

**Indiana Community Action Association  
Lead Health Services Initiative  
Affordability Agreement**

I \_\_\_\_\_, said landlord, hereby certifies that he/she is the owner/ authorized agent for the owner of the property located at \_\_\_\_\_; that said property is currently leased/ rented to \_\_\_\_\_, first tenant and \_\_\_\_\_ second tenant (if applicable). As a condition for participation in the Lead Health Services Initiative I agree to the below conditions for my property for a period of two years following the completion, and clearance, of lead abatement work.

- The above mentioned renters will not be evicted absent good cause. Ability to rent at a higher rate would not be deemed good cause.
- The rent charged for the property will not increase more than the federally adjusted rate of inflation
- If the above mentioned renters leave within two years of completion, the property must be priced such that another CHIP/ Medicaid eligible family could rent the property
- The property will not be sold within the above mentioned time period

Failure to comply with this agreement in any way may result in the property owner having to pay back the Indiana State Department of Health the cost of the remediation, prorated for the time the unit has been kept “affordable” under the agreement.

\_\_\_\_\_  
Owner/ Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration of Current Rental Agreement