

**Pennsylvania Housing Finance Agency
Section 8 Supportive Services Program**

200_ Participation Agreement

Site Name:

PHFA No.:

We hereby acknowledge our participation in the Supportive Services Program activities for the above-captioned development for a one-year period- January 1, 200_ through December 31, 200_.

All requirements for eligibility set forth in the SSP guidelines will be satisfied to ensure continued disbursement of the incentive management fee (one-half of one percent per year). Failure to comply fully with program requirements will result in suspension of the incentive management fee.

We recognize our obligation to contribute to the Housing Services Department Fund* and hereby:

- Attach our check # _____ in the amount of _____
- Authorize the Pennsylvania Housing Finance Agency to transfer funds in the amount of \$ _____ /per year from the aforementioned development's operating account.

Owner's Signature

Management Agent's Signature

Print Name

Print Name

Date

Date

**Return to: Housing Services Department
Pennsylvania Housing Finance Agency
PO Box 8029
Harrisburg, PA 17105-8029**

* (Minimum contribution \$500/per year)