



HOUSING AUTHORITY OF JEFFERSON PARISH

DWELLING LEASE ADDENDUM

Resident(s)	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Dwelling Lease between the above-named Resident(s) and the Housing Authority of Jefferson Parish, hereinafter referred to as HAJP.

A. Purpose of the Addendum. In accordance with the HAJP's Board of Commissioners' resolution number 2021-028, the lease for the above-referenced unit is amended to include the provisions of this addendum which is required to be included in said lease per 24 CFR 966.4(h).

Signature by the named Resident(s) acknowledges the below dwelling lease addendum.

B. Defects hazardous to life, health, or safety. If the above-stated dwelling unit is damaged to the extent that conditions are created which are hazardous to life, health, or safety of the occupants:

- (1) The Resident shall immediately notify HAJP of the damage;
- (2) The PHA shall be responsible for repair of the unit within a reasonable time provided that if the damage was caused by the Resident, Resident's household or guests, the reasonable cost of the repairs shall be charged to the Resident;
- (3) The PHA shall offer standard alternative accommodations, if available, where necessary repairs cannot be made within a reasonable time; and
- (4) Provisions shall be made for abatement of rent in proportion to the seriousness of the damage and loss in value as a dwelling if repairs are not made in accordance with paragraph (B)(2) of this Dwelling Lease Addendum or alternative accommodations not provided in accordance with paragraph (B)(3) of this said Addendum, except that no abatement of rent shall occur if the Resident rejects the alternative accommodation or if the damage was caused by the Resident, Resident's household or guests.

C. Conflict with Other Provisions of the Lease. In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail. All other provisions of the Dwelling Lease remain in full force and effect.



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Resident SIGNATURES	DATE OF SIGNATURE
By: (Type or Print Name of Resident Representative)	Please leave blank
(Signature)	
By: (Type or Print Name of Resident Representative)	Please leave blank
(Signature)	
By: (Type or Print Name of Resident Representative)	Please leave blank
(Signature)	
By: (Type or Print Name of Resident Representative)	Please leave blank
(Signature)	