

Open Communications Agreement

This Open Communications Agreement (“Agreement”) is made and entered into as of the date signed by all parties below, by and between the Chelan Valley Housing Trust, a WA nonprofit corporation (“CVHT”), and _____ (“Prospective Homeowners”).

A. Chelan Valley Housing Trust agrees to the following stewardship responsibilities to the extent capacity allows:

1. Help the Neighborhoods Arrange Meetings and Address Issues. This includes assisting with planning, providing space for, and taking minutes for annual Homeowner meetings required by neighborhood covenants and restrictions.
2. Send reminders and notices for homeowners to remain insured with regards to the requirements stipulated in the CVHT Master Ground Lease as well as ensuring CVHT remains added as additional insured.
3. Report any lease fee delinquencies to the CVHT Board on a quarterly basis.
4. Address late fees in accordance with the CVHT Late Fee Schedule. This includes providing counseling and requesting meetings with homeowners when late fees are observed in order to prevent foreclosure and other financial risks.
5. Address homeowner requests to rent the home, modification requests, and absences.
6. Manage resales.
7. Other stewardship tasks such as providing resources or assistance where CVHT has the capacity to do so.

B. The Prospective Homeowner agrees to the following:

1. Provide CVHT with a preferred phone number, mailing address, and email address in which to contact the homeowner (s). Please indicate this below:

Mailing Address: _____

Phone number: _____

Email Address: _____

2. Agree to electronic correspondence for homeowner notices:

I agree to receive communications from Chelan Valley Housing Trust via email _____
(initial)

3. Respond to CVHT requests for documentation or participation in Homeowner meetings in a timely manner. Typically this is within 1-2 weeks of initial communication.
4. Communicate any inability to pay with CVHT to help address it as soon as possible.

5. In accordance with the CVHT Ground Lease, follow CVHT guidance and consult with CVHT staff or board prior to any resale, refinancing, periods of absence, subleasing, or significant modifications to the home.

The undersigned have read and understand the terms and conditions contained in this Agreement, and by signing below agree to the same.

Homeowner(s):

By: _____
Print: _____ Date _____
Address: _____

By: _____
Print: _____ Date _____
Address: _____

Chelan Valley Housing Trust:

By: _____
Authorized Signer _____ Date _____
Chelan Valley Housing Trust
P.O. Box 674
Chelan, WA 98816