



FEHP LANDLORD LETTER

LANDLORD NAME Telephone No. _____	UNIT NO. & ADDRESS	TENANT NAME
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Dear Landlord,

We welcome your participation in the Family Employment and Housing Program (FEHP). The purpose of this tenant-based rental assistance program is to provide month-to-month rental assistance for up to 24 months for eligible refugee families. Eligibility for housing assistance is determined by a refugee family's participation in the Department of Workforce Services' Family Employment Program. This program provides services to eligible parents with dependent children residing in their homes and strives to empower families to increase income and become financially independent. Each family works on an individualized employment plan through DWS and must participate in activities outlined in their employment plan in order to remain eligible for assistance.

In addition, families participating in the Family Employment and Housing Program will receive supplemental case management through three partner agencies: The International Rescue Committee, The Asian Association of Utah, and Catholic Community Services. These three agencies will conduct regular home visits to the families in order to identify potential problems and provide additional support services to them. The Housing Authority of the County of Salt Lake will coordinate with our three agency partners to assist eligible refugee families in attaining permanent housing.

1. TERMS OF FEHP PROGRAM:

The Housing Authority of the County of Salt Lake (HACSL) will pay a portion of the tenant's rent, to be determined by HACSL, on a month-to-month basis dependent on the tenant's continued participation in the Family Employment Program. Should the tenant be terminated from FEHP, The Housing Authority of the County of Salt Lake is no longer responsible for any portion of the rent. Thereafter, the tenant shall be responsible to pay the full rent amount established in the Lease. The Housing Authority of the County of Salt Lake will provide 30 days' written notice to the tenant and the landlord prior to termination of payment.

2. RENT AND AMOUNTS PAYABLE BY TENANT AND HACSL

- A. *Initial Rent.* The initial total monthly rent payable to the landlord at the initiation of agreement is \$_____.
- B. *Rent Adjustments.* The Housing Authority of the County of Salt Lake prefers 60 days' notice from the landlord to propose a reasonable adjustment of rent. Since the Family Employment Housing Program receives federal funding, any adjustments in rent should be made in accordance with HUD's fair market rent standards.
- C. *Tenant Share of the Rent.* The tenant's share of the rent is based on household income and will be adjusted according to changes in this income. Initially, and until such time as both the landlord and the tenant are notified by HACSL, the tenant's share of the rent shall be \$_____.
- D. *Program Administrator Share of the Rent.* Initially, and until such time as both the landlord and tenant are notified by HACSL, Housing's share of the rent shall be \$_____. HACSL's obligation is limited to making rental payments on behalf of the tenant in accordance with the tenant's participation in the Family Employment Program.



3. HOUSING QUALITY STANDARDS AND LANDLORD-PROVIDED SERVICES

- A. The landlord agrees to maintain and operate the unit and related facilities to provide decent, safe and sanitary housing in accordance with 24 CFR Section 882.109, including all of the services, maintenance and utilities agreed to in the Lease.
- B. The Housing Authority of the County of Salt Lake shall have the right to inspect the tenant's unit and related facilities at least annually, and at such other times as may be necessary to assure that the unit is in decent, safe, and sanitary condition, and that required maintenance, services and utilities are provided.
- C. The landlord agrees to inform HACSL in a timely manner of any lease violations or failure to pay rent.
- D. If HACSL determines that the Landlord is not meeting these obligations, the program administrator shall have the right, even if the Tenant continues in occupancy, to terminate payment of HACSL's share of the rent.

Landlord Name (Type or Print):	HACSL Representative (Type or Print):
(Signature/Date)	(Signature/Date)

LANDLORD'S CHECK TO BE MAILED TO:

NAME(S) _____

ADDRESS _____

