**Form D: Tenant Investment Plan Service Agreement**

Provide one Form D for each service provider listed on Form C.

Submit in Folder M: Project Characteristics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider/ Agent/ Organization** | | | |
| Name: | Enter text | | |
| Street Address: | Enter text | | |
| City: | Enter text | County: | Enter text |

This agreement between (Owner)Enter text., (Management Agent) Enter text., and (Service Provider/Agent/Organization) Enter text., is to confirm the activities and/or incentives offered to residents of (HOME project name) Enter text..

The Owner and Management Agent agree that in partnering with the Service Provider/Agent/Organization, the development should offer programs that are tailored to the needs of the targeted tenants and encourage tenants to invest in the overall well-being, neighborhood/multi-family community, and/or environment.

It is agreed by all parties, that have signed below, that the Tenant Investment Plan **adds no extra cost to the tenant.** It is understood; that some classes/activities offered might require a maintenance fee. This fee must remain minimal. Tenant Investment Plan Services may target specific tenants of the development **but must be optional and inclusive to tenants of both HOME assisted and Market Rate units within the development.**

The Owner and Management Agent also agree to fill out Form C: Tenant Investment Plan Matrix, and attach the form to this agreement, listing the services that will be offered to the tenants, a brief description of the service, where the service is being offered (on-site/off-site), the distance from the development (if offered off-site), and the service provider.

This agreement and the services listed on Form C: Tenant Investment Plan Matrix shall remain in effect for the life of the development. The owner/management agent will be responsible for maintaining all services for the life of the development (even if the owner is required to different provider who will provide the same or comparable services to benefit the residents).

IN WITNESS WHEREOF, the parties, through and by their duly authorized representatives have read and understood the foregoing terms of this Agreement and do by their respective signatures dated below hereby agree to the terms thereof.

*Owner Signature:*

*Printed Name Date*

*Management Agent Signature:*

*Printed Name Date*

*Service Provider/Agent/Organization Signature:*

*Printed Name Date*