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| --- | --- |
| 1. **Sample pages from HAP Contract**   **Instructions for use of HAP Contract**  **Page 1**  This form of Housing Assistance Payments Contract (HAP contract) is used to provide assistance under the Family Re-housing & Stabilization Program of the District of Columbia (District) Department of Human Services (DHS).    Use of this HAP contract is required. Modification of the HAP contract is not permitted.    FRSP is administered by DHS. The HAP contract is an agreement between DHS and the owner of a unit occupied by an assisted family.    **Part A : Contract Information**  (To prepare the contract, fill out all contract information in Part A)  1. **Contents of Contract**  Part A: Contract Information  Part B: Body of Contract  Part C: Tenancy Addendum  2. **Tenant: \_\_\_\_Tenant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    3. **Contract Unit: \_\_\_\_\_\_\_Property Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  4. **Household**  The following persons may reside in the unit. Other persons may not be added to the household  without prior written approval of the owner and DHS.  5. **Initial Lease Term**  The initial term begins on (mm/dd/yyyy): \_Date of Tenant Move In\_\_\_\_\_\_\_\_  The initial term ends on (mm/dd/yyyy):\_\_ The Last Day of the last Full Month of Lease\_\_\_\_\_\_\_  6. **Initial Rent to Owner**  The initial rent to owner is: **\_Security Deposit + Pro-rated Rent\_\_\_\_\_**  During the initial lease term, the owner may not raise the rent.  7. **Initial Housing Assistance Payment**  The HAP contract term commences on the first day of the initial lease term. At the beginning of the  HAP contract term, the amount of the housing assistance payment by DHS or its designee to the owner is **\_Monthly Rent Amount\_\_\_\_\_\_\_** per month.  The amount of the monthly housing assistance payment by DHS or its designee to the owner is subject to change during the HAP contract term in accordance with FRSP requirements  **Page 2**  8. **Utilities Payment**  Client and landlord agree to comply with the terms and conditions outlined on the lease agreement regarding utility payment.    Signatures:  Owner/Manager of Unit  LANDLORD SIGNATURE  Failure to provide any of the information listed in this HAP Contract may result in delay or rejection of family or owner participation in the program  **Page 10** |  |

Lease Information Form

Please review this form carefully. This form is not a lease. The purpose of this form is to capture required information contained in the executed lease. This is a required form to be completed at the time of participant lease-up and included in the participant file as part of their occupancy package.

Lease Information

1.Contract Unit: (enter address of unit (must include zip code), including apartment number, if any)

PROPERTY ADDRESS

2. Tenant: (Enter full name and social security number of the head of household)

HEAD OF HOUSEHOLD

The Owner/Landlord acknowledges that the contract rent that was approved for this unit, if the unit is a single family, interior row, or semi-detached house, was based on the participant having access to the entire dwelling. The Owner/Landlord also acknowledges that if the Owner/Landlord knowingly allows another family to occupy any portion of the dwelling that has not been approved by DHS, that upon knowledge and verification of such act DHS may recapture HAP Payments made to the owner from the time the unauthorized occupancy took place. DHS may also terminate the HAP contract for such act.

**Owner/Landlord Initial** \_\_\_\_\_\_LANDLORD INTIAL\_\_\_\_\_\_\_\_ **Participant Initial** \_\_\_\_\_\_\_\_\_

**REQUIRED SIGNATURES**:

TENANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Tenant Date Signed

OWNER/LANDLORD: \_\_LANDLORD SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Landlord Date Signed

DHS STAFF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of DHS Staff Date Signed

DHS Staff acknowledge that the participant and owner have been provided a copy of this form.

Staff Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_