[ ]  RENTAL ASSISTANCE PROGRAM [ ]  HOME TBA

[ ]  SECURITY DEPOSIT PROGRAM [ ]  BRIDGE TO HOME

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name (below): | Unit Size\*: | Coupon No. |  |
|  | Issued On: |  |
| Number of Household Members:  | Expires On: |  |
| \*This is the number of bedrooms for which the Applicant’s family qualifies. |

This Coupon has been issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“Agency”) to the Applicant identified above. Applicant is eligible to receive assistance with payment of:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monthly rent

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ refundable security deposit

Any payment by Agency will be mailed directly to the Landlord or Landlord’s representative on behalf of the Applicant. Agency fully expects to have money available to provide assistance. Agency is under no obligation to Applicant or Landlord or any other party until Agency has approved the unit and entered into an agreement with Applicant and Landlord.

**Key Steps in Security a Unit**

* Applicant must select a unit within the City/County limits of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Agency will inspect the unit and review Landlord’s lease/rental agreement. If the unit meets the funding program’s housing standards and the rent for the unit is deemed reasonable, Agency will notify Landlord and Applicant that the unit has been approved. If the unit or lease/rental agreement cannot be approved, Agency will give Landlord an opportunity to correct the problem, or Applicant can begin to look for another unit.
* Agency will coordinate completion and signing of all necessary documents, including Landlord’s lease/rental agreement, as pre-approved by Agency, and the rental assistance or security deposit payment contract. When all necessary documents have been signed, Agency will begin to make rental payment or security deposit payment in accordance with the beginning date of lease/rental agreement and contract.

**Refundable Security Deposit**

Agency may pay a refundable security deposit to the Landlord consistent with local market practices. When Tenant moves out, any reimbursement of the deposit due from Landlord under state and local laws will be paid to Tenant.

**Participation Expectations**

The portion of rent payment by Applicant to Landlord (“Tenant’s Share”) is based upon Applicant’s household adjusted income. The monthly payment made by Agency to Landlord will be equal to the difference between the approved rent the Landlord is charging and Tenant’s Share of the rent.

As a Tenant, Applicant must:

* Supply information about the household’s income, assets and other family circumstances that affect eligibility and the amount of Tenant’s Share, and cooperate fully with annual and interim re-examinations; allow Agency to inspect the unit at reasonable times after giving reasonable notice;
* Notify Agency when any person moves in or out of the unit and before vacating the unit; and
* Use the unit as the household’s principal place of residence and solely as a residence.

Tenant may not sub-lease or assign the lease/rental agreement.

**Cause for Tenant’s Termination from Program**

Agency’s assistance may be terminated under specific circumstances. The Contract between Tenant, Landlord and Agency will describe possible reasons for termination. Agency will give Tenant and Landlord at least 30 days’ notice of termination of rental assistance.

**Equal Housing Opportunity**

If Applicant believes he/she has been discriminated against on the basis of age, race, color, creed, religion, sex, handicap, national origin, or familial status, Applicant is encouraged to call the Fair Housing Council of Oregon to determine if filing a complaint is appropriate.

**Confirmation of Acceptance of Coupon**

Agency: Coupon Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print Agency Name)

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: Coupon Accepted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print Applicant’s Name)

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_