

**LEASE ADDENDUM**  
**PERTAINING TO OCCUPANY OF ACCESSIBLE UNIT**

The undersigned Resident(s) acknowledge and agree that they have executed this Lease Addendum on the day and year indicated below together with the Lease Agreement and subject to the terms and conditions set forth therein. **This Lease Addendum is intended to assist in achieving the maximum utilization of accessible units by eligible households who require the accessible features of the particular unit.** Such Lease Agreement is incorporated herein and made a part of this Lease Addendum and is subject to the terms and conditions herein.

Please initial the applicable statement:

\_\_\_\_ I (or a permanent member of my household) require an accessible unit because of a disability that requires the accessible features of the unit. **(If this is a unit with accessible feature for mobility impairment, I, or a permanent member of my household, meet the definition below.)**<sup>1</sup> I acknowledge and agree that if during the period of my occupancy the accessible features of this unit are no longer required by myself (or a permanent member of my household), I will promptly notify the Landlord and if a qualified household needing such features is located, I will relocate to a non-accessible unit of appropriate size and comparable features.

\_\_\_\_ I do not require an accessible unit because neither I nor a permanent member of my household has a disability that requires the accessible features of the unit. I therefore acknowledge and agree that if during the period of my occupancy a qualified household needing such features is located, I will relocate to a non-accessible unit of appropriate size and comparable features.

\_\_\_\_ I, Landlord, will use reasonable efforts to ensure the Resident (or permanent member of the household) requires an accessible unit and to place the Resident in an appropriate unit based on that need. If neither the Resident nor a permanent member of the household has a disability that requires the accessible features of the unit, a request for relocation will be made by the Landlord in writing thirty (30) days prior to relocation to a non-accessible unit for which the household is qualified.

**By signing below, Resident(s) and Landlord agree to the terms and conditions in this Lease Addendum and acknowledge that failure to abide by the terms hereof will violate the Lease Agreement.**

\_\_\_\_\_  
Resident's Signature and date

\_\_\_\_\_  
Resident's Signature and date

\_\_\_\_\_  
Resident's Signature and date

\_\_\_\_\_  
Resident's signature and date

\_\_\_\_\_  
Landlord's Signature and date

**1 For mobility accessible units, this means a permanent member of the household requires the use of either (1) a wheelchair; (2) a scooter; (3) a walker; (4) crutches; or (5) a cane - or otherwise meets the criteria in 24 CFR § 8.27 because of a disability that requires the accessibility feature.**