



**Lease Addendum for City and County of San Francisco
Adult Permanent Supportive Housing
(to be attached to the lease)**

This addendum sets forth specific requirements that apply to Permanent Supportive Housing (PSH) units supported by the City and County of San Francisco (“City”) via the General Fund, or Local Operating Subsidy Program (LOSP), or other City funding sources, and referred through the Homelessness Response System. The tenant herein agrees to these additional terms as a condition of participation in PSH, and as a condition of the tenant’s eligibility to receive a housing subsidy, in which the tenant pays a reduced rent for the unit. The housing subsidy may be terminated due to non-compliance or if the household no longer meets the eligibility criteria for the subsidy. If the subsidy is terminated, the tenant will be responsible for the unsubsidized rent for the unit. If the tenant cannot or will not pay the full amount of the unsubsidized rent, this may lead to unlawful detainer proceedings and eviction. The subsidy is project-based and cannot be transferred to other properties or to other tenants not on the lease.

Name(s) of Qualifying Household Members:

(Please list all household members who meet eligibility requirements as listed below)

Site Name and Address: _____

Unit #: _____

ELIGIBILITY: The eligibility requirements related to this unit are:

Homeless History:

- Meets the [HSH Adult Homeless Definition](#)
- Meets additional eligibility requirements for the site, if applicable

Tenant(s) Initials: _____

Income:

- Total household income cannot exceed _____% of the current AMI (Area Median Income) at the time of this lease signing based on the household configuration noted below.

Tenant(s) Initials: _____



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ELIGIBILITY: (continued)

Household Configuration:

- The unit offered with the lease has:
 - Minimum occupancy of _____ persons.
 - Maximum occupancy of _____ persons.
- This lease is being offered based on an occupancy of _____ persons.
- At any given time, at least one adult on the lease must meet the HSH Adult Homeless Definition in order to remain eligible for the subsidy.

Tenant(s) Initials: _____

RENT:

- If applicable, factor a Utility Allowance into the calculation of Gross Rent owed. Monthly Gross Rent shall be calculated at 30% of household monthly adjusted gross income, with the maximum rent as either:
 - The current underlying restricted rent for the unit, or
 - The current maximum rent for the unit according to MOHCD's Inclusionary BMR Program for 50% AMI.
- If tenant has no documented and regular income, a minimum of \$_____.00 per month rent is required. Applicable Not applicable Waived
- At the time of the signing of the lease and this addendum for this unit, the full underlying restricted rent or unsubsidized rent for this unit is \$_____ per month. This amount changes over time.

Tenant(s) Initials: _____

ON-GOING COMPLIANCE: The eligibility for the housing subsidy related to this unit requires:

- Current tenants must submit a request to the Housing Provider in accordance with the terms of their lease before any persons are added to or removed from the unit. The Housing Provider will communicate with HSH accordingly to process the request. The adult to be added to the lease must meet eligibility requirements for the unit, following the Housing Provider's screening protocol and approval process, and signing all applicable certification and lease documents.

Tenant(s) Initials: _____

- The tenant must report changes in household income to the Housing Provider within the timeline in the lease agreement. The tenant must complete an interim recertification if there is an increase or decrease of the household income of \$200 or more / month. The



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Housing Provider will adjust the rent amount according to the lease agreement and/or regulatory requirements.

Tenant(s) Initials: _____

- Households must meet the eligibility requirements for the unit specified in the Household Configuration section. If they no longer meet any of those requirements, they will be offered an opportunity to apply for, and move to, another subsidized housing unit that they are eligible for.

Tenant(s) Initials: _____

- The Housing Provider will recertify the household income and configuration on an annual basis. The Housing Provider may request additional recertification to verify changes in household income or configuration. Compliance with requests for recertification is a requirement for continuing to receive the housing subsidy.

Tenant(s) Initials: _____

- This site has the following Third-Party Rent Payment (TPRP) Services requirement, where the tenant agrees to the following: (Check applicable requirement)
 - Direct all benefits and/or income to the TPRP Services Provider, who will pay rent to Property Management on behalf of the tenant. If benefits and/or income cannot be directed to the TPRP Services Provider, tenant will submit rent amount to the TPRP Services Provider, who will remit rent payment to Property Management on behalf of the tenant. The TPRP Services Provider may be Lutheran Social Services, Conard House, or other Payee that has the ability to remit rent on behalf of the tenant.
 - Not applicable

Tenant(s) Initials: _____

- Tenant will maximize income, which may include applying for and maintaining all benefits the tenant is eligible for.

Tenant(s) Initials: _____

- Tenant, or a health care provider on behalf of tenant, must communicate to on-site Support Services any temporary absences that exceed 30 calendar days. Tenant may receive authorization to be absent from their unit up to 90 consecutive days for the following reasons:



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residential treatment program, incarceration, hospitalization, institutional care facility, or family emergency. Tenant must continue to pay rent while they are absent from the unit.

Tenant(s) Initials: _____

- Tenant must live in the unit and the unit must be the tenant’s only place of residence. Tenant may not have a lease agreement for more than one subsidized unit at any given time. If a tenant is moving from one subsidized unit to another, tenant must relinquish the former unit within 7 days of the lease start date for their new unit.

Tenant(s) Initials: _____

SUBSIDY REVOCATION:

- I/We understand that the housing subsidy is not an entitlement program, rather it is an eligibility-based program and that the terms and conditions listed above must be met at time of placement and throughout tenancy in order to qualify and remain eligible for the subsidy. I/We receive the subsidy based solely on meeting and maintaining the eligibility and on-going compliance requirements of the program.

Tenant(s) Initials: _____

- If notified of a potential loss of the subsidy due to ineligibility or noncompliance, I/We agree to communicate with the Housing Provider and onsite services staff by responding to all notifications and requests for additional information within the timelines issued by the Housing Provider.

Tenant(s) Initials: _____

- I/We understand that if the subsidy is terminated, I/we will be responsible for paying the full underlying restricted rent or unsubsidized rent and that failure to do so may lead to eviction.

Tenant(s) Initials: _____

- If the housing subsidy is terminated for any reason and I/We are not able to pay the full underlying restricted rent or unsubsidized rent, I/We understand on-site services staff will be available to assist in securing appropriate housing. I/We understand that while there is

