

Permanent Supportive Housing Program Participant Occupancy Agreement



Office of Alcoholism and
Substance Abuse Services

As a participant in the _____ (Provider) _____ (Housing Brand) Permanent Supportive Housing Program, I _____ (the Tenant) understand that my contribution towards the rent of my apartment will be 30% of my monthly adjusted income, 10% of my monthly gross income or 100% of the Public Assistance shelter allowance that I am entitled to receive, whichever is higher. I understand that my rent contribution may be subject to change if there are changes in my monthly income; family composition, or to the extent of exceptional medical or other unusual expenses, in accordance with established criteria.

I also agree to abide by the following program requirements:

1. _____ I agree to develop an Individualized Service Plan with my Case Manager/Housing Counselor and agree to work on achieving the goals that I have set and to participate in all supportive services indicated in my Plan.
2. _____ I understand that if my family resides with me, my Service Plan will have a whole family focus and include my children, if applicable.
3. _____ I agree to pay my portion of the rent in full and on time monthly.
4. _____ I agree to report any changes in my or my family's income promptly to the provider and agree to participate in an annual income review.
5. _____ I agree to meet with my Case Manager/Housing Counselor at least monthly, at a mutually agreeable time. I understand that more frequent meetings may be necessary, depending on my circumstances.
6. _____ I agree to abide by all terms of the lease for the apartment in which I reside.
7. _____ I agree not to engage in any illegal activities while participating in the PSH program.
8. _____ I understand that if I am hospitalized, become incarcerated or decide to enter an inpatient program, my apartment will be held for a maximum of 90 days.
9. _____ I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of the provider. [NOTE: Long-term guests are defined as anyone except a tenant staying overnight more than two nights.]
10. _____ I understand that an emergency plan must be in place for all family members living with me. This program is not responsible for the placement of children if the head of household decides to enter inpatient medical/mental health/SUD treatment or become incarcerated. Additionally, the rental assistance will not be transferrable to any member of the family.
11. _____ I agree that any school-aged child residing in this unit under my guardianship is required to be enrolled in and regularly attend school. I will provide verification of enrollment and regular attendance to the program.
12. _____ I understand consents for emergency contacts, treatment programs, parole/probation, ACS, medical, etc. are required by the housing program. I agree to sign all appropriate release forms.

13. _____ I agree that, before terminating my occupancy of the apartment, I will give the provider 30 days written notice. I understand that the provider will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. The provider's decision to terminate this agreement can be appealed. During the appeal process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.
14. _____ I understand my apartment will receive a complete Housing Quality Standards (HQS) inspection annually and all necessary repairs in the interim should be reported and addressed.
15. _____ I understand that the provider must retain a set of keys to my unit to be used in case of emergency. If the provider is unable to access my unit in such cases, I understand I am responsible for the cost of the locksmith.
16. _____ I agree to participate in a final apartment walk-through with my case manager at program termination to review any damages the unit may have incurred under my residency. I will return the apartment keys at this time.
17. _____ I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the PSH program. I have initialed each item to signify my understanding of and consent to each condition.

Additional item for NY/NY III Population G – Chronically Homeless Families only:

18. _____ I understand and agree that if my Housing Provider is using the Two-Phase Approach, (moving from scatter-site setting to congregate setting) I will move within the timeline provided by my Housing Provider.

This agreement will take effect on the date of the signatures indicated below and is expected to be renewed annually.

Agency Staff: _____ Title: _____ Date: _____

Resident: _____ Date: _____

Witness: _____ Date: _____

Family members to reside in unit:

Name(s):	Age(s):	Income Source towards rent:
_____	_____	type(s): _____
_____	_____	type(s): _____