



HOUSING CHOICE VOUCHER PROGRAM (HCVP)
8120 Kinsman Road
Cleveland, Ohio 44104
T: 216.431.1471 F: 216.271.4102

Notice of Change to Lease and Contract

11/08/2016

Olga Iris Ortiz
2115 W 96TH ST
Cleveland, OH 44102 3707
Client ID: 001000907

Jose T Henriquez
PO Box 110126
Cleveland, OH 441113707

Dear Olga Iris Ortiz:

THE HOUSING ASSISTANCE PAYMENTS CONTRACT ("CONTRACT") entered into between you the Owner, **Jose T Henriquez** and the PHA on behalf of the LESSEE ("FAMILY") **Olga Iris Ortiz** for the following described unit **2115 w 96th** is amended as follows:

The reason for this change is due to:

- REEXAMINATION
Annual review of family income/composition
- INTERIM ADJUSTMENT
Interim change in family income/composition
- CHANGE IN FAMILY COMPOSITION
- OTHER

ADJUSTMENT IN PAYMENTS

| | |
|-----------------------------|--------|
| Total Contract Rent | 848.00 |
| Total Resident Rent | 0.00 |
| Housing Assistance Payments | 848.00 |
| Utility Reimbursement | 128.00 |

Effective Date: 04/01/2016

This change is presented to you in accordance with the terms and conditions of the Housing Assistance Payments Contract and/or Lease Agreement and shall be attached to and made a part of the Housing Assistance Payments Contract and/or Lease Agreement. All other covenants, terms and conditions of the original Housing Assistance Payments Contract and/or Lease Agreement remain the same.

TO TENANT ONLY

If you disagree with this decision you may request a Rent Review. If a review is desired, you must submit a written request to this office within ten (10) days of this notice or your right to a review will be waived. Should you disagree with the results of the Rent Review determination, you have the right to request an Informal Hearing and receive a decision by an impartial Hearing Officer. If a hearing is desired, you must submit a written request within ten (10) days of your Rent Review

Sincerely,

Amy McMillan
HCVP Client Services

**Housing Assistance Payments Contract
(HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 09/30/2010)

Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. **Contents of Contract**

This HAP contract has three parts:

Part A: Contract Information

Part B: Body of Contract

Part C: Tenancy Addendum

2. **Tenant**

Olga Iris Ortiz

3. **Contract Unit**

2115 w 96th
Cleveland, OH 44102-3707

4. **Household**

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

Olga Iris Ortiz

Ashanti Lis Ruiz

Christopher Alberto Roy

Josh Guillermo Ruiz

Naisha Lee Ruiz

Natasha Liz Ruiz

5. **Initial Lease Term**

The initial lease term begins on (mm/dd/yyyy): 12/17/2009

The initial lease term ends on (mm/dd/yyyy): 12/16/2010

6. **Initial Rent to Owner**

The initial rent to owner is: \$ 797.00

During the initial lease term, the owner may not raise the rent to owner.

7. **Initial Housing Assistance Payment**

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ 797.00 per month.

The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

8. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

| Item | Specify fuel type | | | | Provided by | Paid by |
|------------------|---|-------------------------------------|--|--|-------------|---------|
| Heating | <input checked="" type="checkbox"/> Natural gas | <input type="checkbox"/> Bottle gas | <input type="checkbox"/> Oil or Electric | <input type="checkbox"/> Coal or Other | T | T |
| Cooking | <input checked="" type="checkbox"/> Natural gas | <input type="checkbox"/> Bottle gas | <input type="checkbox"/> Oil or Electric | <input type="checkbox"/> Coal or Other | T | T |
| Water Heating | <input checked="" type="checkbox"/> Natural gas | <input type="checkbox"/> Bottle gas | <input type="checkbox"/> Oil or Electric | <input type="checkbox"/> Coal or Other | T | T |
| Other Electric | | | | | T | T |
| Water | | | | | O | O |
| Sewer | | | | | O | O |
| Trash Collection | | | | | ===== | ===== |
| Air Conditioning | | | | | ===== | ===== |
| Refrigerator | | | | | T | T |
| Range/Microwave | | | | | T | T |
| Other (specify) | | | | | ===== | ===== |

Signatures:

Public Housing Agency

CUYAHOGA METRO HOUSING AUTH.

Print or Type Name of PHA

[Handwritten Signature]
Signature

C. BUTLER

Print or Type Name and Title of Signatory

1/20/10
Date (mm/dd/yyyy)

Owner

Jose T Henriquez

Print or Type Name of Owner

[Handwritten Signature]
Signature

Print or Type Name and Title of Signatory

1-20-10
Date (mm/dd/yyyy)

Mail Payments to:

Jose T Henriquez

Name

PO Box 110126

Address (street, city, State, Zip)

Cleveland OH 44111 0126