

Central Nebraska Economic Development, Inc.
Dba Central Nebraska Housing Developers
P.O. Box 201
Chambers, NE 68725

Dear CNHD Chairperson:

Thank you for selecting my rental property to participate in the Central Nebraska Housing Developer's Rental Rehabilitation Program. As a condition of my participation in this program, I agree to the following terms:

- 1) I will utilize the Tenant Selection Policy, Application and Lease Agreement documents provided by the Central Nebraska Economic Development, inc. during the term of the loan and/or affordability period.
- 2) Total monthly rents (including monthly utility allowances) will not exceed \$_____ for this ___-bedroom living unit.
- 3) Annual tenant household incomes will not exceed 80% of the Area Median Income, according to Federal 24 CFR 5.609, and income determinations will be conducted by Community Development Services, at a cost to me of \$_____/application.
- 4) Tenant incomes will be recertified by the Tenant on January 1 of each year after the tenant has signed a lease, and supporting income documentation will be collected ever six years, according to Federal 24 CFR 5.609.
- 5) I, as property owner, will abide by all Fair Housing regulations and all State of Nebraska Tenant/Landlord Regulations.
- 6) A lien will be placed on my property to ensure my adherence to the program requirements throughout the affordability period.
- 7) The period of affordability of _____ years requires that all regulations are adhered to; and if not adhered to, the remaining loan balance becomes immediately due upon demand.
- 8) CNED, Inc. will be listed on my property insurance as a loss payee, and I will provide written documentation as proof.

If you are in agreement, please sign and date this letter on the lines provided below and mail it to the address on the letterhead.

Sincerely,

Landlord/Property Owner

Landlord/Property Owner

Date

Date

This agreement applies to the following property(s):

_____, _____ (city), Nebraska _____ (zip)

Legal Description _____

ACCEPTED AND AGREED

By: _____
CNHD Representative

Date

SAMPLE