

**FIRST AMENDMENT TO  
PURCHASE OPTION AGREEMENT**

**NEIGHBORHOOD PARTNERSHIP HOUSING SERVICES, INC.**  
(11049 Bogart)

THIS FIRST AMENDMENT TO PURCHASE OPTION AGREEMENT (“First Amendment”) is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2019, by and between the HOUSING AUTHORITY OF THE CITY OF RIVERSIDE, a public agency (“Authority”) and NEIGHBORHOOD PARTNERSHIP HOUSING SERVICES, INC., a California nonprofit corporation (“NPHS”) with respect to the following:

**RECITALS**

A. Authority and NPHS entered into that certain Purchase Option Agreement dated August 7, 2019 (“Agreement”).

B. The parties desire to amend the Agreement to amend the term to August 31, 2020, and to allow an additional extension of ninety (90) days upon mutual agreement to allow for additional time for the restoration of the Property.

NOW, THEREFORE, incorporating the recitals set out above, the parties hereto mutually agree to the following amendment to the Agreement.

1. Section 2, Term of Option, of the Agreement is hereby amended in its entirety to read as follows:

“The Option shall commence on August 7, 2019 and shall continue until 5:00 p.m. Pacific Standard Time on August 31, 2020 (“Option Period”); provided, however, that this Option may terminate prior to such time as provided in Section 4. The Option may be extended for up to ninety (90) days upon mutual written consent of the parties.:

2. All other terms and conditions of the Agreement between the parties which are not inconsistent with the terms of this First Amendment shall remain in full force and effect as if fully set forth herein.

**[SIGNATURES ON FOLLOWING PAGE]**

IN WITNESS WHEREOF, the parties hereto have caused this First Amendment to Purchase and Sale Agreement to be duly executed the day and year first above written.

HOUSING AUTHORITY OF THE CITY OF RIVERSIDE

NEIGHBORHOOD PARTNERSHIP HOUSING SERVICES, INC.

By: \_\_\_\_\_  
Al Zelinka  
Executive Director

By: \_\_\_\_\_  
Name: *Clemente Mojica*  
Its: *CEO*

Attest: \_\_\_\_\_  
Colleen J. Nicol  
Authority Secretary

By: \_\_\_\_\_  
Name:  
Its:

Approved as to Form:

By: \_\_\_\_\_  
*Kristi J. Smith*  
Kristi J. Smith  
Authority General Counsel