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:	WHP 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:		
2023 WHP Ir	ncome Category (please check))	
	Low (60-80% of MFI):	\$58,980 - \$78,640	
	Moderate-1 (>80-100% of MF	l): >\$78,640 - \$98,300	
	Moderate-2 (>100-120% of MI	FI): >\$98,300 - \$117,960	
	Middle (>120-140% of MFI):	>\$117,960 - \$137,620	
Date of Occ	upancy:		

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:	
the presence of.	<u>Enter Name</u> ,	
(Resident Signature)	By:	
	Name:	
(Print Name)		
	Title:	
(Resident Signature)		
	_ Date:	
(Print Name)		
STATE OF FLORIDA		
COUNTY OF PALM BEACH		

	The foregoing instrument was acknowledged before me by means	of 🗌 physical
presence	or \square 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.	

Notar	y 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 @ <u>mhowe@pbcgov.org</u> Inna Stafeychuk @ IStafeyc@pbcgov.org

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