



SEDGWICK COUNTY DIVISION OF HEALTH AND HUMAN SERVICES

**AMENDMENT TO HOUSING CONTRACT FOR TENANT PORTION OF RENT
RENEWAL OF PROGRAM INCOME ELIGIBILITY**

THE HOUSING ASSISTANCE PAYMENTS CONTRACT ("CONTRACT") entered into between the owners **XXXXXX**, – LANDLORD, – and the Division of Health and Human Services, on behalf of the LESSEE **XXXXXX** ("FAMILY") who holds a housing coupon at the following described unit **XXXXXX** is amended as follows:

The reason for this change is due to: XXXXXX

Effective Date: XXXX

THIS DOCUMENT IS NOT A LEASE

☐ **REEXAMINATION**

Review of family income

☐ **INTERIM ADJUSTMENT**

Interim change in family income

☐ **RENT ADJUSTMENT**

The owner/agent request for a rent adjustment

ADJUSTMENT IN PAYMENTS:

FROM

TO

HAP Payment

\$XXX

\$XXX

Tenant Rent

\$XXXX

\$XXXX

Rent to Owner

\$XXXX

\$XXXX

EFFECTIVE DATE:

TERMINATION WILL RESULT IF PARTICIPANT DOES NOT RECERTIFY INCOME ELIGIBILITY.

This change is presented to you in accordance with the terms and conditions of the Housing Assistance Payments Contract and/or Lease Agreement and shall be attached to and made a part of your Housing Assistance Payments Contract and/or Lease Agreement. All other covenants, terms and conditions of the original Housing Assistance Payments Contract and/or Lease Agreement remain the same.

TO THE TENANT ONLY

If you disagree with this decision, you may request an informal hearing. If a hearing is desired, you must submit a written request to this office within 14 days of this notice or your right to a hearing will be waived.

Jen McGill

Date

Housing Eligibility Specialist

By _____

Commission Chair

Date

Attest: _____

County Clerk

Date