HOUSING CHOICE VOUCHER (HCV) LEASE ADDENDUM

This lease addendum is designed to between the Owner(s)			
between the Owner(s)	. are consiste	nt with the terms of the Housin	a
Assistance Payments Contract betw the Owner and the Tenant is for	een the Owner and the Housing Au	thority. The agreement between	en
<u>IM</u>	PORTANT PROVISIONS		
Housing Authority Administra	tive Plan restricts rent increases to	one per calendar	
year (Chapter 11)		one per carendar	
	limited to those which keep the tena	ant's rent burden	
(rent plus utilities) to 50 perce		haveing 24 CED \$ 5 400	
3) HCV program designed to no	use families in modest, non-luxury	nousing 24 CFR § 5.100	
Address of Unit:			
Contract Rent: \$ HAP: \$ _	Tenant Rent:\$ D	Deposit \$	
Effective Date:	_ End Date:		
Term: One Year Lease • Mor *A fixed lease term will automatically unless different terms are agreed to	become a month-to-month agreen		
Place an "O" for Owner or "T" for Tenant Next to Each Item Below			
Heat (Gas)	Other Electric	Stove	
Heat (Electric)	Water	Refrigerator	
Cooking (Gas)	Sewer	Garbage Disposal	
Cooking (Electric)	Garbage	Dishwasher	
Water Heat (Gas)	Air Conditioning	Washer	
Water Heat (Electric)		Dryer	
Pets are allowed: Yes No Specify By signing below, I agree to the lease provisions stipulated above, and all additional terms stated in the lease, or month-to-month agreement, between the Owner and Tenant. I certify that all above information is true and complete. If any provision of this Addendum conflicts with any provision of the original lease or month-to-month agreement, the Addendum takes precedence over the lease or month-to-month agreement. Tenant: Date:			
	Date:		

It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.

The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD. Melinda Nestlerode is the Section 504 Coordinator. Please contact Ms. Nestlerode, HCD Manager, at (707) 648-4507 for further information.