



Santee Lynches Tenant Empowerment Program **Advantage (S.T.E.P. A.) Agreement**

CERTIFICATIONS

Applicant: Please read the paragraphs below and then sign to show that you have read the information, understand it and agree to it.

I understand that if I am approved to receive assistance from the Sumter County Regional HOME Consortium (SCRHC) and the Santee-Lynches Tenant Empowerment Program, I agree to follow all the rules of the program.

I understand that an applicant who submitted a complete application but did not meet the criteria for the program will be deemed ineligible. The Program Manager will send a letter to the applicant notifying them that they are ineligible.

I understand that I must report all increases and decreases in my income to the Program Manager, Santee-Lynches Regional Council of Governments (SLRCOG), within 30 days of the change in income.

I understand that I must participate in monthly verification of education and training activities. I understand that I must also adhere to the Individual Self-Sufficiency Plan and work to achieve the goals set forth in that plan as established with SLRCOG (S.T.E.P. A. Program Manager). Additionally, I understand that I must follow all requirements set forth in the Rental Assistance Coupon (Section 5).

I understand that I must continue to meet ALL criteria eligibility standards to remain an active participant in the Santee Lynches Tenant Empowerment Program Advantage. Failure to maintain ALL criteria will result in removal from the program.

I understand that at the end of one (1) year's lease, if I wish to continue participating in the Santee Lynches Tenant Empowerment Program Advantage (S.T.E.P. A.), I must resubmit all documentation required with my initial qualification for consideration. I understand that I may be approved for up to one (1) additional year of service; with the total consecutive assistance provided not exceeding two (2) years.

I understand that the goal of the Santee Lynches Tenant Empowerment Program Advantage (S.T.E.P. A.) is to provide rental housing assistance so that I may become self-



sufficient by the end of my participation in the program and able to fully support myself and/or my family.

I understand that, if I am approved for participation in the program, each month, on behalf of S.T.E.P. A., the HOME Consortium will make a rental assistance payment to my Landlord on my behalf, as long as all required inspections and documentation/verification have been submitted and approved. This payment shall be credited by the Landlord toward the monthly rent payable by me as the Tenant. The balance of the monthly rent shall be paid by me as the Tenant in a timely manner.

I understand that some utilities and appliances, along with other services may be provided by the Landlord and included in the rent. There may be some utilities and appliances that will NOT be included in the rent and shall be paid separately by myself as the Tenant.

I understand that only Household members authorized to live in my assigned unit are permitted to live with me in a supported unit. I will not permit any other persons to join my household without prior notification and approval from both Santee-Lynches Regional Council of Governments and my Landlord.

I understand that as a S.T.E.P. A. participant I am required to obey the rules and restrictions of my lease, including paying my share of the rent on time, not disturbing fellow tenants, and keeping my unit clean and free of damages.

I understand that Santee-Lynches Regional Council of Governments shall have the authority to make modifications to this policy as necessary to the S.T.E.P. A. including but not limited to 1.) Policy revisions necessary to change the design of the S.T.E.P. A. program; and 2.) policy changes necessary due to revisions in the rules and regulations of the HOME Investment Partnerships Program Final Rule 24 CFR Part 92 as administered by the U.S. Department of Housing and Urban Development. At Minimum, this policy will be reviewed every five years as part of the drafting of the 5-year Consolidated Plan.

I understand that the program may terminate assistance for a participant if the *participant* fails to adhere to the "Self-Sufficiency Plan" contained in the Santee-Lynches Tenant Empowerment Program Advantage Voucher. Prior to termination, the participant will be notified in writing by the Program Manager that they did not comply with the requirements of the program and will be terminated in forty-five (45) calendar days. The applicant will be given twenty (20) calendar days from the date of the letter to file an appeal. All appeals received on time will be reviewed by the Chief of Government Services, who will review all materials and make a final determination. A final determination letter will be mailed out within three (3) days.

I understand that when I graduate, a two (2) month notice will be required to begin the process of partnering with SC Works to prepare for employment. Failure to give notice will result in the guidelines of the termination policy stated above.



I understand that S.T.E.P. A. recipients have the right to appeal decisions made by the Program Manager regarding their participation in the S.T.E.P. A. The applicant will be given ten (10) calendar days from the date of the letter to file an appeal. This will provide an applicant the opportunity to submit additional information and/or clarify any defects in the initial application. All appeals received on time will be reviewed by the Chief of Government Services and a final determination letter will be mailed out within ten (10) calendar days. If the recipient has additional information or extenuating circumstances, a final review may be conducted by the Executive Director. The Executive Director's decision is final. Appeals must be made in writing. Please mail or deliver the written appeal to:

Santee-Lynches Regional Council of Governments
ATTN: Government Services - S.T.E.P. A.
2525 Corporate Way
Suite 200
Sumter, SC 29154

I certify that I have provided information showing that I am qualified and eligible to be a participant in S.T.E.P. A., by being enrolled as a full-time student or participating in a partnering work training program, and all information provided on my application is accurate and complete to the best of my knowledge and belief. I also understand that making false statements or providing false information is grounds for denial or termination from S.T.E.P. A. and any rental assistance agreed upon.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

(Printed Name of Co-Applicant)

(Signature of Co-Applicant)

(Date)

(Printed Name of Program Administrator)

(Signature of Program Administrator)

(Date)