



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 Developmental Disabilities Administration (DDA)

**Subleased Housing Memorandum of Understanding  
 Residential Provider Attestation**

Per [42 CFR 441.301](#), home and community-based settings must have certain qualities based on the needs of the HCBS participant as indicated in their person-centered service plan.

This Subleased Housing Memorandum of Understanding must be signed by the provider, which notifies them about their responsibilities while subleasing a home and providing residential supports to the individual subleasing the home.

Home Address: \_\_\_\_\_

This home is owned by: \_\_\_\_\_

Residential supports are provided by: \_\_\_\_\_

I, as the provider, have reviewed and agree with the statements below:

- DDA requires that this home meets the conditions for home and community-based settings listed in 42 CFR 441.301(c)(4), including the requirements for provider-owned or controlled residential settings.
- Clients have the right to live in a home of their choice in Washington State and choose to move at any time.
- If a client chooses to move from the subleased home, the provider must inform the client, or their legal representative if they have one, of the expenses the client may be responsible to pay and the operational concerns associated with moving to another home.
- The client, or their legal representative if they have one, has signed and received a copy of their sublease or other legally enforceable agreement with the provider which guarantees, at a minimum, the same responsibilities and protections from eviction that tenants have under the [Washington State Residential Landlord-Tenant Act](#) and other applicable county or city tenant protections.
- Any eviction considered must follow landlord-tenant laws.
- Any termination of supported living services must follow [DDA Policy 4.24](#) and [WAC 388-101D-0196 through 388-101D-0200](#).
- The provider received written approval from the landlord or owner of the property to sublease the property before subleasing to the client.

I, _____, <b>agency administrator, agree to the above statements.</b>	
Agency Administrator's Signature	Date
Resource Manager Administrator or Designee's Signature	Date
DDA Program Manager's Signature	Date