

Money Follows the Person Qualified Residence Certification Form

Leased Apartment

Transition Coordinators will use this form to verify that the MFP Demonstration Enrollee residence in a leased apartment meets the definition of an MFP Qualified Residence as defined under the MFP Demonstration. Transition Coordinators will initial next to each item and sign at the bottom confirming that the residence meets all the items on the list. This form will then be maintained in the Enrollee file.

Enrollee Name:

Full Address of Qualified Residence:

Transition Coordinator Please initial next to each item:

Transition Coordinator please initial the following:

_____ 1. A Walk Through Checklist has been completed and signed by the enrollee and the landlord which indicates any existing damage to the unit. If there appear to be any health or safety issues with the unit, please contact the local Board of Health.

_____ 2. No more than 4 unrelated individuals live in this unit.

_____ 3. Enrollee has a lease for the apartment outlining the:

- amount of rent
- term of lease
- amount of security deposit, if applicable
- rights regarding security deposit, if applicable
- all the contact information including name, address, and phone number of the landlord or any person responsible for maintaining the property
- rights regarding termination

The following clauses are NOT in the lease:

- A clause that states that a tenant is responsible for all repairs
- A clause that states the security deposit can be used to pay for utilities if the tenant doesn't pay for them
- A clause which states that the tenant must pay for electricity or gas where the bill is in the landlord's name
- A clause that states that upon termination of your lease the tenant must pay remaining rent due
- A clause that states that receipt of services is a condition of occupancy or that the tenant is required to receive services from a specific company
- A clause that states that the tenant must provide notification for any periods of absence from the apartment

_____ 4. Please certify the apartment has the following which the participant or their family has full control over:

- Living area
- Sleeping Area
- Bathing area
- Cooking area

_____ 5. The apartment has lockable* access and egress.

- Full control of apartment access and egress must be present.

*example: key pad, ID card, watchman, or key

_____6. If the apartment will be occupied by any children under 6, a building permit showing that the unit was built after 1978 or lead paint abatement paperwork has been provided. A copy has been retained in the enrollee's file.

_____7. Based on answers documented above, the apartment unit meets all requirements as an MFP Qualified Residence as defined under the MFP Demonstration.

By signing below, I certify that all of the above requirements have been met.

Signature of Transition Coordinator _____

Date _____