

**New York State Office of Alcoholism and Substance Abuse Services
Medicaid Re-Design Team Permanent Supportive Housing Program
Participant Occupancy Agreement**

As a participant in the _____ (Provider) Permanent Supportive Housing (PSH) Program, I _____ (the Tenant) understand that the full monthly rent for _____ (apartment address) is \$ _____ for the period of _____ to _____. My contribution towards the rent will be 30% of my monthly adjusted income, 10% of my monthly gross income or 100% of the Public Assistance shelter allowance that I am entitled to receive, whichever is higher. I understand that my rent contribution may be subject to change if there are changes in my monthly income; family composition, or to the extent of exceptional medical or other unusual expenses, in accordance with established criteria.

I also agree to abide by the following program requirements:

_____ I agree to work with my Housing Counselor and Health Home Care Manager in the development of my wellness care goals.

_____ I agree to develop an Individualized Service Plan with my Housing Counselor and agree to work on achieving the goals that I have set and to participate in all supportive services indicated in my Plan.

_____ I agree to pay my portion of the rent in full and on time monthly.

_____ I agree to report any changes in my income promptly to the housing provider and agree to participate in an annual income review.

_____ I agree to meet with my Housing Counselor at least bi-weekly at a mutually agreeable time.

_____ I agree to abide by all terms of the lease for the apartment in which I reside.

_____ I agree not to engage in any illegal activities while participating in the PSH program.

_____ I understand that if I am hospitalized or decide to enter an inpatient program, my apartment will be held for a maximum of 90 days, provided that my portion of the rent is paid.

_____ I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of the housing provider. **[NOTE: Long-term guests are defined as anyone except a tenant staying overnight more than two nights.]**

_____ I understand consents for emergency contacts, treatment programs, parole/probation, ACS, medical, etc. are required by the housing program. I agree to sign all appropriate release forms.

_____ I agree that, before terminating my occupancy of the apartment, I will give the housing provider 30 days written notice. I understand that the housing provider will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. The housing provider's decision to terminate this agreement can be appealed. During the review process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.

_____ I understand that if I abandon my apartment and make no contact with the housing provider for 30 days, I may be subject to termination.

_____ I understand my apartment will receive a complete Housing Quality Standards (HQS) inspection annually and all necessary repairs in the interim should be reported and addressed.

_____ I understand the housing provider must retain a set of keys to my unit to be used in case of emergency. If the housing provider is unable to access my unit in such cases, I understand I am responsible for the cost of the locksmith.

_____ I agree to participate in a final apartment walk-thru with my Housing Counselor at program termination to review any damages the unit may have incurred under my residency. I will return the apartment keys at this time.

_____ I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the PSH program. I have initialed each item to signify my understanding of and consent to each condition.

This agreement will take effect on the date of the signatures indicated below and expires after one month, although it is automatically renewable on a month-by-month basis, unless prior written notice is provided by either participant or the housing provider.

Agency Staff: _____ Title: _____ Date: _____

Resident: _____ Date: _____