

Part II of the Residential Lease Agreement

Moline Housing Authority

THIS AGREEMENT is executed between the Moline Housing Authority (hereafter called "Housing Authority"), and _____ (hereafter called the "Tenant and when "Tenant" is referred to as "he" it is used in the generic sense to include male/female, singular/plural as appropriate"), and becomes effective as of this date: (____).[966.4 (a)]

1. Unit: That the Housing Authority, relying upon the representations of Tenant as to Tenant's income, household composition and housing need, leases to Tenant, (upon Terms and Conditions set forth in Part I of this Lease agreement) the dwelling unit designated as **(address)** located in **(MHA property)** consisting of **(BRs)** designated by the Housing Authority as a family unit (and hereinafter called the "premises") to be occupied exclusively as a private residence by Tenant and household. The Tenant UNIT NUMBER is: **(#)** [966.4 (a)]
2. Household Composition: The Tenant's household is composed of the individuals listed below. (Other than the Head or Spouse) each household member should be listed by age, oldest to youngest. [966.4 (a)(2)] All members of the household over age 18 shall execute the lease.

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY#
1			
2			
3			
4			
5			
6			
7.			
8.			

3. Term: The term of this lease shall be one calendar year, renewed as stipulated in Part I of the Lease.
4. Rent: Initial rent (prorated for partial month) shall be \$.00. Thereafter, rent in the amount of \$.00 **per month** shall be payable in advance on the first day of each month, and shall be delinquent after the 5th day of said month.

Monies received from Tenant will be applied to the oldest outstanding debt on Tenant's account.

Adopted: 1/6/10

Resolution: 614

5. Utilities and Appliances: HOUSING AUTHORITY-Supplied Utilities [966.4 (b)(1)] If indicated by an (X) below, MHA provides the indicated utility as part of the rent for the premises:

[X] Electricity [X] Natural Gas [X] Water/Sewer [] Other _____

If indicated by an (X) below, the Housing Authority shall provide the following appliances for the premises:

[X] Cooking Range [X] Refrigerator

6. Charges for Excess Appliances (not applicable to tenants who pay utilities directly to utility supplier) are due per the following: [966.4 (b)(2)]

- a. Tenant's Air Conditioners: An additional charge of **\$100.00** will be payable by July 5th for each air conditioner in the premises during the months of May, June, July, August, September, and October.
- b. Other Appliances: If checked below, an additional charge of \$ _____ **per month** for each month of occupancy for each excess appliance on the premises.

Appliance	Cost Per Month Per Appliance
Freezer/Refrigerator	\$9.00
Washer/Dryer	\$20.00

7. Security Deposit: Tenant agrees to **pay \$125.00 as a security deposit.** See Part I of this lease for information on treatment of the Security Deposit. [966.4 (b)(5)]

8. Execution: By Tenant's signature below, Tenant and household agree to the terms and conditions of Part I and II of this lease and all additional documents made a part of the lease by reference.

By the signature(s) below I/we also acknowledge that the Provisions of Part I of this Lease Agreement have been received and thoroughly explained to me/us.

Tenant: _____

Date: _____

Spouse: _____

Date: _____

Co-Tenant: _____

Date: _____

Tenant: _____

Date: _____

Tenant: _____

Date: _____

Tenant: _____

Date: _____

Tenant: _____

Date: _____

Tenant: _____

Date: _____

MHA Representative: _____

Date: _____

TENANT'S CERTIFICATION

I, _____ hereby certify that I, and other members of my Household, have not committed any fraud in connection with any federal housing assistance program, unless such fraud was fully disclosed to the Housing Authority before execution of the lease, or before the Housing Authority's approval for occupancy of the unit by the Household member. I further certify that all information or documentation submitted by myself or other Household members to the Housing Authority in connection with any federal housing assistance program (before and during the lease term) are true and complete to the best of my knowledge and belief.

Tenant's Signature: _____

Date: _____

ATTACHMENTS:

If indicated by a [X] below, the Housing Authority has provided the tenant with the following attachments and information, which shall be deemed to be incorporated into this lease:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Part I of this Lease | <input checked="" type="checkbox"/> Fair Housing |
| <input checked="" type="checkbox"/> Grievance Procedure (May be updated) | <input checked="" type="checkbox"/> Pet Policy |
| <input checked="" type="checkbox"/> Community Service and Economic Self-Sufficiency Policy | <input checked="" type="checkbox"/> Park Policy |
| <input checked="" type="checkbox"/> Rent Policy | <input checked="" type="checkbox"/> Parking Policy |
| <input checked="" type="checkbox"/> Resident Charge List | <input checked="" type="checkbox"/> Housekeeping Guidelines |
| <input checked="" type="checkbox"/> Watch Out for Lead Paint Poisoning | <input checked="" type="checkbox"/> A/C Policy |
| <input checked="" type="checkbox"/> The Danger of Lead Poisoning to Renters | |
| <input checked="" type="checkbox"/> Public Housing Initial Choice of Rent Documentation | |
| <input checked="" type="checkbox"/> Things You Should Know (HUD-1140-OIG) | |
| <input checked="" type="checkbox"/> Violence Against Women Act (VAWA) | |

STATEMENT ON RECEIPT OF INFORMATION

I/We have received a copy of the above information including "The Danger of Lead Poisoning to Renter". The above information has been thoroughly explained to me/us. I/We understand the possibility that lead-based paint may exist in the unit.

Tenant: _____ **Date:** _____

Spouse: _____ **Date:** _____

Co-Tenant: _____ **Date:** _____

Tenant: _____ **Date:** _____

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Tenant: _____ Date: _____

NAME OF SITE: **Spring Brook (SB)** _____ **Spring Valley (SV)** _____ **Hillside Heights (HH)** _____

OFFICE ADDRESS: 4141 11th Avenue A Moline, IL 61265

OFFICE HOURS: 8:00 a.m. to 4:30 p.m.

OFFICE TELEPHONE NUMBER: (309) 764-1819

MAINTENANCE TELEPHONE NUMBER: (309) 764-1819

EMERGENCY MAINTENANCE TELEPHONE NUMBER: (309) 314-4272

EMERGENCIES ARE:

- Any condition that jeopardizes the security of the unit
- Major plumbing leaks or flooding, waterlogged ceiling or floor in imminent danger of falling
- Natural or LP gas or fuel oil leaks
- Any electrical problem or condition that could result in shock or fire
- Absence of a working heating system when outside temperature is below 60 degrees Fahrenheit
- Utilities not in service, including no running hot water
- Conditions that present the imminent possibility of injury
- Obstacles that prevent safe entrance or exit from the unit
- Absence of a functioning toilet in the unit
- Inoperable smoke detectors

REV 3/12

Adopted: 1/6/10

Resolution: 614