

## Rental Assistance Agreement for ESG

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RE: \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_  
Applicant's Name (print) (last four digits)

Client/Participants/Tenant Name: \_\_\_\_\_

Unit address: \_\_\_\_\_

Please indicate the type of rental assistance being provided:

Tenant based rental assistance  Project based rental assistance

**This rental assistance agreement** is by and between \_\_\_\_\_ (Agency Name) and \_\_\_\_\_ (Landlord/Owner). The effective date is \_\_\_\_/\_\_\_\_/\_\_\_\_. The total unit rent as identified in the lease, is \$ \_\_\_\_\_ per month and is due on the \_\_\_\_\_ day of each month. The owner/landlord agrees to accept and \_\_\_\_\_ agrees to pay rental assistance payments for the above reference tenant for a period not to exceed 24 months.

This rental assistance agreement will terminate on one of the following:

- (1) The tenant moves out of the housing unit
- (2) The lease terminates and is not renewed
- (3) The tenant becomes ineligible to receive ESG rental assistance
- (4) If the unit fails to meet the habitability standards of 24 CFR 576.403(c)

The landlord/owner further agrees that during the term of this agreement, the landlord/owner will provide \_\_\_\_\_ (agency name) with copies of any lease violations, or notice to vacate the unit that are provided to the tenant.

Participant's income will be re-examined every 3 months. If there is a change in family composition or a decrease in the participant's income during the 3 months, an interim reexamination may be requested the participant and the participant rent adjusted accordingly. You will be notified of any subsequent changes in subsidy.

During the initial term rental assistance will be paid as follows:

\_\_\_\_\_ (agency name) agrees to pay the full monthly rent amount  
 \_\_\_\_\_ (agency name) will pay a portion of the monthly rent as described below:  
\$ \_\_\_\_\_ will be/ls \_\_\_\_\_ (agency name) responsibility  
\$ \_\_\_\_\_ will be/ls tenant's responsibility.

The person executing this form on behalf of the Landlord hereby warrants that they are the true owner of the property and/or are duly authorized by the owner to execute this form on behalf of the Landlord. \*\*\*Property managers must complete an Agency Authorization form (HCA form 322) and attach a copy of the management agreement contract with the owner.\*\*\*

\_\_\_\_\_  
Landlord/Owner Date

\_\_\_\_\_  
Agency Representative Date

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**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

