

**MODEL LEASE
ADDENDUM #1**

INCOME LIMITS & UTILITY ALLOWANCES

This building receives benefits relating to the Low Income Housing Tax Credit (LIHTC) program and this apartment is designated as a “tax credit” apartment. During the term of this lease the rental rate may be altered, either upward or downward, due to changes in maximum income and rent limits set for the county’s LIHTC sites by HUD or due to changes in Utility Allowances, which are governed by the local housing authority. We will provide you with at least a 30-day written notice prior to the effective date of any increase.

TENANT’S SIGNATURE: _____ DATE: _____

CO-TENANT’S SIGNATURE: _____ DATE: _____

OWNER/MANAGER’S SIGNATURE: _____ DATE: _____

**MODEL LEASE
ADDENDUM #2**

UNAUTHORIZED OCCUPANTS & GUESTS

Tenants agree not to permit individuals other than those listed on the Income Certification Form to reside in the unit without first obtaining Owner's prior written approval. For any persons to be added to the lease, they must fill out an application and meet the Owner's "Tenant Selection Criteria."

Tenants are permitted to have a guest(s) visit their household. However, the Owner reserves the right to request a recorded declaration of domicile or proof of domicile if it is suspected that the guest is an unauthorized household occupant. Such suspicion may arise whenever an adult person(s) is making reoccurring visits or one continuous visit of seven days and/or nights without prior notification to the Owner. Should the Tenant or person in question not provide the requested information needed to confirm another domicile, or should the facts be sufficient to evidence domicile in the unit, then the Owner may consider such person(s) an unauthorized occupant and terminate the lease for material non-compliance.

Failure to comply with these provisions are substantial violations of this lease. Any occupant deemed permanent by the Owner who does not comply with this procedure or vacate promptly when determined ineligible or who jeopardizes the household tax credit compliance is the responsibility of the Tenant and grounds for termination of the lease.

TENANT'S SIGNATURE: _____ DATE: _____

CO-TENANT'S SIGNATURE: _____ DATE: _____

OWNER/MANAGER'S SIGNATURE: _____ DATE: _____

**SMOKE DETECTOR & FIRE HAZARD
ACKNOWLEDGMENT & AGREEMENT**

The undersigned residents understand that their unit is equipped with one or more smoke detectors. Although all smoke detectors are checked at the time of move-in and are checked by management during semiannual apartment inspections, the residents understand and agree that it is their responsibility to report to management any problems with the smoke detectors or if the smoke detectors in their unit are not working.

The residents agree and understand that they should check all smoke detectors at least one time per month to determine that they are working properly. If a smoke detector isn't operating properly and the residents need assistance dealing with it, they should notify the management office immediately. For example, a smoke detector will start to make periodic "chirping" noises if the battery is low. Also, should a smoke detector become sensitive to smoke and/or steam and go off when it should not, the device may be bad, and management should be contacted immediately.

Should the residents disconnect any of the smoke detectors, management assumes no responsibility for any resulting damage. It is essential that all smoke detectors be kept operational. Because it is the ultimate responsibility of the residents to make sure that all smoke detectors are working at all times, if they fail to do so, they will receive one, and only one, warning. If they fail to comply with this rule a second time, management will have grounds to terminate their lease. The residents agree and understand that circuit breakers are to remain in the "on" position and that they are not to remove the batteries from any smoke detector at any time, nor will they ever disconnect any smoke detector for any reason.

The undersigned residents also understand and agree that at any time bottled or liquid oxygen or an oxygen concentrator is in use in their unit, there shall be no smoking within the confines of the unit by anyone in the household, including any guests. If the residents should fail to follow this policy, as with the smoke detector policies, they will receive one, and only one, warning. If they fail to comply with this rule a second time, management will have grounds to terminate their lease.

By signing below, the residents acknowledge they understand the policies concerning the smoke detector(s) in their unit and that management will repair or replace any smoke detector at any time, upon notification by the residents that it is not working properly. They also understand the policy that smoking by anyone in the unit is not permitted when an oxygen-assisting device is in use in the unit.

TENANT'S SIGNATURE: _____ DATE: _____

CO-TENANT'S SIGNATURE: _____ DATE: _____

OWNER/MANAGER'S SIGNATURE: _____ DATE: _____

**MODEL LEASE
ADDENDUM #4**

**FRAUD & TENANT'S DUTY TO PROVIDE
TRUTHFUL & COMPLETE INFORMATION**

Tenant acknowledges that federal law and the IRS require Resident to answer all questions about income, student status, and household members truthfully and completely at Tenant's initial certification and at each annual recertification. This information is essential for determining Tenant's eligibility to occupy the Unit.

Tenant understands that (s)he must give truthful and complete information at all times. Tenant understands that compliance with this paragraph is a condition of Tenant's occupancy of the Unit. Should owner or management discover at any time that the household has provided false information in regard to income, student status, or illegal household members are living in the unit, this would constitute a substantial violation of the lease and tenancy will be terminated immediately.

TENANT'S ACKNOWLEDGMENT: _____ DATE: _____