

Whitefish Workforce Assistance Program Agreement

This Tenant Based Rental Assistance agreement (the “**Agreement**”) is entered into between the “**Program Administrator**” (Housing Whitefish), the “**Owner**” (Owner or Property Manager), and the “**Tenant**” as of the “**Agreement Start Date**” as such terms are identified below.

The Program Administrator will provide a monthly “**Rental Assistance Payment**” in the amount of \$_____ to the Owner on behalf of the Tenant. The Rental Assistance Payment will be credited against the Contract Rent otherwise due under the Lease or another written agreement starting _____ and ending on _____.

The Tenant is responsible to the Owner for the “**Tenant Contribution**” \$_____ and any additional amounts due under the Lease not covered by the Rental Assistance Payment. Program Administrator assumes no obligation for the Tenant Contribution due monthly to the Owner, or the payment of any claim by the Owner against the Tenant. Program Administrator’s Rental Assistance Payment is limited to making payments in the amount identified in this agreement on behalf of the Tenant to the Owner. For month-to-month leases or for those without leases, applicants will need to reverify the rent amount every 6 months.

Tenant Certifies that:

- a) Tenant has truthfully and fully disclosed all information required by Program Administrator in Tenant’s application for assistance, including but not limited to disclosure of all household income; and
- b) The Unit is the Tenant’s primary place of residence; and
- c) The Tenant has not and will not sublet the Unit or allow undisclosed persons to occupy the Unit as part of the Tenant’s household; and
- d) The Tenant does not own or have any interest in the Unit; and
- e) The Tenant will notify Program Administrator if they terminate the lease agreement, vacate the property during the assistance period, or receive an eviction notice. If any of these occur, the Rental Assistance Payment will end, and the Tenant will be responsible for the contract rent until Tenant reapplies.

TENANT INITIALS:

Owner Certifies that:

- a) The Unit is leased to and, to the best of the Owner’s knowledge, is occupied by the Tenant; and,
- b) To the best of the Owner’s knowledge, the Unit is used solely as the Tenant’s principal place of residence; and
- c) The Tenant does not own or have any interest in the Unit; and
- d) In the case of an overpayment from Program Administrator, the overpayment will be credited for the following month or returned to Program Administrator by the Owner.
- e) If the Owner receives any payments after the Tenant has terminated the lease agreement or vacated the property, the Owner will return any payments to Program Administrator.

OWNER INITIALS:

Program Administrator Role:

Program Administrator will (i) determine Tenant eligibility for participation in the Program, (ii) monitor Tenant compliance with the terms of this agreement and the Program, (iii) provide Assistance on behalf of the Tenant as described above.

The Program Administrator does not guarantee and is in no way responsible to the Owner for the Tenant’s performance under the Lease or for any damages of any sort caused by the Tenant’s action or failure to act under the Lease.

If the terms of the agreement are broken, Program Administrator has the right to:

- a) Terminate the Tenant’s or Owner’s participation in the Program and cancel future payments on behalf of the Tenant; or
- b) Withhold payments to the Owner or until the Tenant or Owner cured the default; or
- c) Require the return of payments related to the default made under this Contract.

Whitefish Workforce Assistance Program Agreement	
Program Administrator	
Owner or Property Manager	
Tenant	
Agreement Dates	
Start Date:	End Date:
Unit & Lease Information	
Unit (Address and Unit #):	
Lease Start Date:	Lease End Date:
Contract Rent (total due under Lease): \$ _____ per month	
Rental Assistance	
Tenant Contribution: \$ _____ per month	Rental Assistance Payment: \$ _____ per month
Total Rental Assistance Payments to Be Distributed \$ _____	
Payment Information	
Rent Payable to:	
Mailing Address:	
Deposit Assistance	
Program will Assist With	
First Month/Last Deposit:	<input type="checkbox"/> None/Tenant to Pay <input type="checkbox"/> First Month/Last Month \$ _____ (not to exceed two times Contract Rent)