

RFTA Packet Instruction Sheet

Please fill out the RFTA and all attached documents completely. Inspections are scheduled according to the date and time they are received. RFTA packets will not be considered received until all forms have been filled out completely and returned.

Do not leave any blanks on the RFTA form. The instructions below will explain how to complete each field. If a field does not apply to your unit, mark Not Applicable (N/A)

1. GHA use only
2. Complete address of the unit, including city, state, and zip code
3. When you would like to begin the lease with the tenant
4. Actual number of bedrooms in the unit
5. Year of original construction. If substantially rehabilitated, date of Certificate of Occupancy
6. Amount of rent you would charge in the open market (except for tax credit properties)
7. Amount you have negotiated with the applicant
8. Date the unit will be READY to pass inspection with all utilities in service
9. Type of unit
10. Only applies to tax credit properties or properties that receive other subsidy

11. Utilities and Appliances.

In the PAID BY column, please indicate by placing an "O" for Owner or a "T" for Tenant who is providing the system.

Owner typically provides the heating, cooking, water heating, electrical, air conditioning, plumbing, and sewage systems. Another way to think of this column is who would be responsible for service/repair to the system. Example: Owner would be responsible for repairing the heating, leaks to the plumbing, or the gas lines to which the cooking system (stove) is connected.

In the Paid by column, please indicate who is responsible for paying for the utility usage of the system.

Refrigerator / Range - On refrigerator and range, the PROVIDED BY column refer to who purchased the appliances.

12. Owner's Certification
 - a. Rent reasonableness: Applies only to apartment complexes with 4 or more non-Section 8 units. If you have 4 or more occupied non-Section 8 units, please fill in lines 1 – 3 to indicate you are not charging higher rents to Section 8 tenants that you charge on the open market.
 - b. By signing the RFTA form you are certifying that you are not a relative of the applicant.
 - c. Lead-based paint. You are required to check one of the lead-based paint statements.

Please see the [Top 25 Most Commonly Failed Items](#) in this packet for important information.

PLEASE RETURN COMPLETED FORMS TO SECTION8@GHANC.ORG

**GASTONIA HOUSING AUTHORITY
PASSING THE SECTION 8 HQS INSPECTION
COMMONLY FAILED ITEMS**

Please review the Top 25 Most Commonly Failed Items List below and prepare your unit for inspection before we come out. Failure to do so could delay your payment on new units being put on the program or result in abatement of payment for existing units.

All properties must pass a Section 8 HQS inspection before the property can be placed on the Section 8 program. The property passes inspection when it is in compliance with the HUD Housing Quality Standards and the GHA Acceptability Criteria Variations. These documents are available from the Gastonia Housing Authority main office located at 340 W Long Ave or GHA's website at www.ghanc.org.

The following 25 items are the main reasons why most properties fail the inspection. Correcting these items prior to the inspection will give an estimated 95% assurance that the property will be in compliance and pass inspection.

The first 10 items are by far the most commonly failed items. The next 15 also have been found to contribute significantly to failed inspections. The items are listed in order of highest to lowest failure rate.

1. Utilities not turned on. All utilities must be on and all appliances and equipment operable. The utilities may be in the landlords name for the inspection but must be transferred to the tenant before the Housing Assistance Payment (HAP) Contract is executed
2. Missing light globes
3. Cracked/missing electrical switch plates and receptacle covers
4. Windows painted shut
5. Smoke detectors, missing batteries
6. Chipping/peeling paint on siding, window sills, trim, porches, etc.
7. Open ground receptacles
8. Foundations vents missing or foundation vent screening missing or damaged
9. Water temps too high, must be between 100 and 120 degrees Fahrenheit (at tap)
10. Refrigerator temperature too high, must be no higher than 38 degrees
11. Handrails required for four (4) or more risers
12. Holes and cracks in foundation
13. Doors: Must be weather tight with workable locks and no double cylinder deadbolts
14. Handrails/guard rails: Maximum of 4" between vertical members
15. No GFCO receptacles in kitchen and bathroom
16. No attic access, R-19 or better insulation required in the attic
17. Water Heater: Must have drain pipe to T & P relief valve, no leaks
18. Broken/cracked window panes and windows without secure workable locks
19. Bathroom must have at least one window that can be opened or a mechanical vent system
20. Storm doors: All components must be present and operable
21. Bedrooms: No blocked egress (windows, doors) – at least one window must provide unobstructed egress from the room
22. Stove: All burners and oven must be operable. All knobs must be present and marked.
23. Refrigerator: All components must be present and workable
24. Gutters and downspouts must be sound and secure and free from hazard
25. All dwellings units must display house numbers as assigned by the local jurisdiction

The above items are prioritized by the highest percentage rate of failure on first time out inspections.

RFTA PROCEDURE

- The RFTA must be completed and signed by both the landlord and the tenant.
- The caseworker evaluates the RFTA for completeness and has the landlord make corrections if necessary.
- The caseworker completes a Rent Comparability Schedule and negotiates the amount of contract rent that is acceptable for the unit.
- The caseworker must inform the landlord that by presenting the form, he/she is certifying that the unit is ready for inspection. All the utilities are required to be in service at the time the RFTA is submitted. (Landlord must either provide documentation showing that the utilities are on in the tenant's name or sign a landlord utility certification form that utilities are on for the inspection).
- The landlord is informed that he/she must be present for the initial inspection and that the inspection will be completed within fifteen days of submission of the RFTA.

New Landlords:

1. Must provide a copy of the deed, settlement statement, tax notice, or other documentation showing legal ownership.
2. Must provide a copy of their social security card or documentation with their Federal Tax ID number.
3. Must complete a W-9 form.
4. Must provide an e-mail address.
5. Must complete an Authorization Agreement for Direct Deposit form and attach a void check.

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

| Address and unit number | Date Rented | Rental Amount |
|-------------------------|-------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
 - The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
 - A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.
13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.
14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.
15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

PLEASE PRINT NAME OF PROPERTY MANAGEMENT COMPANY & APARTMENT COMPLEX IF APPLICABLE

Participant/Applicant - Please fill out right side below

| | | | |
|--|-------------------|--------------------------------------|-------------------|
| Print or Type Name of Owner/Owner Representative | | Print or Type Name of Household Head | |
| Owner/Owner Representative Signature | | Head of Household Signature | |
| Business Address | | Present Address | |
| Telephone Number | Date (mm/dd/yyyy) | Telephone Number | Date (mm/dd/yyyy) |

Email Address

Email Address

AMENITIES CHECKLIST

ADDRESS _____

#BR/#BA _____ APPROX. SQ. FT. _____

| Amenities: (Exclusive us of the unit) | |
|--|--|
| Central AC | |
| Carpet | |
| Other high quality flooring (hardwood) | |
| High quality wall covering (wall paper) | |
| Drapes | |
| Miniblinds | |
| Shades | |
| Working fireplace/woods stove | |
| Special windows (ex. Bay windows) | |
| Special doors (ex. French doors) | |
| Private patio/deck/balcony | |
| Exceptionally large rooms | |
| Ceiling fans | |
| Vented range hood | |
| Dishwasher | |
| Garbage disposal | |
| Eating counter/breakfast nook | |
| Pantry or abundant shelving & cabinets | |
| Double oven | |
| Self-cleaning oven | |
| Microwave (in addition to range) | |
| Double sink | |
| High quality cabinets | |
| Abundant cabinet space | |
| Modern appliances | |
| Washer/Dryer | |
| Washer/Dryer hookups | |
| Separate shower & tub | |
| Shower doors | |
| Extra bathroom cabinets | |
| Finished basement | |
| Other (Specify) | |

| Facilities: | |
|---|--|
| Intercom | |
| Security System | |
| Cable TV hookups (Cable ready) | |
| Storm Windows/Thermopane | |
| Storm doors | |
| Extra Insulation (R-30 in attic) | |
| Insulated crawlspace | |
| Screens for windows | |
| Screens for doors | |
| Laundry facilities (if no W/D hookups) | |
| Garage/carport | |
| On-site parking facilities | |
| Private driveway | |
| Fenced yard | |
| Large yard | |
| Swimming pool or hot tub | |
| Party or rec. room | |
| Exercise facility | |
| Playground | |
| Tennis courts | |
| Additional rec. equipment or facilities | |
| Storage facility | |
| Housing Services: | |
| On-site management | |
| Security personnel | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |

INSPECTOR'S OBSERVATIONS

UNIT TYPE: Detached Semi-detached/Row-house Townhouse Garden

OVERALL QUALITY: Poor Fair Average Good Excellent

NEIGHBORHOOD: Residential Mixed (Commercial/Residential) Industrial Rural

NEIGHBORHOOD QUALITY: Poor Average Excellent

TO BE COMPLETED BY THE LANDLORD

GASTONIA HOUSING AUTHORITY
340 W. Long Avenue
PO Box 2398
Gastonia, NC 28053
ghanc.org

Landlord Utility Certification

THE GASTONIA HOUSING AUTHORITY WILL NOT ACCEPT A REQUEST FOR TENANT APPROVAL IF THE UTILITIES HAVE NOT BEEN TURNED ON.

I certify that all applicable utilities (Electric, water, and gas) for the unit located at _____ are currently in service under:

(Unit Number, Street and City)

- My Name Company name Applicant/Tenant name

It is my understanding that it is the landlord's responsibility to physically insure that all utilities are in service, electrical breakers are on, all pilot lights (If any) are lit and all water valves (Main and under sinks) are turned to the open position. Failure to have the utilities in operation on the day of inspection will result in a failed inspection (2 being the maximum). Should a unit fail the initial inspection, re-inspection will not be made for 30 days. It is my understanding that a Housing Assistance Payments contract cannot be entered into nor any HAP payments made until all the utilities for which the tenant will be responsible have been transferred into the head of household's name and the applicant has submitted a Utility Account Verification Form or receipts from each utility (company) showing the date the service began and the account number. Utility verification forms or receipts must be submitted by the applicant within 5 days of the date the unit passes inspection. Failure to do so may result in the denial of the applicant's housing assistance.

The landlord must check each utility listed below that the tenant will be responsible for and list the name of the utility provider.

- ELECTRICITY _____
(Utility Company Name)
- WATER _____
(Utility Company Name)
- SEWER _____
(Utility Company Name)
- GAS _____
(Utility Company Name)
- TRASH PICKUP _____
(Utility Company Name)

OWNER'S SIGNATURE

DATE

To be completed by the Landlord and the Tenant together

**Sample Disclosure Format for Target Housing Rentals and Leases
Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

____ (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____
- Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

____ (b) Records and reports available to the seller (check one below):

- Lessor has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list records and reports below). _____
- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

INITIAL
C & D

- (c) _____ Lessee has received copies of all information listed above.
- (d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

- (e) _____ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

SIGN
FOR
LESSEE

| | | | |
|-----------------|---------------|-----------------|---------------|
| _____ Lessor | _____ Date | _____ Lessor | _____ Date |
| _____ Lessee | _____ Date | _____ Lessee | _____ Date |
| _____ Agent | _____ Date | _____ Agent | _____ Date |

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To be completed by the Landlord and Tenant together

**GASTONIA HOUSING AUTHORITY
Section 8 Housing Choice Voucher Program
Lease Addendum**

Utilities and Appliances:

The **TENANT** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **OWNER** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **TENANT** shall be responsible for supplying the following appliances to the unit:

Stove Refrigerator Microwave Dishwasher None

The **OWNER** shall be responsible for supplying the following appliances to the unit:

Electricity Gas Water Sewer Trash Pickup None

Criminal Activity:

Owner reserves the right to terminate tenancy should lessee or any person under lessee's control* become involved with any type of violent or drug-related criminal activity or any activity that threatens the health, safety, or right to peaceful enjoyment of the other occupants or neighbors.

*HUD defines 'person under lessee's control' to mean: any family member(s), guest(s), visitor(s), etc which the family allows access to the assisted unit or grounds of the assisted unit.

Landlord's Signature

Date

Tenant's Signature

Date

***All terms of this addendum override any language contained in the owner's lease.

To be completed by the Landlord and Tenant

GASTONIA HOUSING AUTHORITY
Section 8 Housing Choice Voucher Program
Lease Addendum

(GHA Office Use Only)

Term of Lease:

Lease shall be for the term of one year and shall commence on _____.

Lease shall end on _____.

Utilities and Appliances:

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PASSING THE SECTION 8 HQS INSPECTION
COMMONLY FAILED ITEMS**

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| Address and unit number | Date Rented | Rental Amount |
|-------------------------|-------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
 - The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the federal certification program or under a federally accredited State certification program.
 - A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.
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14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.
15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

PLEASE PRINT NAME OF PROPERTY MANAGEMENT COMPANY & APARTMENT COMPLEX IF APPLICABLE

Participant/Applicant - Please fill out right side below

| | | | |
|--|-------------------|--------------------------------------|-------------------|
| Print or Type Name of Owner/Owner Representative | | Print or Type Name of Household Head | |
| Owner/Owner Representative Signature | | Head of Household Signature | |
| Business Address | | Present Address | |
| Telephone Number | Date (mm/dd/yyyy) | Telephone Number | Date (mm/dd/yyyy) |

Email Address

Email Address

AMENITIES CHECKLIST

ADDRESS _____

#BR/#BA _____ APPROX. SQ. FT. _____

| Amenities: (Exclusive us of the unit) | |
|--|--|
| Central AC | |
| Carpet | |
| Other high quality flooring (hardwood) | |
| High quality wall covering (wall paper) | |
| Drapes | |
| Miniblinds | |
| Shades | |
| Working fireplace/woods stove | |
| Special windows (ex. Bay windows) | |
| Special doors (ex. French doors) | |
| Private patio/deck/balcony | |
| Exceptionally large rooms | |
| Ceiling fans | |
| Vented range hood | |
| Dishwasher | |
| Garbage disposal | |
| Eating counter/breakfast nook | |
| Pantry or abundant shelving & cabinets | |
| Double oven | |
| Self-cleaning oven | |
| Microwave (in addition to range) | |
| Double sink | |
| High quality cabinets | |
| Abundant cabinet space | |
| Modern appliances | |
| Washer/Dryer | |
| Washer/Dryer hookups | |
| Separate shower & tub | |
| Shower doors | |
| Extra bathroom cabinets | |
| Finished basement | |
| Other (Specify) | |

| Facilities: | |
|---|--|
| Intercom | |
| Security System | |
| Cable TV hookups (Cable ready) | |
| Storm Windows/Thermopane | |
| Storm doors | |
| Extra Insulation (R-30 in attic) | |
| Insulated crawlspace | |
| Screens for windows | |
| Screens for doors | |
| Laundry facilities (if no W/D hookups) | |
| Garage/carport | |
| On-site parking facilities | |
| Private driveway | |
| Fenced yard | |
| Large yard | |
| Swimming pool or hot tub | |
| Party or rec. room | |
| Exercise facility | |
| Playground | |
| Tennis courts | |
| Additional rec. equipment or facilities | |
| Storage facility | |
| Housing Services: | |
| On-site management | |
| Security personnel | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |

INSPECTOR'S OBSERVATIONS

UNIT TYPE: Detached Semi-detached/Row-house Townhouse Garden

OVERALL QUALITY: Poor Fair Average Good Excellent

NEIGHBORHOOD: Residential Mixed (Commercial/Residential) Industrial Rural

NEIGHBORHOOD QUALITY: Poor Average Excellent

TO BE COMPLETED BY THE LANDLORD

GASTONIA HOUSING AUTHORITY
340 W. Long Avenue
PO Box 2398
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(Unit Number, Street and City)

My Name Company name Applicant/Tenant name

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The landlord must check each utility listed below that the tenant will be responsible for and list the name of the utility provider.

- ELECTRICITY _____
(Utility Company Name)
- WATER _____
(Utility Company Name)
- SEWER _____
(Utility Company Name)
- GAS _____
(Utility Company Name)
- TRASH PICKUP _____
(Utility Company Name)

OWNER'S SIGNATURE

DATE

To be completed by the Landlord and the Tenant together

**Sample Disclosure Format for Target Housing Rentals and Leases
Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

____ (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____
- Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

____ (b) Records and reports available to the seller (check one below):

- Lessor has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list records below). _____
- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

INITIAL
C & D

- (c) _____ Lessee has received copies of all information listed above.
- (d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

- (e) _____ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

SIGN
FOR
LESSEE

| | | | |
|-----------------|---------------|-----------------|---------------|
| _____ Lessor | _____ Date | _____ Lessor | _____ Date |
| _____ Lessee | _____ Date | _____ Lessee | _____ Date |
| _____ Agent | _____ Date | _____ Agent | _____ Date |

PLEASE RETURN COMPLETED FORMS TO SECTION8@GHANC.ORG

To be completed by the Landlord and Tenant together

**GASTONIA HOUSING AUTHORITY
Section 8 Housing Choice Voucher Program
Lease Addendum**

Utilities and Appliances:

The **TENANT** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **OWNER** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **TENANT** shall be responsible for supplying the following appliances to the unit:

Stove Refrigerator Microwave Dishwasher None

The **OWNER** shall be responsible for supplying the following appliances to the unit:

Electricity Gas Water Sewer Trash Pickup None

Criminal Activity:

Owner reserves the right to terminate tenancy should lessee or any person under lessee's control* become involved with any type of violent or drug-related criminal activity or any activity that threatens the health, safety, or right to peaceful enjoyment of the other occupants or neighbors.

*HUD defines 'person under lessee's control' to mean: any family member(s), guest(s), visitor(s), etc which the family allows access to the assisted unit or grounds of the assisted unit.

Landlord's Signature

Date

Tenant's Signature

Date

***All terms of this addendum override any language contained in the owner's lease.

To be completed by the Landlord and Tenant

GASTONIA HOUSING AUTHORITY
Section 8 Housing Choice Voucher Program
Lease Addendum

(GHA Office Use Only)

Term of Lease:

Lease shall be for the term of one year and shall commence on _____.

Lease shall end on _____.

Utilities and Appliances:

The **TENANT** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **OWNER** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **TENANT** shall be responsible for supplying the following appliances to the unit:

Stove Refrigerator Microwave Dishwasher None

The **OWNER** shall be responsible for supplying the following appliances to the unit:

Stove Refrigerator Microwave Dishwasher None

Criminal Activity

Owner reserves the right to terminate tenancy should lessee or any person under lessee's control* become involved with any type of violent or drug-related criminal activity or any activity that threatens the health, safety, or right to peaceful enjoyment of the other occupants or neighbors.

*HUD defines 'person under lessee's control' to mean: any family member(s), guest(s), visitor(s), etc which the family allows access to the assisted unit or grounds of the assisted unit.

Landlord's Signature

Date

Tenant's Signature

Date

***All terms of this addendum override any language contained in the owner's lease.