

**Rent Support Program
LANDLORD PARTICIPATION AGREEMENT**

Section I

Contact Name	Payee Name
Billing Address	Phone
Email Address	Payment Method (Circle) EFT Cheque

Section II

THIS AGREEMENT made in duplicate the _____ day of _____ 2017.

BETWEEN: HAMILTON HOUSING HELP CENTRE (hereafter called the "Broker Agency")

-and-

< _____ > (hereinafter called the "Landlord")

The Broker Agency agrees to provide the Landlord with a rental supplement payment in the amount of <\$ _____> per month to assist with rental costs at the premise described below :

< _____ > In support of the tenancy of < _____ >
(Insert Address) (Insert Participant Name).

Subject to the following terms and conditions set out in this agreement.

- 1) The Landlord understands and agrees that the Broker Agency may terminate at any time if the public funding for the subsidy program cancelled by the City Of Hamilton.
- 2) The rent supplement payment will be provided for the period commencing < _____ and ending _____ > provided the Tenant remains housed at the address.
- 3) The rent supplement payment will cease on the day the Tenant vacates the property.
- 4) The Landlord agrees to maintain the property according to the property standards for the City of Hamilton.
- 5) The Landlord agrees to allow in an annual property inspection of the premise.
- 6) The Landlord agrees to advise the Broker Agency if the Tenant vacates the premises and to return any unauthorized payments.
- 7) The Landlord acknowledges and agrees that the payment of the rent supplement may be paid either by cheque or direct deposit into the bank account of the Landlord.

The parties have signed this agreement on this _____ day of _____ 2017.

WITNESSED BY: _____

For the LANDLORD: _____

For the BROKER AGENCY: _____