

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

414 N PORT ST
BALTIMORE, MD 21224

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): 10/11/2019

The initial lease term ends on (mm/dd/yyyy): 10/31/2021

Two year lease

6. Initial Rent to Owner

The initial rent to owner is: \$ \$907.00

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 \$ \$780.00 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 \$127⁰⁰

8. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type				Provided by	Paid by
Heating	Natural gas <input checked="" type="checkbox"/>	Bottle gas <input type="checkbox"/>	Oil or Electric <input type="checkbox"/>	<input type="checkbox"/> Coal or Other		T
Cooking	Natural gas <input checked="" type="checkbox"/>	Bottle gas <input type="checkbox"/>	Oil or Electric <input type="checkbox"/>	<input type="checkbox"/> Coal or Other		T
Water Heating	Natural gas <input type="checkbox"/>	Bottle gas <input type="checkbox"/>	Oil or Electric <input checked="" type="checkbox"/>	<input type="checkbox"/> Coal or Other		T
Other Electric						T
Water						O
Sewer						O
Trash Collection						N/A
Air Conditioning						T
Refrigerator					O	
Range/Microwave					O	
Other (specify)						

Signatures:

Public Housing Agency

HOUSING AUTHORITY OF BALTIMORE CITY

Print or Type Name of PHA

Angela Chaffter
Signature

CORLISS ALSTON, SR. VP

Print or Type Name and Title of Signatory

Date (mm/dd/yyyy)

10/11/2019

Owner

DOMINION MANAGEMENT LLC

Print or Type Name of Owner

[Redacted Signature]

Print or Type Name and Title of Signatory

[Redacted Name and Title]

Date (mm/dd/yyyy)

10/11/19

Mail Payments to:

Name

Address (street, city, State, Zip)

Joseph L. Smith
Chairman, Board of Commissioners
Janet Abrahams
Executive Director



MOVE IN AUTHORIZATION

DATE: 10/11/2019

MOVE IN AUTHORIZATION FOR:

Tenant Name: [REDACTED]

Address: 414 N PORT ST

BALTIMORE, MD 21224

The contract rent for the above unit is: \$907.00

Tenant portion is: \$127.00

HAP portion is: \$780.00

NOTE: 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. (See page 2, #7 of the HAP contract)

It is considered fraud to enter into side payment arrangements otherwise stipulated over and above the agreed upon contract rent. (See page 9-#5e of the HAP contract)

The tenant will receive keys and the move in date will commence on:

10/11/2019

Failure to move in as stipulated above can result in the tenant being terminated from the Housing Choice Voucher Program and recapture of payment to the owner.

[REDACTED]
Tenant Signature

[REDACTED]
Owner/Representative



Joseph L. Smith
Chairman, Board of Commissioners
Janet Abrahams
Executive Director



**HOUSING
AUTHORITY of
BALTIMORE CITY**

**HOUSING CHOICE VOUCHER PROGRAM
Leasing & Contracting
Pre-HAP Signing Acknowledgement**

Head of Household's Name: [REDACTED]

New Unit Address: 414 N PORT ST, BALTIMORE, MD 21224

Place your initials next to each of the following statements, if you are in agreement:

JK I have received, reviewed and understand the lease in its entirety.

JK I have received, reviewed and understand the HCVP Tenancy Addendum, which is attached to the lease.

JK I have physically taken a tour of the inside and outside of the unit.

JK The unit is accessible to all authorized occupants on my voucher.

JK I am able to get BG&E utility service on in the unit.

JK The security deposit has been satisfied. (Not applicable, if no security deposit is required).

JK 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).

JK 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.

[REDACTED]
Signature

10/11/2019
Date

Anger Chap
Name of HABC Employee