits any otherwise available authority of an owner, landlord, or manager to evict or the public housing agency to terminate assistance to a tenant for any violation of a lease not premised on the act or



acts of violence in question against the tenant or a member of the tenant's household, provided that the landlord, manager, or public housing agency does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.

- F. Nothing in this section may be construed to limit the authority of an owner, landlord, or manager to evict, or the public housing agency to terminate assistance, to any tenant if the owner, landlord, manager, or public housing agency can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminated from assistance.
- G. Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

5. Fair Housing Requirements

- A. *Nondiscrimination.* The landlord shall not, in the provision of services or in any other manner, discriminate against any person on the grounds of race, color, religion or creed, national origin or ancestry, sex, age, physical or mental disability, source of income, familial status, sexual orientation, or gender identity. The obligation of the Landlord to comply with Fair Housing Requirements insures to the benefit of the United States of America, the Department of Housing and Urban Development, and Housing Connect, any of which shall be entitled to involve any of the remedies available by law to redress any breach or to compel compliance by the Landlord.
- B. *Cooperation in Quality Opportunity Compliance Reviews.* The Landlord shall comply with Housing Connect and with HUD in conducting compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders, and all related rules and regulations.

6. Housing Connect and HUD Access to Landlord Records

- A. The Landlord shall provide any information pertinent to this Contract which Housing Connect may reasonably require.
- B. The Landlord shall permit Housing Connect, or any of their authorized representatives, to have access to the premises and, for the purposes of audit and examination, to have access to any books, documents, papers, and records of the Landlord to the extent necessary to determine compliance with this Contract.

7. Rights of Housing Connect if Landlord Breaches the Contract

- A. Any of the following shall constitute a breach of the Contract:
 - (1) If the Landlord has violated any obligation under this Contract; or
 - (2) If the Landlord has demonstrated any intention to violate any obligation under this Contract; or
 - (3) If the Landlord has committed any fraud or made any false statement in connection with the Contract, or has committed fraud or made any false statement in connection with any housing assistance program.
- B. The PHA's right and remedies under the Contract include recovery of overpayments, termination or reduction of payments, and termination of the Contract. If Housing Connect determines that a breach has occurred, the Program Administrator may exercise any of its rights or remedies under the Contract. Housing Connect shall notify the Landlord in writing of such determination, including a brief statement of the reasons for the determination. The notice by the PHA to the landlord may require the Landlord to take corrective action by a time prescribed in the notice.
- C. Any remedies employed by Housing Connect in accordance with this Contract shall be effective as provided in a written notice by Housing Connect to the Landlord. The PHA's exercise or non-exercise of any remedy shall not constitute a waiver of the right to exercise that or any other right or remedy at any time.

8. PHA Relation to Third Parties

- A. Housing Connect does not assume any responsibility for, or liability to, any person injured as a result of the Landlord's action or failure to act in connection with the implementation of this Contract, or as a result of any other action or failure to act by the Landlord.



- B. The Landlord is not the agent of the PHA and this Contract does not create or affect any relationship between the PHA and any lender to the Landlord, or any suppliers, employees, contractors, or subcontractors used by the Landlord in connection with this Contract.
- C. Nothing in this Contract shall be construed as creating any right of the Tenant or a third party to enforce any provision of this Contract or to assess any claim against Housing Connect or the Landlord under this Contract.

9. Conflict of Interest Provisions

- A. No employee of Housing Connect who formulates policy or influences decisions with respect to the Supportive Housing Rental Assistance programs, and no public official or member of a governing body or state or local legislator who exercise his functions or responsibilities with respect to the program shall have any direct or indirect interest during this person's tenure, or for one year thereafter, in this contract or in any proceeds or benefits arising from the Contract or to any benefits which may arise from it.

10. Transfer of the Contract

The Landlord shall not transfer in any form this Contract without the prior written consent of Housing Connect. The PHA shall give its consent to a transfer if the transferee agrees in writing (in a form acceptable to Housing Connect) to comply with all terms and conditions of this Contract.

11. Entire Agreement: Interpretation

- A. This Contract contains the entire agreement between the Landlord and the Program Administrator. No changes in this Contract shall be made except in writing signed by both the Landlord and Housing Connect.
- B. The Contract shall be interpreted and implemented in accordance with Federal, State, or Local requirements.

12. Warranty of Legal Capacity and Condition of Unit

- A. The Landlord warrants the unit is in decent, safe, and sanitary condition as defined in 24 CFR Section 882.109, and that the Landlord has the legal right to lease the dwelling unit covered by this Contract during the Contract term.
- B. The party, if any, executing this Contract on behalf of the Landlord hereby warrants that authorization has been given by the Landlord to execute it on behalf of the Landlord.

Landlord Name (Type or Print):	Housing Connect Representative (Type or Print):
Signature/Date:	Signature/Date





Request for Taxpayer Identification Number and Certification for W-9

The information provided on this form will be the information used for reporting and submission of the IRS 1099

The Internal Revenue Service (IRS) requires the filing of Form 1099 for amounts paid to non-corporate vendors. The IRS also requires such vendors to furnish their Employer Identification or Social Security Number to us for this purpose. In order to comply with the law, please complete, sign and return this form. Failure to furnish your ID number could result in a \$50 penalty to property owners. In addition, the IRS requires us to withhold 31% of your payment if you do not furnish your Taxpayer Identification Number (TIN) or Social Security Number.

Owner/Agent's Name / Tax Entity											
Mailing Address											
City/State/Zip											
Phone Numbers	Home					Cell					
	Work					Fax					
E-mail Address											
Social Security Number				-			-				
Or											
Tax Identification Number			-								
Corporation	LLC					Partnership					
SUB's	Sole Proprietorship/Individual					Exempt (Gov't, City, Non-Profit)					
Owner/Agent Certification: Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.											
Owner/Agent's Signature:							Date:				
For Office Use Only:											
Landlord ID Number											
Client Number											
Case Worker											
Date Case Worker Received											

Warning: Title 18, Section 1002 of the U.S. code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the department of Housing and Urban Development.

