

**MI NEIGHBORHOOD  
SINGLE FAMILY REHABILITATION/EXISTING TENANT  
LANDLORD WRITTEN PARTICIPATION & CERTIFICATION  
AGREEMENT**

Eligible Tenant(s) / Principal Occupant(s): \_\_\_\_\_

Landlord(s) / Non-Occupant(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

The parties identified above are receiving rehabilitation assistance. All parties must have read and signed below to certify their understanding and acceptance of the following:

**MI Neighborhood funding is limited to assisting a maximum of one property per rental owner within a funding round. In order to be eligible, all rental properties must fulfill all of the following requirements:**

- The landlord has no unaddressed mortgage and/or tax delinquencies.
- The landlord is not subject to a foreclosure proceeding, court-order receivership, or nuisance abatement.
- The landlord has no unaddressed/outstanding code compliance issues.
- The property has utility services turned on and operable or, based on MSHDA pre- approval prior to contract execution, will be turned on and operable after safety issues are addressed.
- The property must be insured or provide written verification of insurability post-rehab.
- The property is affixed to a permanent foundation.
- The property is currently occupied by tenants that identify the assisted address as their primary principal residence.
- For non-owner-occupied units, the landlord must provide proof of ownership for twelve months and provide a six-month occupancy history.
- The occupant household is income eligible. Landlord and tenant are required to complete the Household Self Certification Form and provide supporting documentation.
- The property may not be used for any illegal activity. The landlord(s) must keep the home in reasonably good repair and free from code violations. Must keep all debris to a minimum to reduce fire, health, and safety hazards.
- The property has a formal written lease agreement and rents cannot be increased during the first year (24 months) after the completion of MI Neighborhood program financed rehabilitation activities and final billing is completed.
- A copy of the current rental agreement must be retained in local files and be made available to MSHDA upon request, within three business days. This agreement must be fully signed and dated.
- The property is not owned by the subrecipient.

I/We, being the Landlord(s) of the property located at \_\_\_\_\_  
hereby certify my/our understanding and acceptance of the above-written participation & certification  
agreement.

**LANDLORD(S)**

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

Print Name

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

Print Name

**SUBRECIPIENT NAME**

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

Program Administrator Name and Title



Michigan State Housing Development Authority is committed to providing meaningful access. For accommodations, modifications, translation, interpretation, or other services, please contact [MSHDA-NDD@MICHIGAN.GOV](mailto:MSHDA-NDD@MICHIGAN.GOV)