**HOUSING TAB Checklist**

**Program: HCRP RRH** **HMIS #:**

|  |  |  |
| --- | --- | --- |
| **Participant Name:** | **Date Completed** | **Staff Initials**  |
| **Participant Move in Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**-***Must be tracked in HMIS thru enrollment entry pencil* |  |  |
| Signed Lease |  |  |
| Lease Review (must be completed before financial assistance requested) |  |  |
| HQS Inspection (must be completed prior to lease signing) |  |  |
| Verification proposed unit meets Fair Market Rent *-copy of FMR for assigned county of proposed unit with appropriate column highlighted*  |  |  |
| Rent Reasonableness |  |  |
| Documentation from Auditor’s website |  |  |
| Completed tab uploaded in HMIS |  |  |

**Lease Review**

 **Participant Name:**

**About this Tool:**

This tool allows participants/tenants to summarize, in their own words, specific requirements listed in their lease that are essential to follow in order to fulfill their lease successfully and avoid eviction.

***Case Managers*:** please assist housing program participants in completing this form to help interpret the lease language if needed.

Directions: Participant/tenant must complete this form about their lease. Once completed, a copy of this form should be given to participant. It is important that participants understand their lease, because if anyone in the home (including guests), violates terms of the lease, participants can be charged extra fees or even evicted due to lease violations.

PAYING FOR MY HOME

1. How much rent do I pay each month?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How much is the security/damage deposit?

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3. When is my rent due each month?

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4. Is there a grace period for my rent payment?

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5. If the rent is late, is there a late fee? If so, how much is the late fee & when does it start?

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6. Where do I send my rent payment?

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7. What forms of payment are accepted by the landlord? (i.e. cash, check, money order, electronic payment)

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8. If my rent check doesn’t clear & is returned for insufficient funds, what extra fees will be added to my rent payment?

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9. When will the landlord begin the eviction process if rent is not paid?

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10. What utilities am I responsible to pay?

11. Are there any additional fees I am responsible to pay? (for example: storage, garage use fee, key deposit fee, pet deposit or monthly pet fee)

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RULES FOR MY HOME

1. Who is allowed to live in my unit?

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2. How long can someone visit me (person/s not on my lease)?

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3. Are pets allowed? If so, what kind & how many? Is there an additional fee or deposit, how much?

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4. What are the terms about noise in my unit?

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5. Are there rules for unit cleanliness? Do I have to do any yard work?

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6. If something breaks in the unit, or damage is done to the unit, what am I required to do?

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7. Can the landlord enter my unit anytime s/he wants to?

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8. What happens if the police are called to my unit, or someone in my household is arrested?

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9. What happens if someone uses illegal drugs in my unit?

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10. How long is my lease?

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11. When does my lease expire?

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12. What happens if I want to move before my lease is up?

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13. If I want to move out, how soon do I need to tell my landlord?

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14. I am NOT eligible to receive the security deposit if I complete the lease. Why?

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*By signing below, I attest that I have reviewed my signed lease completely and received a copy of it for my records.*

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

RENT REASONABLENESS

**PARTICIPANT NAME:** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparison:** | Proposed Unit | **Unit #1** | **Unit #2** | **Unit #3** |
| **Address** |  |  |  |  |
| **Number of Bedrooms** |  |  |  |  |
| **Type of Unit/Construction****(Apt, Duplex, Single Home)** |  |  |  |  |
| **Housing Condition** |  |  |  |  |
| **Location (City or Rural)** |  |  |  |  |
| **Utilities (type)** |  |  |  |  |
| **Rent Amount** |  |  |  |  |
| **Handicap Accessible? (y/n)** |  |  |  |  |

**CERTIFICATION:**

1. **Compliance with Payment Standard:**

**Payment Standard Computation-**

 **\_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_\_ ÷ 3 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Unit #1 Rent Unit #2 Rent Unit #3 Rent Payment Standard**

**Proposed unit rent of $\_\_\_\_\_\_\_\_\_\_\_\_\_does not exceed applicable Payment Standard of $\_\_\_\_\_\_\_\_\_\_\_\_.**

 **B. Rent Reasonableness**

Based upon a comparison of rents for comparable units, I have determined that rent for the proposed unit [ ] **is** [ ] **is not** reasonable.

|  |  |  |
| --- | --- | --- |
| **Staff Name:** | **STAFF Signature:** | **Date:** |