

# PUBLIC HOUSING LEASE - PART TWO

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## 1. PARTIES AND DWELLING UNIT

The parties to this Lease are the Housing Authority of the County of Dauphin, referred to as "Authority", and the occupying family, referred to as the "Resident". The Authority, relying on information from Resident as to members of Resident's household, and Resident's employment and household income, hereby leases to the Resident the dwelling unit identified as follows:

Account Number: \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Building or Development \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ PA \_\_\_\_\_

The premises leased are for the exclusive use and occupancy of the Resident and the Resident's household consisting of the following named persons who will live in the dwelling unit:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 2. LEASE TERM

This Lease shall begin on \_\_\_\_\_ . The term shall be one year and shall renew automatically for a one year term in subsequent years, unless terminated as provided by this Lease.

## 3. RENTAL PAYMENT AND OTHER CHARGES

A. Resident shall pay a monthly rent of\$ \_\_\_\_\_ . If this Lease begins on a day other than the first day of the month, the first month's rent shall be \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_



- Door Keys
- PA Electric Choice Pamphlet
- Parking Permit Card
- Recycling Information Sheet
- Harassment Notice
- Move In Inspection Report
- Violence Against Women VAWA
- Mailbox Key
- Key Card
- Emergency Maintenance Number Magnet
- Fire Escape Booklet
- Facilities Use Policy
- Community Service Requirement Notice
- Other: \_\_\_\_\_

**8. SIGNATURES:**

We, the adult members of the Resident household hereby certify that we have received a copy of Parts One of the Lease and the completed and signed Part Two of the Lease and the Attachments to this Lease indicated above in Section 7, and understand that these Attachments are part of this Lease and furthermore acknowledges that we understand the Lease and Attachments and agree to abide by all conditions of the Lease and all Attachments thereto. (Note:..ALL adult members of the household 18 years of age and older MUST sign the Lease.)

We, the adult members of the Resident Household, further hereby certify that we have not committed any fraud in connection with any federal housing assistance program, unless such fraud was fully disclosed to the Authority before the signing of the Lease. We further certify that all information or documentation submitted by us to the Authority in connection with this Lease is true and complete to the best of our knowledge and belief.

RESIDENT: 1) \_\_\_\_\_ Date \_\_\_\_\_  
 2) \_\_\_\_\_ Date \_\_\_\_\_  
 3) \_\_\_\_\_ Date \_\_\_\_\_  
 4) \_\_\_\_\_ Date \_\_\_\_\_  
 5) \_\_\_\_\_ Date \_\_\_\_\_

AUTHORITY: By: \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

Your Regional Manager is \_\_\_\_\_ Telephone \_\_\_\_\_