

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing and
Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use, maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

12. Owner's Certifications.

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- ☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account: _____

SSN/TIN: _____

In Care of, or Doing Business As (DBA) (if applicable):

Financial Institution _____

Account Number _____ Routing Number _____

Type of Account _____ Checking _____ Savings

Please Staple a Voided Check to this form

Authorization:

I hereby authorize Clermont Metropolitan Housing Authority (CMHA) to make electronic transactions to the bank account and financial institution listed above. This authority will remain in effect until I have provided CMHA new account information or until termination of participation.

Printed Name

Email Address

Signature

Date

You may mail, fax, or e-mail this completed form & voided check to:

CMHA

Email: brichardson@clermontmha.org

Attn: B Richardson

Fax: 513-732-6520

65 S Market St

Batavia, OH 45103

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Rev 7/2021



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RENT REASONABLE ASSESSMENT SHEET

CMHA is required to assess whether the proposed rent for your unit is reasonable in comparison to rents for similar unassisted units within its local market. CMHA's Rent Reasonableness assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and accurate.

If the tenant is responsible for Heat in the unit, please indicate if the heat is:

___ Electric - Forced Air ___ Electric - Heat Pump ___ Electric - Baseboard/Resistance
___ Gas ___ Propane ___ Fuel/Oil

Provide the following information regarding the unit:

of Bedrooms _____ # of Baths _____ # of Half Baths _____
Year Built _____ Square Footage _____

Circle Yes if owner provides or No if tenant provides/not available at the subsidized unit:

- | | | |
|---|-----|----|
| 1. Is cable included in the rent? | Yes | No |
| 2. Are there ceiling fans in the subsidized unit? | Yes | No |
| 3. Is there a dishwasher provided by owner in the subsidized unit? | Yes | No |
| 4. Is there a microwave provided by owner in the subsidized unit? | Yes | No |
| 5. Is there a stove provided by owner in the subsidized unit? | Yes | No |
| 6. Is there a refrigerator provided by owner in the subsidized unit? | Yes | No |
| 7. Is there a garbage disposal provided by owner in the subsidized unit? | Yes | No |
| 8. Is there a balcony, deck, or patio off the subsidized unit? | Yes | No |
| 9. Is there a pool in the subsidized community? | Yes | No |
| 10. Is this a gated community? | Yes | No |
| 11. Is the owner responsible for the lawn maintenance of the subsidized unit? | Yes | No |
| 12. Does the owner pay for trash? | Yes | No |
| 13. Does the owner pay for pest control? | Yes | No |

Laundry:

- | | | |
|--|-----|----|
| 14. Is there a dryer in the subsidized unit provided by owner? | Yes | No |
| 15. Is there a washer in the subsidized unit provided by owner? | Yes | No |
| 16. Is there a washer/dryer hookup in the unit for tenant provided appliances? | Yes | No |
| 17. Are there onsite laundry facilities? | Yes | No |

Parking:

Select One	Description	Circle Option
	Garage	1 2 3 Car
	Covered Spaces	1 2 Parking Spots
	Driveway	
	Unassigned/Open Parking Space	
	Street Parking	
	None	

Signature of Landlord/Property Owner _____

Date _____

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Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date



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PROPERTY OWNER CERTIFICATION FORM

Owner/Company Name: _____

Tenant Name: _____

Address of Unit: _____

PROPERTY OWNER: By initialing to the right of each item AND signing below you are agreeing you have read and understand each statement.

OWNERSHIP OF ASSISTED UNIT _____

I am the legal owner or the legally designated agent for the above-referenced unit. The prospective tenant (*including all family members*) has no ownership interest in this dwelling unit whatsoever. Additionally, the property being considered for a HAP Contract is not currently in foreclosure or receivership.

TENANT RENT COLLECTION REQUIREMENT _____

It is my responsibility to collect the tenant's portion of the rent.

PROHIBITION ON SIDE PAYMENTS _____

The tenant's portion of the contract rent will be listed on the addendum issued by CMHA. I am not permitted to charge any additional amounts for rent (*or any other item not specified on the lease*) without first obtaining CMHA's approval. Participating in side payments will jeopardize my ability to future participation in the Housing Choice Voucher (HCV) Program.

PROHIBITION ON LEASING TO RELATIVES _____

No member of the assisted family is the parent, child, grandparent, grandchild, sister or brother of the owner, any principal, or the legally designated agent. Any payments made on behalf of an ineligible unit would result in an immediate and full repayment of HAP funds upon discovery.

VIOLENCE AGAINST WOMEN'S ACT (VAWA) REQUIREMENTS _____

In situations involving VAWA, CMHA *may* terminate the HAP Contract and allow a family to transfer. I understand, if this occurs, CMHA would provide a written 30-day notice of contract termination.



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HOUSING QUALITY STANDARDS (HQS) _____

It is the landlord's obligation under the HAP Contract to perform necessary maintenance and to provide the utilities contracted in the lease to ensure the unit always remains compliant with HQS.

RENT REASONABLE _____

The rent established for any new admission, transfer, or rent adjustment request **will not** exceed the reasonable rent as determined (*or re-determined*) by CMHA. Effective 10/1/20, rent adjustment requests are no longer tied to the anniversary date of the lease. Rent adjustment requests can now be submitted once every 12 months after the initial lease has expired.

VACANCIES _____

I am responsible for notifying CMHA immediately whenever an assisted unit becomes vacant. Death of a single occupant tenant terminates the HAP Contract immediately. Relocating a family to another unit requires CMHA's prior consent.

UNAUTHORIZED PERSONS _____

It is a program violation to allow anyone to reside in the assisted unit or to be listed on the Lease which has not been approved by CMHA.

DEBARMENT & SUSPENSION _____

Any entity under active suspension or debarment in System for Award Management (SAM) is prevented from receiving funds from any Federal Government program, which includes entering or participating in a HAP Contract. I am certifying the owner, the principals, or the legally designated agent **are not** under any active suspension or debarment in SAM. Any payments made to a debarred or suspended entity during a period of ineligibility would result in an immediate and full repayment of HAP funds to CMHA upon discovery.

Owner/Company Name: _____

Print Name: _____

Signature: _____ Date: _____

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.