WILKES-BARRE HOUSING AUTHORITY

RESIDENTIAL LEASE AGREEMENT

PART II

CONTRACT

"Auth		(herei	n called "Resident") and becom	
1.	household comp forth in Part I of Wilkes-Barre,	position and housing need,	ereinafter called the "premises"	and Conditions set
2.	Household Composition. The Resident's household is composed of the individuals listed below. Other than head or spouse each household member should be listed by age, oldest to youngest. All adult members of the household shall execute the lease.			
	NAME	RELATIONSHIP	AGE & BIRTHDATE	SS#
1				
2				
_				
				(6)
5.				
7-				
8.	(Della		119	

3.	Term of Lease. The term of this lease shall be one calendar month, renewed as stipulated in Part I of the Lease.				
4.	Rent. The initial rent (if prorated for partial month) shall be \$				
5.	<u>Utilities and Appliances.</u> If indicated by an (X) below, Authority provides the indicated utility as part of the rent for the premises and the following appliances:				
	() Electricity () Natural Gas () Heating Fuel () Other: Water () Cooking Range () Refrigerator				
6.	<u>Charges for Excess Appliances.</u> (Not applicable to Residents who pay utilities directly to util supplier.)				
	Air Conditioners. An additional charge of \$ per month will be payable for each air conditioner in the premises for each month of occupancy.				
	Other Appliances. If checked below, an additional charge of \$ per month for each month of occupancy for each excess appliance on the premises.				
	() Freezer, type: () Extra Refrigerator				
	() Clothes Dryer				
	() Other:				
7.	Escrow Deposit. Resident agrees to pay \$ as an escrow deposit. See Part I of this Lease for information on treatment of the escrow deposit.				
8.	Execution. By Resident's signature below, Resident and adult members of the household agree to the terms and conditions of Part I and II of this lease and all additional documents made a part of the lease by reference.				
	By the signature(s) below, I/we also acknowledge that the provisions of Part I of this lease agreement have been received, thoroughly explained and understood.				

Resident:	Date:			
Co-Resident:	Date:			
Co-Resident:	Date:			
Manager:	Date:			
CERTII	FICATION			
I, hereby certify that I and other members of my household have not committed any fraud in connection with any federal housing assistance program, unless such fraud was fully disclosed to the Authority before execution of the lease, or before the Authority's approval for occupancy of the unit by the household. I further certify that all information and documentation submitted by me or other household members to the Authority in connection with any federal housing assisted program (before and during the lease term) are true and complete to the best of my knowledge and belief.				
Resident's Signature	Date			
ATTAC	CHMENTS			
If indicated by an (X) below, the Authority has provided Resident with the following attachments and information:				
(X) Part I of this lease(X) Watch Out for Lead Paint Poisoning(X) Resident Handbook	(X) Pet Policy			
STATEMENT ON REC	EIPT OF INFORMATION			
I/we have received a copy of the above information.				
	0.00			
Resident's Signature	Date			

PROJECT RENTAL OFFICE

WILKES-BARRE HOUSING AUTHORITY

WILKES-BARRE, PA. 18702

Office Hours: 8:00 AM to 4:00 PM Summer Hours: 8:00 AM to 3:30 PM

Window Hours: 9:00 AM to 10:00 AM and 1:30 PM to 2:30 PM

Telephone Number: (570) 825-6659

EMERGENCY MAINTENANCE TELEPHONE NUMBER (570) 825-6657
Monday through Friday after 5:00 PM
Weekends and Holidays