

**LEASE RIDER**  
**NON-PUBLIC HOUSING OVER INCOME**

**1. LEASE TERM**

Upon expiration of the Lease term, the tenancy shall convert to a month-to-month tenancy by operation of State of New Jersey law. All terms of the Lease and this Lease Rider shall continue to apply to the month-to-month tenancy.

**2. RECERTIFICATION**

Tenant's non-public housing over-income family is exempt from the Authority's recertification and income reporting requirements.

**3. RENT REDETERMINATION**

Tenant shall be charged the Alternative Rent, as calculated by the Authority. Changes to the Alternative Rent shall be implemented in accordance with Section 4(C) of the Lease.

**4. LEASE REVISIONS**

If Tenant fails to accept the Authority's offer of a revision to an existing lease that is on a form adopted by the Authority in accordance with 24 C.F.R. 966.3, after written notice of the offer of the revision at least sixty (60) days before the lease revision is scheduled to take effect, and with the offer specifying a reasonable time limit within that period for acceptance by Tenant, the Authority may terminate the Lease for other good cause in accordance with Section 8(C) of the Lease.

**5. REVISIONS TO SCHEDULE OF CHARGES / RULES AND REGULATIONS**

In accordance with 24 C.F.R. 966.5, the Authority shall provide Tenant with at least thirty (30) days' written notice of any changes to the Schedule of Charges or Rules and Regulations of the Authority.

**6. DEATH OF SOLE TENANT**

Tenant understands that the Premises are public housing in a public housing authority and that Tenant's leasehold interest may not pass upon death in a will or intestate court proceeding, as per Federal law. Upon the death of the sole tenant and only household member, the Lease will automatically terminate fourteen (14) days after Tenant's death.

**7. SIGNATURE**

By signing this Lease Rider, Tenant agrees that all the provisions of this Lease Rider have been read and are understood, and further agrees to be bound by its provisions and conditions as written.

**HOUSING AUTHORITY OF THE  
CITY OF LONG BRANCH**

Dated: \_\_\_\_\_

\_\_\_\_\_  
, Property Manager

**TENANT(S) AND ADULT HOUSEHOLD  
MEMBERS**

Dated: \_\_\_\_\_

\_\_\_\_\_  
, Tenant

Dated: \_\_\_\_\_

\_\_\_\_\_  
, Tenant

Dated: \_\_\_\_\_

\_\_\_\_\_  
, Household Member

Dated: \_\_\_\_\_

\_\_\_\_\_  
, Household Member

**WITNESS**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name: