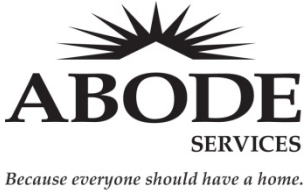


SSVF EVERY VETERAN HOME
HOUSING ASSISTANCE PAYMENT CONTRACT (HAP)



This Housing Assistance Payments Contract ("HAP") is entered into effective ___ / ___ / _____ between Abode Services ("Abode"), a non-profit Community Organization, _____ ("Landlord"), a provider of housing units, and _____ ("Participant"), a

participant head of household enrolled in Supportive Services for Veteran Families Every Veteran Home ("SSVF").

The Purpose of this Contract is to assist the Participant to lease a Decent, Safe and Sanitary dwelling unit from the Landlord. Abode will make a housing assistance payment as described below to the Landlord on behalf of the SSVF Participant in accordance with this HAP. The parties hereto agree as follows:

1. This Agreement applies to the Participant, including all members of the household listed below, and the dwelling unit ("Unit") designated in this Section:

Participant: _____

Additional Household Members: _____

Unit Address: _____ Apt No: _____

City/State/Zip: _____

Unit Size: SRO Studio 1 BR 2 BR 3 BR 4 BR 5BR 6BR

Participant Move-In Date: ___ / ___ / _____ Monthly Contract Rent: \$ __, ____ . ____

2. Landlord shall rent or lease the Unit to the Participant. The Participant and Landlord shall execute a written rental agreement or lease ("Agreement") if a written agreement is not already in place. A complete copy of this agreement shall be provided to Abode.
3. Subject to the verification of Participant's eligibility for SSVF, Abode will make payment(s) to the Landlord on behalf of the Participant as outlined in **one** of the boxes below. Payment(s) may not exceed the Contract Rent listed above for the given period and Participant will be responsible for the full Contract Rent for any period not explicitly described in this section. Additional payments are not guaranteed and are subject to the Participant's ongoing eligibility for SSVF Temporary Financial Assistance, progress toward housing stability goals, and availability of funding. Any additional payment must be outlined in a separate HAP agreement.

SSVF Category 1 (Prevention) Participants:

- One-Time Assistance with rental arrears covering a period of _____ months in the amount of \$ __, ____ . ____
 - This includes \$ ____ . ____ in late fees (at a rate of \$ ____ . ____ or _____ % per month as outlined in the Agreement between Participant and Landlord).
 - No late fees are included.

- OR -

- Current Rent Assistance for the month of _____, 201__ in the amount of \$ __, ____ . ____

SSVF Category 2/3 (Rapid-Rehousing) Participants:

- Rental Assistance for the month(s) of: _____, 201__, _____, 201__, and _____, 201__ in the amount of \$ __, ____ . ____ per month.
- Security Deposit assistance, not to exceed 2.5 times monthly contract rent, in the amount of \$ __, ____ . ____

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4. Abode, or a designated SSVF partner agency, will provide Participant with intensive supportive services, including case management around housing and income goals, service referrals, and additional resources to assist the Participant and household members to achieve self sufficiency. Case managers do home visits at least monthly and will help Participant with a budget plan and to create and achieve housing stability goals.

Case Manager: _____ Phone: _____ - _____ - _____

5. Landlord will handle all noticing to Participant and agrees to work collaboratively with Abode to further long-term housing stability for the Participant and to notify Abode in advance of its intent to terminate the Participant Agreement.
6. Landlord will provide Abode with copies of any notices to Participant regarding changes in rent or provisions for lease renewal or extensions, as well as all notices concerning late rent payments.
7. Landlord shall continuously maintain the unit to meet Housing Quality Standards.
8. No person who is an employee, agent, consultant, officer, or elected or appointed official of Abode Services and who exercises or has exercised any functions or responsibilities with respect to housing assistance payments, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the payment, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

BY EXECUTING THIS HAP, THE LANDLORD, ABODE, AND THE PARTICIPANT AGREE TO THE TERMS AND CONDITIONS STATED IN SECTION 1 THROUGH SECTION 8 OF THIS HAP.

ON BEHALF OF ABODE SERVICES

Housing Staff Name

Title

Housing Staff Signature

Date: ___ / ___ / _____

ON BEHALF OF LANDLORD

Landlord or Representative Name

Title

Landlord or Representative Signature

Date: ___ / ___ / _____

PARTICIPANT

Head of Household Name

Head of Household Signature

Date: ___ / ___ / _____