

**Carolina Family Health Centers Inc.
Region 8 Network Housing Program
Notification to Landlord of Client Enrollment or Change in Status**

Memorandum

Date: _____

To: _____

From: **Elvis Townsend, Housing Coordinator/Case Manager**

Re: Region 8 Network Housing Program

_____ **Enrollment** _____ **Changes**

_____ (client's name) has enrolled in the Region 8 Network Housing Program (R8NHP). Through this program the client will be eligible to receive assistance for their rent and utilities. The amount of assistance is based the client's income and may change at any time. I will notify you of any changes if they occur.

Below you will see the breakdown of the assistance the client will be receiving:

Client's rent payment: \$ _____

R8NHP portion of rent payment: - \$ _____

Client's portion of rent payment: = \$ _____

The client is responsible for his/her portion of the rent. If this is not paid, please contact me. Failure to pay their portion of the rent is grounds for dismissal from the program. The client's agreement with R8NHP will be renewed annually.

Also we may or may not provide monthly utilities assistances. We will pay the portion directly to the utility provider, with the client being responsible for paying the remaining balance. This client is eligible for \$ _____ utility assistance per month.

We are required to uphold HUD's Housing Quality Standards; see the ***Housing Quality Standards Form*** enclosed. An inspection of the unit will take place prior to the client's acceptance into the program. As the landlord you are responsible for maintaining the habitability standards of the client's unit based on these standards. Please complete and return the enclosed forms:

1. **Federal Tax form W9**, which is required for IRS purposes for the reporting of rental income.
2. **Landlord Participation Agreement**
3. **Landlord Rental Agreement**

If you have any questions contact me at 252-243-9800 ext 275 or 252-544-3663.