

## SAMPLE Program Agreement for Continuum of Care Permanent Supportive Housing

### Introduction

**SUBRECIPIENT ORGANIZATION NAME** 's Permanent Supportive Housing (PSH) program supports individuals or households experiencing homelessness secure and maintain housing long-term. With PSH, it is not required that individuals/households have income before beginning to rent an apartment. Rather, the emphasis is on housing the individual/household and providing rental assistance (and utility assistance, if included in rent).

This PSH Program is funded through HUD's Continuum of Care (CoC). There is no time limit on how long individuals/households can receive assistance under CoC PSH. CoC requires that individuals/households meet the following eligibility criteria:

- are experiencing homelessness **OR** are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking
- are experiencing chronic homelessness
- have a documented disability
- reside in Indiana

### Client's/Participant's Responsibilities

As a PSH client/participant, I have certain responsibilities toward the program and **SUBRECIPIENT ORGANIZATION NAME**. I agree to those responsibilities by initialing next to the following statements:

**Participant Eligibility.** I confirm that I fully and accurately provided my personal and income information while **SUBRECIPIENT ORGANIZATION** established my or my household's eligibility for PSH assistance.

**Housing Search.** I agree that I will cooperate with looking for an appropriate housing/apartment unit and understand that my case manager will assist me.

**Paying Rent.** I commit to paying my share of monthly rent. The **SUBRECIPIENT ORGANIZATION** will determine my share of rent through income calculations: at project intake, as monthly household income changes, and at annual recertification.

**Reasons for Termination.** I recognize and accept that **SUBRECIPIENT ORGANIZATION** can terminate my participation in PSH assistance. Reasons for termination include but are not limited to a client's: intentionally lying or leaving out information during PSH eligibility determinations; repeated failure to pay client's share of rent; serious violation of lease or sublease; etc... Please see the *Grievance and Termination Policy* for a full list of reasons for termination.

**Client’s/Participant’s Rights**

By initialing below, I acknowledge that as a PSH client/participant, I benefit from the following rights:

**Confidentiality.** I understand that **SUBRECIPIENT ORGANIZATION** staff will keep my information confidential. When staff need to share my information with other organizations for legitimate business purposes, they must first get my signature on a written *Release of Information*.

**Filing Grievances.** I understand my right to file grievances and appeals against **SUBRECIPIENT ORGANIZATION** – the procedures for which are found in the *Grievance and Termination Policy*.

**Supportive Services.** I have the option of receiving supportive services, but they are not required as part of my participation in PSH.

**SUBRECIPIENT ORGANIZATION’s Responsibilities**

While running this PSH program, **SUBRECIPIENT ORGANIZATION** must fulfill certain responsibilities for clients/participants and for the program itself. Those responsibilities include but are not limited to:

- collecting and keeping copies of documentation to establish clients’ CoC eligibility
- guiding and supporting individuals’/households’ search for appropriate housing
- checking that potential housing/apartment units:
  - meet the Fair Market Rent standard (applies to PSH projects financed by *Leasing*)
  - meet the Rent Reasonable standard (applies to PSH projects financed by *Leasing* and *Rental Assistance*)
  - pass a Housing Quality Standards inspection
  - comply with the Lead Disclosure Rule and Lead Safe Housing Rule
- overseeing the signing of necessary documents (**lease and RAP Contract** or *occupancy agreement*)
- providing clients/participants rental assistance (and utility assistance, if included in rent).

**Client Name:**

\_\_\_\_\_  
*Printed Name Here*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Subrecipient Staff Member Name:**

\_\_\_\_\_  
*Printed Name Here*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*