Housing Assistance Payments Contract

(HAP Contract) Section 8 Tenant-Based Assistance Housing Choice Voucher Program U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. Contents of Contract This

HAP contract has three parts:

Part A: Contract Information Part B: Body of Contract Part C: Tenancy Addendum

2. Tenant

3. Contract Unit

2213 E. MADISON ST BALTIMORE, MD 21205

4. Household

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

5. Initial Lease Term

The initial lease term begins on (mm/dd/yyyy):

The initial lease term ends on (mm/dd/yyyy):

4/30/2021 Two Year least

6. Initial Rent to Owner

Previous editions are obsolete

The initial rent to owner is: \$ \$940.00

During the initial lease term, the owner may not raise the rent to owner.

7. Initial Housing Assistance Payment

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ \$759.00 per month.

The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

Tenant Portion \$18100

form HUD-52641 (04/2015) ref Handbook 7420.8

| Item | | Specify fuel ty | w by an "O". The tenant shall utilities and appliances provid pc | | Provided by | Paid by |
|---|-----------------|-----------------|--|---------------|-------------|---------|
| Heating | Natural gas | Bottle gas | Oil or Electric | Coal or Other | | T |
| Cooking | Natural gas | Bottle gas | Oil or Electric | Coal or Other | | Т |
| Water Heating | Natural gas | Bottle gas | Oil or Electric | Coal or Other | | T |
| Other Electric | | | | | | Т |
| Water | | ME WILL | | | | 0 |
| Sewer | | | | | | 0 |
| Trash Collection | | | | | | N/A |
| Air Conditioning | | | | | | Т |
| Refrigerator | | | | | 0 | |
| Range/Microwave | | | | | 0 | |
| | | | | | | |
| Other (specify) | | | | | | |
| Signatures: Public Housing Ager | HORITY OF BALTI | MORE CITY | Owner Out Date (mm/dd/yyyy) | 110/19 | | |
| Signatures: Public Housing Ager HOUSING AUTH MITTER TYPE Name of PI | HORITY OF BALTI | MORE CITY | - - - - | 10/19 | | |
| Signatures: Public Housing Ager HOUSING AUTH MITTER TYPE Name of PI CORLISS ALS Print or Type Name and Title of Date (mm/dd/yyyy) | HORITY OF BALTI | YORE CITY | Date (mm/dd/yyyy) | 10/19 | | |
| Signatures: Public Housing Ager HOUSING AUTH MITTER TYPE Name of PI CORLISS ALS Print or Type Name and Title of Date (mm/dd/yyyy) | HORITY OF BALTI | YORE CITY | Date (mm/dd/yyyy) | | | |

JOSEPH L. SMITH, CHAIRMAN BOARD OF COMMISSIONERS

JANET ABRAHAMS Executive Director

HOUSING **AUTHORITY** of BALTIMORE CITY

Building on Our Strengths, Investing in Our Future

MOVE IN AUTHORIZATION

| DATE: 4 | 6/2019 | |
|--------------------|--|--|
| MOVE IN AU | THORIZATION FOR: | |
| Tenant Name: | | |
| Address: | 2213 E. MADISON ST | |
| | BALTIMORE, MD 2120 | 5 |
| The contract | t rent for the above unit is: | \$940.00 |
| Tenant portion is: | | \$181.00 |
| HAP portion is: | | \$759.00 |
| the owner is | amount of the monthly how subject to change during the rements. (See page 2, #7 of | using assistance payment by the PHA to he HAP contract term in accordance with the HAP contract) |
| | ver and above the agreed up | payment arrangements otherwise oon contract rent. (See page 9-#5e of the |
| The tenant w | vill receive keys and the me | ove in date will commence on: |
| | | can result in the tenant being terminated gram and recapture of payment to the |
| Tenant Sign | nature O | wner/Representative |
| Rev. 10/2017 | | |

Rev. 10/2017



JOSEPH L. SMITH, CHAIRMAN BOARD OF COMMISSIONERS

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EXECUTIVE DIRECTOR

HOUSING AUTHORITY of BALTIMORE CITY

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HOUSING CHOICE VOUCHER PROGRAM

Leasing & Contracting
Pre-HAP Signing Acknowledgement

| Head of Household's Name: |
|--|
| New Unit Address: 2213 E. MADISON ST |
| Place your initials next to each of the following statements, if you are in agreement: |
| I have received and reviewed the lease in its entirety. |
| I have received and reviewed the HCVP Tenancy Addendum, which is attached to the lease. |
| I have physically taken a tour of the inside and outside of the unit. |
| The unit is accessible to all authorized occupants on my voucher. |
| I am able to get BG&E utility service on in the unit. |
| The security deposit has been satisfied. (Not applicable, if no security deposit is required). |
| All requested and approved reasonable accommodations to the unit to address a disability have been completed by the landlord. (Not applicable, if no accommodations were requested). |
| I understand that I AM (AM NOT responsible for paying the water bill. (Circle one) |
| |

By signing this document, I acknowledge that I have read or have had read to me all of the provisions stated above. I further acknowledge that I understand, and agree with, each of the statements listed above.

| Signature | | 4-16-2019 | |
|-----------|---|-----------|--|
| SWIAIIE | | Date | |
| | _ | | |