



RENTAL ASSISTANCE PAYMENT AGREEMENT Youth Housing First

Qualified Consumer's Name: _____ Phone #: _____

Community Rebuilders Housing Resource Specialist (HRS): _____ Phone #: _____

Goal of RRH Youth Program: To assist families in obtaining permanent housing with short or medium term rental assistance in order to provide housing stability. Length of assistance is dependent on participant's progress needs, with the goal of the participant to quickly maintaining housing without assistance.

Type of rental assistance determined eligible for (circle):

Security Deposit First month's rent Last month's rent Monthly Rental Assistance

Length of assistance (how many months): _____

Assistance Details

Participant qualifies for: _____ 1 Bdrm _____ 2 Bdrm _____ 3 Bdrm _____ 4 Bdrm

- Participant will be receiving case management services
- Participant may not sign lease until unit passes HQS inspection and lease is reviewed with housing specialist

Community Rebuilders Agrees

- To inspect property to ensure it meets Housing Quality Standards
- To provide 30 day notice prior to terminating rental assistance.
- To make payment directly to landlord/property manager.

Landlord/Property Owner/Manager

I am the landlord/owner of rental property located at _____, I agree to rent the above property to _____, for the monthly rental amount of \$ _____.

Type of Unit: _____ Apt. 1-4 Floors (Flat) _____ Apt. 5+Floors _____ Manufactured Home _____ Single Family
_____ Duplex/Townhouse _____ Other

(a) Most recent rent charged: _____ (b) Proposed monthly rent: _____ (c) Security Deposit: _____

(d) Year unit constructed: _____ (e) Square Feet: _____

Were the same utilities/appliances included in the rent: _____ Yes _____ No

Landlord must complete the following Utility Cost Responsibilities Chart. (Paid by)

Utility	Specific fuel/energy type	Landlord	Tenant
Heat	<input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric		
Hot Water	<input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			

OWNER CERTIFICATION: By executing this request, the owner agrees is acceptable and certifies that: 1) the information provided on the form is accurate and true; 2) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract; 3) the unit currently meets Housing Quality standards before the Rental Assistance Contract is executed; 4) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, or familial status; 5) the landlord/owner is not a relative of the qualified participant above; and 6) as landlord/owner, I, affirm that the rent charged for this assisted unit is comparable to current rents charged for similar unassisted units managed/owned by me. 7) The term of the lease must be for a term of at least one year that is renewable and is terminable only for cause.

Landlord Signature: _____ Date: _____