TBRA LANDLORD AGREEMENT TO PARTICIPATE

(Completed by PHA and Landlord)

DATE	:		
NAMI	E of PHA:		
I.	Landlord Information		
	Name:	Social Security # or Tax ID	#
	Mailing Address:		
	Telephone Number:		
	E-Mail Address:		
II.	Rental Unit Information		
	Address:		
			# of Bedrooms:
	Monthly FHFC Rent:	Monthly Tenant Rent:	Move In Date:
	Security Deposit Paid by PHA:		
	Prorated First Months Rent Paid by PHA:_		
III.	Method of Payment		
	Direct Deposit (attach authorization)	Mail Check (delivery date of the	he check is beyond the control of FHFC)
IV.	Landlord Certification		
	I hereby certify that I have read and agree to participate in and comply with the Florida Housing Finance Corporation Tenant Based Rental Assistance Program. I further certify that I agree to the following:		
	I must attach a fully executed copy of this program.	the HOME Lease Addendum to the L	ease of each Tenant participating in
	2. (Grantee) will make rental assistance payments to me for a period of twelve months from the date of initial occupancy provided the tenant remains in the unit and the unit meets HUD Housing Quality Standards (HQS). I agree to notify the Grantee within ten days if the tenant moves out. I understand that if a tenant moves out before the end of the lease term, the Grantee will only pay rent through the remainder of the month in which the tenant moves. I further agree to hold harmless the Grantee for any breach of the lease, including but not limited to, tenant's failure to make monthly rental payments.		
	3. I am obligated to repay any amounts that I receive to which I am not entitled without demand from the Grantee Further, I agree to make no false claims for rental assistance payments.		
Giamat	or CI and lead	Date:	_
	ure of Landlord unents: Copy of Lease and signed HOME Lo	agsa Addandum Diraat Danasit Farm	