



ANN ARBOR HOUSING COMMISSION



### Lease Addendum - Supportive Services

As part of the Rental Assistance Demonstration (“RAD”) program, all households living in a Project Based Voucher (“PBV”) unit at the time that the unit is converted to PBV, are given the option to receive supportive services. We encourage you to participate. However, if you decline such services, your unit shall remain under the HAP Contract, your household shall not be terminated from the PBV program, and the decision to decline an offer to receive supportive services shall not be grounds for lease termination.

Once the initial household residing in the excepted unit under RAD vacates the unit, all PBV program requirements related to the required receipt of supportive services shall apply in accordance with 24 CFR §§ 983.56, 983.257(c), 983.261(a) and (d).

- A family must have at least one member receiving at least one qualifying supportive service.
- Except for drug and alcohol treatment of current abusers, the AAHC may not require participation in offered medical or disability-related services as a condition of living in an excepted unit.
- If a family is receiving approved supportive services as defined in the AAHC administrative plan, and successfully completes the applicable requirements, the unit will remain an excepted unit for as long as the family resides in the unit.
- If a family in an excepted unit fails without good cause to complete its FSS contract of participation or if the family fails to complete the supportive services requirement as outlined in the AAHC administrative plan, the AAHC will take the actions provided under § 983.261(d), and the owner may terminate the lease in accordance with § 983.257(c).
- The Head of Household, all adult household members and the AAHC must sign a statement of family responsibility at the time of initial lease execution. The statement of family responsibility must contain all family obligations including the family's participation in a service program under this addendum.
- Failure by the family to fulfill its service obligation without good cause will require the AAHC to terminate assistance.

**I/We have read and understand this service addendum and agree to abide by it during my/our residency.**

Signatures:

\_\_\_\_\_  
Tenant/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant/Other Adult

\_\_\_\_\_  
Date