



Massachusetts Department of Housing and Community Development  
100 Cambridge Street, Suite 300, Boston, MA 02114

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**HOMEBASE Host Family/Guest HOUSEHOLD ASSISTANCE AGREEMENT**

The following HomeBASE assistance will be provided by \_\_\_\_\_ (HomeBASE Administering Agency Name), on behalf of the Participant family to the following: Primary Tenant/Owner (circle as appropriate):\_\_\_\_\_.

**The following parties:** \_\_\_\_\_ (Primary Tenant/Host Family)  
\_\_\_\_\_ (Participant)  
\_\_\_\_\_ (Owner/Landlord)

**We agree to the following HomeBASE HOUSEHOLD ASSISTANCE rules:**

All parties to this Agreement represent that this housing situation complies with Chapter II of the State Sanitary Code, the State Building Code, and the State Lead Paint Law if the family includes a child age 6 or younger;

That the household is not overcrowded and the housing situation meets the definition of Appropriate Size Unit (in 760 CMR 65.02) for the total number of residents including the Participant Family;

If the tenant resides in a subsidized unit, or a unit that does not meet the above requirements, that the primary tenant has the ability to transfer to another unit that meets these requirements;

All parties further represent that the owner approves of the Participant Family's residence in the unit for a period of at least one year, provided all lease requirements are met.

All parties must agree to work with HomeBASE stabilization staff who will monitor this agreement and will work with both parties if changes to the family's plan need to be made.

All parties understand that they are responsible for complying with the terms of this agreement. If the conditions of this plan are not followed by any of the parties, the HomeBASE assistance being provided can be discontinued.

Printed Name Participant: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name Primary Tenant: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name Owner/Landlord: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_