

LEASE ADDENDUM FOR RENTAL UNIT

PALM BEACH COUNTY WORKFORCE HOUSING PROGRAM

This document serves to verify the income of the resident(s) occupying a unit to be completed at time of initial move-in.

Development: _____

Unit Number: _____ **Number of Bedrooms:** _____ **Monthly Rent: \$** _____

Lease from: _____ **Lease to:** _____

Household Income Verification Information

Owner shall collect such income information as would a prudent landlord leasing multi-family housing in the Palm Beach County marketplace. Income verification information may include but not limited to: (i) W-2 (ii) copy of Residents pay stub (iii) banking information, (iv) investment income-form (1099, etc.) or similar types of financial information as deemed reasonably necessary by Owner to ensure the Resident is qualified to occupy a Workforce Housing unit. This information is not to be provided to the County.

Identify each resident that will be occupying this unit. (add more lines if needed)

Resident Name	Resident Annual Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Household Income: _____

2022 WHP Income Category (please check)

- | | |
|------------------------------------|------------------------|
| ___ Low (60-80% of AMI): | \$54,180 - \$72,240 |
| ___ Moderate-1 (>80-100% of AMI): | >\$72,240 - \$90,300 |
| ___ Moderate-2 (>100-120% of AMI): | >\$90,300 - \$108,360 |
| ___ Middle (>120-140% of AMI): | >\$108,360 - \$126,420 |

Date of Occupancy: _____

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this ____ day of _____, 202__. Undersigned has executed this instrument on the date first above written

Signed, Sealed and Delivered in
the presence of:

Owner or Designee:

Enter Name,

(Resident Signature)

By: _____

(Print Name)

Name: _____

(Resident Signature)

Title: _____

(Print Name)

Date: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 202__, by _____ (enter name), as resident and by _____ (enter name), as Owner or designee, who executed the instrument on behalf of the _____ (enter name of development), and both parties have produced _____ and _____ as a type of identification.

Notary Signature

Print Name: _____

Notary Public, State of: _____

Serial Number, if any: _____

My commission expires: _____

This completed Lease Addendum form to be copied (pdf) and e-mailed to the following staff:

Michael Howe @ mhowe@pbcgov.org

Inna Stafeychuk @ IStafeyc@pbcgov.org