HOUSING AUTHORITY OF BALTIMORE CITY
Dwelling Lease

THIS DWELLING LEASE AGREEMENT (the "Lease") is made on this **13th** day of **NOVEMBER 2026**, by and between the Housing Authority of Baltimore City ("HABC") as "Landlord," and **TERESA JOHNSON-BEY** as "Resident" or "Head of Household." If two persons are Head of Household, such persons are individually and jointly referred to in this Lease as Resident, Head of Household, or Co-Head of Household. HABC and Resident agree as follows:

SECTION 1. PARTIES

The parties to this Lease are HABC and the person(s) identified above as Resident or Head of Household. HABC and Resident are collectively referred to in the Lease as the "parties." The parties agree that relying on the information in Resident's application, HABC has determined that Resident is eligible to receive housing assistance under a program funded by the United States Department of Housing and Urban Development ("HUD"), in accordance with the terms and conditions set forth this Lease and the HABC Admissions and Continued Occupancy Policies (the "ACOP"). Resident represents to HABC that all of the statements made in the application are true and correct, and understands that a material false statement by Resident in the application is grounds for termination of the Lease and eviction from the Dwelling Unit in accordance with Section 18 below.

SECTION 2. LEASED UNIT

(a) Dwelling Unit

HABC agrees to lease to Resident, the dwelling unit located at **1019 N. ARLINGTON ST, Baltimore, MD 21217** (the "Dwelling Unit") in the housing development known as **Scattered Sites**, subject to the terms, covenants and conditions set forth in this Lease.

(b) Premises

For purposes of this Lease, the term "Premises" means the building, complex or development in which the Dwelling Unit is located. Any conduct prohibited on the Premises under this Lease is prohibited on or in any other HABC-owned or assisted property as indicated in the Lease.

SECTION 3. SUMMARY OF LEASE

HABC and Resident agree that the summary below is accurate as of the date this Lease was signed and any modifications to the Lease approved by HABC as set forth in the Lease will supersede and replace the summary:

Head(s) of Household Teresa Johnson-Bey	**Leased Dwelling Unit** 1019 N. Arlington Street	**Development** SCATTERED SITES	**Entity ID** **000023746**	**Reexamination Month** **DECEMBER**
Please Start Date **11/13/2026**	**Monthly Rent Amount** **$243.00**	**Rent Due Date** **1st day of each month**	**Late Fee Amount** **5% of one month's rent**	**Date Late Fee is Charged** **6th day of the month**
Admission Date **12-19-2017**	**Rent Type** INCOME BASE	**Move-in Type** Change of Unit	**Unit Type** **NON-UFAS**	**Number of Bedrooms** **4**
Household Size **5**	**Disabled Household** **NO**	**Management Office Address** 709 E. EAGER STREET	**Management Office Phone** 443-984-1867	**Management Office Hours** 8:30AM TO 4:30PM