**Responsibilities and conditions of payment for clients accessing emergency housing services**

You have accepted an offer made by [contracted provider name] an MSD contracted emergency housing provider. This letter explains what you need to know and asks you to confirm that you understand your responsibilities.

You need to know that:

* The agreement you have with [contracted provider name] (including rules of stay and what happens if you break these rules), is between you and the emergency housing provider only and does not involve the Ministry of Social Development (MSD).
* You must contribution 25% of your income towards emergency housing services plus any additional accommodation costs you may be charged.
* You will be responsible for any costs for damages or losses caused by you or anyone staying with you.
* While you are in this accommodation you need to make a reasonable effort to find other long term accommodation.
* If you are unable to stay in the accommodation because you have broken the rules of stay, and still need help with emergency housing, we may not assist you with further emergency housing assistance.

**Security deposit payment**

As part of staying with *[Emergency housing provider name],* we have also approved a security deposit of $XXX. *[Emergency housing provider name]* requires this as security against loss (such as any breakages or damage to the property whether intentional or accidental) before they will allow you to stay. If this money is needed, you will have to pay it back to us.

The security deposit is similar to a bond. It will not cover any of the following:

* Telephone, internet or pay-television charges.
* Utilities.
* Meal charges.
* Storage of excessive goods.
* Laundry services.
* Car-parking.

**Vacating the accommodation at the end of your stay**

You will need to vacate the accommodation at the end of your stay at [contracted provider name]. It is very important you do this so that[contracted provider name] can confirm if you have any costs to pay from the security deposit.

When you vacate*,* [contracted provider name] will check for any loss or damages, and discuss these costs with you (if there are any). If they need to use some of the security deposit for these costs, and you agree, they will ask us to pay these costs on your behalf. You will have to pay this back to us.

If you don’t vacate before you leave and [contracted provider name] has loss or damages costs, they will also ask us to pay these costs on your behalf. You will also have to pay this back to us.

We will not pay on your behalf, costs for any loss or damage that:

* is more than the amount approved for the security deposit,
* the accommodation provider has discussed with you and you did not agree that the loss or damage was your responsibility (the dispute will need to be settled between you and the accommodation provider).

We will not pay on your behalf, costs other than those for loss or damage (eg we will not pay phone or internet usage costs).

**Please confirm you understand the conditions of the Ministry of Social Development (MSD) payment**

By signing this I understand that:

* if MSD makes any payments to the accommodation provider, these are on my behalf;
* the agreement for providing accommodation (including rules of stay and what happens if I break these rules), are between the accommodation provider and myself, and does not involve MSD.
* MSD will not be responsible for costs of any damages or losses for which I or anyone staying with me is responsible for;
* if there are costs that MSD won’t pay on my behalf, the accommodation provider will follow these up with me directly.
* if I do not make a reasonable effort to find alternative accommodation, including taking the steps I have agreed with MSD, without a good reason, or cannot stay in the emergency accommodation because I have broken the rules of stay, MSD may not assist me with further emergency housing assistance;
* if any of the security deposit is used, I will have to pay this back to MSD;
* if there are any costs for losses or damages that I accept I am responsible for or I do not complete the checkout process with the provider, MSD will pay these costs on my behalf (up to the amount approved) and I will need to pay this back to MSD;
* if I do not accept I am responsible for any costs that the provider says I am responsible for, this is to be resolved between me and the provider (not MSD).

**Declaration;**

I agree, if required, to pay back any recoverable payment if Work and Income asks me to. The responsibilities and conditions of payment have been explained to me.

**Client number:**

**Client’s name:**

**Date:**

**Client’s signature:**

**Office use only**

Client given signed copy

Signed copy scanned and sent to MSD via Sharefile with Special Needs Grant form completed by the client