



Santee-Lynches Tenant Empowerment Program (S.T.E.P.) Agreement

CERTIFICATIONS

Applicant: please read the paragraphs below and then sign to show that you have read the information, understand it and agree to it.

I understand that if I am approved to receive assistance from the Sumter County Regional HOME Consortium (SCRHC) Rental Assistance Program, I agree to follow all of the rules of the program.

I understand that I must report all increases and decreases in my income to the Program Administrator, Santee-Lynches Regional Council of Governments (SLRCOG), within 30 days of the change in income;

I understand that I must participate in monthly verification and adhere to the Individual Self-Sufficiency Plan and work to achieve the goals set forth in that plan as established with SLRCOG. Additionally, follow all requirements set forth in the Rental Assistance Coupon (Section 5).

I understand that at the end of one (1) year's lease, if I wish to continue participating in the Rental Assistance Program, I must resubmit all documentation required with my initial qualification for consideration. I understand that I may be approved for one (1) additional year of service; with the total consecutive assistance provided not exceeding two (2) years.

I understand that the goal of the SCRHC Rental Assistance Program is to provide rental housing assistance so that I may become self-sufficient by the end of my participation in the program and able to fully support myself and/or my family.

I understand that, if I am approved for participation in the program, each month SLRCOG, on behalf of the SCRHC, will make a rental assistance payment to my Landlord on my behalf, as long as all required inspections and documentation/verification have been submitted and approved. This payment shall be credited by the Landlord toward the monthly rent payable by me as the Tenant. The balance of the monthly rent shall be paid by me as the Tenant in a timely manner.

I understand that some utilities and appliances, along with other services may be provided by the Landlord and included in the rent. There may be some utilities and appliances that will NOT be included in the rent and shall be paid separately by myself as the Tenant.



I understand that only Household members authorized to live in my assigned unit are permitted to live with me in a Rental Assistance Program-supported unit. I will not permit any other persons to join my Household without prior notification and approval from both SLRCOG and my Landlord.

I understand that as a Rental Assistance Program participant I am required to obey the rules and restrictions of my lease, including paying my share of the rent on time, not disturbing fellow tenants, and keeping my unit clean and free of damages.

I certify that all information provided on my application is accurate and complete to the best of my knowledge and belief. I also understand that making false statements or providing false information is grounds for denial or termination from the Rental Assistance Program and any rental assistance agreed upon.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

(Printed Name of Co-Applicant)

(Signature of Co-Applicant)

(Date)

(Printed Name of Program Administrator)

(Signature of Program Administrator)

(Date)