

Clermont Metropolitan Housing Authority (CMHA)

Housing Choice Voucher Briefing (HCV) Presentation

UPDATED AUGUST 16, 2021



Limited English Proficiency (LEP)

FOR FAMILIES WHO REQUIRE AN INTERPRETER BECAUSE ENGLISH IS NOT THEIR PRIMARY LANGUAGE, CMHA IMPLEMENTS AN I-SPEAK CARD PROCESS TO DETERMINE THE FAMILY'S KNOWN DIALECT. ONCE THAT IS ESTABLISHED, CMHA WILL ARRANGE AT THE PHA'S COST FOR INTERPRETIVE SERVICES FOR THE FAMILY. WHENEVER POSSIBLE, CMHA WILL USE HUD FORMS IN THE APPLICANT'S KNOWN LANGUAGE.



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Housekeeping Issues Before We Get Started:

- Everyone Will Be Treated With Respect
- No Cellphones Permitted
- No Eating Will Be Permitted
- No Side Conversations Permitted
- No Sleeping Permitted
- Questions Will Be Answered At the End of the Presentation

How to Reach CMHA in the Future:

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**Clermont Metropolitan Housing
Authority (CMHA)**

65 S Market St

Batavia, OH 45103

513-732-6010

www.clermontmha.org



WHAT YOU SHOULD HAVE IN FRONT OF YOU:

1) Briefing Guidebook and Receipt Page

2) Briefing Exhibits

3) Landlord Packet

3) 2 Copies of your HCV Voucher

4) Several Loose Brochures

- Lead Based Paint Pamphlet
- HUD Booklet “A Good Place to Live”
- HUD Booklet “Victim of Housing Discrimination?”

The Housing Choice Voucher

The Voucher is Issued in the name of the Head of Household

The Voucher Contains:

- ☐ Unit Size
- ☐ Issue Date
- ☐ Expiration Date
- ☐ Rules of the HCV Program
- ☐ Occupancy Specialist

You must sign and date both copies

Voucher Housing Choice Voucher Program

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

OMB No. 2577-0169
(exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number	
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size	
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)	
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)	
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)	
7. Name of Public Housing Agency (PHA)			
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)	

1. Housing Choice Voucher Program

2. Voucher

Occupancy Specialist Designation (Alphabetical Listing by Last Name)

Becky Lanham: becky@clermontmha.org
A, C, E, F thru J, T, & SD-SL

Barb Kaetzel: bkaetzel@clermontmha.org
B, O, P, Q, R, U, V-Z, SA-SB, & SQ-SZ

Sandy Elsass: sandy@clermontmha.org
D, K thru N, SC, & SM-SP

Becky Richardson: brichardson@clermontmha.org
HUD-VASH (Veterans)

Circle your caseworker on your Briefing Guidebook!

Who is My
Occupancy
Specialist?

Before you leave today,
you must submit a
signed copy of:

One copy of your signed voucher

And

The Briefing Guidebook Receipt

FAILURE to turn in the receipt OR the
voucher will mean the family **MUST**
repeat this briefing

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BRIEFING GUIDE RECEIPT

This receipt confirms that I have received the HCV Briefing Guide, which contains information regarding participation in the Housing Choice Voucher (HCV) program. I certify the information contained in this Briefing Guide and its attachments have been explained to me, in detail, by Clermont Metropolitan Housing Authority (CMHA) staff. I understand that I am to contact my assigned caseworker for any additional information or assistance. Please initial to the right of each item.

Tenant Information

1. Voucher Signed by HCV _____
2. Payment Standards _____
3. Utility Allowances _____
4. Housing Choice Voucher (HCV) Briefing Guide _____
5. Housing Discrimination Booklet _____
6. Lead Based Paint Pamphlet _____
7. HUD Booklet "A Good Place to Live" _____
8. Ohio Tenant Landlord Law Pamphlet _____
9. VAWA Forms HUD 5380 _____
10. VAWA Forms HUD 5382 _____
11. CMHA's Jurisdiction Map – Clermont County, OH _____
12. HUD Portability Handout _____
13. What You Should Know About EIV _____
14. Fraud, Is It Worth It? _____
15. HUD Form-903 _____

Landlord Information

1. Request For Tenancy Approval (RTA) Form (RED DOT) _____
2. Housing Assistance Program (HAP) Contract (YELLOW DOT) _____
3. Sample Tenant Lease Agreement (BLACK DOT) _____
4. Disclosure Of Information on Lead-Based Paint & Hazards (GREEN DOT) _____
5. Property Owner Certification Page (BLUE DOT) _____
6. Rent Reasonableness Form _____
7. Direct Deposit Form (Landlord's Account Information) _____
8. W-9 Form to Be Completed and Signed by Landlord _____

Signature _____

Date _____

Website

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A lot of information is on our website:

Forms & Documents

- ❑ A copy of the Briefing Handbook
- ❑ A copy of the Exhibits
- ❑ RTA Packet

How to Contact Us – Including Directory of Staff for the Entire Agency

Information on How to Find Housing

Link to Go Section8.com

You can also follow us on Facebook!





STAY IN CONTACT WITH CMHA!

Let us know whenever your phone number, address or email changes to make sure that you do not miss important updates with regards to your family's participation with our program!

What is the HCV Program and how does it work?

The HCV program is funded by HUD. It provides a subsidy to low-income families so they can afford decent, safe, and sanitary housing in the private market.

The participants of the HCV Program can find their own housing from a private landlord.

CMHA pays a rental assistance in the form of a subsidy (Housing Assistance Payment) directly to the landlord to make up the difference between what the family can pay and the Contract Rent.

Tenant Portion + HAP Subsidy = Contract Rent

Reasonable Accommodations

CMHA will make all **reasonable efforts** to be flexible in **assisting persons with disabilities** to have **equal access** to utilizing housing services.

Some types of reasonable accommodation include:

- ▶ providing, upon request, accessible units known to CMHA,
- ▶ granting longer time on their voucher,
- ▶ providing an additional bedroom for live-in aids

All reasonable accommodation requests will need to demonstrate a **nexus** (a clear connection) between the requested accommodation and the individual's disability.

If you feel there will be a need for a reasonable accommodation concerning your housing, please ask a staff member for the form. The form is also available on our website at www.clermontmha.org.

Live – In Aide

The HUD definition of a live-in aide is a person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the person(s);
2. Is not obligated for the support of the person(s);
3. Would not be living in the unit except to provide the necessary supportive services.

Benefits of Live-In Aide An extra bedroom size is provided for the Live-In Aide, but not for any children or any other household members for the Live-In Aide. The Live-In Aide's income is not counted for subsidy purposes.

Downside of Live-In Aide Since the Live-In Aide is not considered a member of the household, they have no right to the voucher if something happens to the rest of the household members or they wish to move out.

Violence Against Women's Act (VAWA)

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On March 7, 2013, the Violence Against Women Reauthorization Act of 2013 (VAWA 2013) was signed into law. The law significantly expanded housing protections to victims of domestic violence, dating violence, sexual assault, and stalking across housing and homelessness programs.

HUD Forms 5380 and 5382 are contained in your Briefing Exhibits Packet. These explain your rights and protections under VAWA. Some of them include:

- ▶ You cannot be denied housing because of any circumstances that originated from being a victim of domestic violence.
- ▶ You cannot be terminated from housing because of any circumstances that originated from being a victim of domestic violence.
- ▶ CMHA may require a bifurcation of the lease (removing the offender) in order to permit the other members of the house to remain in the program.

REPORT

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Changes to Household Income & Composition

- ▶ Once the family is issued a voucher, the family is required to report all income changes and all household composition changes **in writing** within 30 days to CMHA.
- ▶ Failure to report changes timely could result in incorrect rental portions, incorrect affordability calculations, retroactive rental charges, and possible denial/termination from the program.

The Voucher: Determining Bedroom Size

CMHA determines the appropriate number of bedrooms under our subsidy standards for all families. One bedroom will be assigned for each two persons within the household, except in the following circumstances:

- Persons of the opposite sex, other than spouses, will be allocated separate bedrooms.
- Live-in aides, but not members of their family, will be allocated a separate bedroom.
- Single person families will be allocated one bedroom.
- A pregnant woman, provided she is the only member of the household, will be allocated separate bedrooms.

Bedroom Size Examples

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Example 1

Tenant and husband in the unit are the only occupants.

1 Bedroom Voucher

Example 2

Tenant has daughter (5) and a daughter (13).

2 Bedroom Voucher

Example 3

Tenant has a daughter (5) and a son (4).

3 Bedroom Voucher



The Voucher: Issue Date

- ▶ Voucher Issuance = Today, except if you are a port-in family.
- ▶ For port-ins, CMHA is obligated to use the issue date provided by the Initiating PHA.

The Voucher: Expiration Date

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Expiration Date

Voucher Expiration is 60 calendar days from today, *except if you are a Port-In or HUD-VASH family.*

- For port-ins, CMHA is obligated to use the expiration date provided by the Initiating PHA + 30 calendar days.
- For HUD-VASH, CMHA is obligated to give 120 calendar days, instead of 60 calendar days.

What Happens If My Voucher Expires?

You do not have a right to a hearing or an extension.

You are not placed back on the wait list.

You may reapply for the HCV wait list when the wait list reopens.



Can I have an Extension on my Voucher?

ALL REQUESTS FOR EXTENSIONS TO THE VOUCHER TERM MUST BE MADE IN WRITING AND SUBMITTED TO CMHA PRIOR TO THE EXPIRATION DATE OF THE VOUCHER.

CMHA WILL AUTOMATICALLY APPROVE ONE 60-DAY EXTENSION UPON WRITTEN REQUEST FROM THE FAMILY.

CMHA WILL ONLY APPROVE ADDITIONAL EXTENSIONS, BEYOND THE 60-DAY EXTENSION IF:

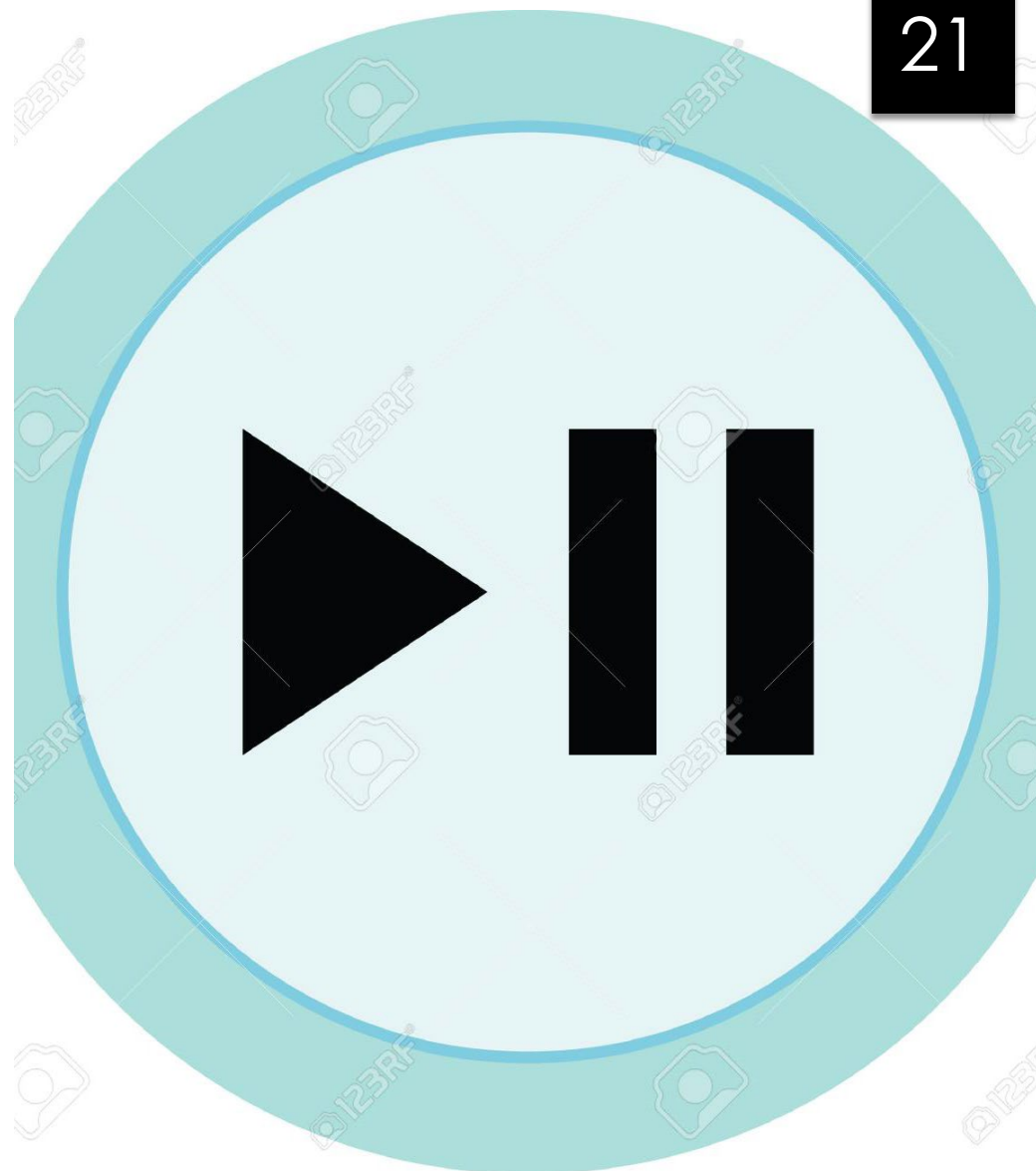
IT IS NECESSARY AS A REASONABLE ACCOMMODATION FOR A PERSON WITH DISABILITIES.

IT IS NECESSARY DUE TO REASONS BEYOND THE FAMILY'S CONTROL.

SUPPORTING DOCUMENTATION MAY BE REQUESTED TO PROVE VALIDITY OF REQUEST.

What is Tolling?

- ▶ Tolling means "pausing" or "suspending" the time on the voucher.
- ▶ This is different than a voucher extension as CMHA is obligated to toll your voucher whenever an RTA is submitted until the date CMHA notifies the family in writing the request has been approved or denied.



How Do I Find Housing in Clermont County?

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Review website
www.AffordableHousing.com
for a landlord listing

Drive through neighborhoods
where you want to live

Ask friends or relatives about
good places

Check bulletin boards in
supermarkets, libraries, or
laundromats

Our Lobby

Other websites such as
Google, Bing, Zillow, Trulia,
ForRent, Rent.Com,
Homes.Com,
Apartmenthomeliving.Com
can also assist in housing
searches

How much is the incentive being offered? The incentive is based on the chart below. The bedroom size of the unit or the family's voucher (whichever is lower) will be used to determine the "bedroom size" below. This one time "COVID-19 Incentive" bonus will be paid for eligible families who lease prior to **10/31/21**.

			Housing a VASH Participant	
Bedroom Size	Old Bonus Amount	New Bonus Amount	Old Bonus Amount	New Bonus Amount
0 or 1	300	600	300	900
2	400	800	400	1,200
3	500	1,000	500	1,500
4+	600	1,200	600	1,800

Landlord Incentive Program

Some Common Questions:

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Can I Rent My Current Unit?

- ▶ Yes, provided the unit meets all of the requirements of the program.
- ▶ You will more than likely have to sign another lease as the lease **MUST** be within 60 days of our HAP Contract start date in order to be considered valid under the HCV Program.
- ▶ **PLEASE NOTE:** You are not permitted to rent a unit if the owner (including a principal or other interested party) is a parent, child, grandparent, grandchild, sister or brother of any member of the family unless the PHA has determined (and has notified the owner and family of such determination) as a reasonable accommodation.

Can I rent a larger sized unit than what is on my voucher?

An applicant family may live in a unit with more or less bedrooms than the bedroom size on the voucher, but only if the unit qualifies under the program rules.

The unit must be affordable using the correct Payment Standard, which is the lower of the voucher size or the unit size.


Will I Qualify for a Unit with a Private Landlord?

It depends.

Landlords can deny a family a rental unit if they have a previous history of not fulfilling their obligations under a lease, if the family has bad credit, or members of the family have an unacceptable police record. They cannot deny a family for qualifications protected under Fair Housing Laws.

A copy of the Ohio Tenant-Landlord Law has been provided to you in your briefing packet.

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Ohio Tenant - Landlord Law

General Guidelines

Housing Discrimination

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- ▶ Under federal law, it is illegal to deny housing to anyone based on race, color, religion, sex, national origin, familial status, or disability.
- ▶ The applicant family may also report this information online by going to www.HUD.gov. You may also contact Housing Opportunities Made Equal (HOME) at 513-721-4663.
- ▶ Form HUD-903 has been provided which can be submitted to HUD if you feel you have been discriminated against during your housing search.
- ▶ See HUD Booklet “Victim of Housing Discrimination?”

Housing Discrimination Complaint

U.S. Department of Housing
and Urban Development
Office of Fair Housing
and Equal Opportunity

OMB Approval No. 2529-0011

Please type or print this form

Public Reporting Burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Read this entire form and all the instructions carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the HUD State Office covering the State where the complaint arose (see list on back of form), or any local HUD Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Number	(Check the applicable box) <input type="checkbox"/> Referral & Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	Signature of HUD personnel who established Jurisdiction
Filing Date			

1. Name of Aggrieved Person or Organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)	Home Phone	Business Phone
--	------------	----------------

Street Address (city, county, State & zip code)

2. Against Whom is this complaint being filed? (last name, first name, middle initial)	Phone Number
--	--------------

Street Address (city, county, State & zip code)

Check the applicable box or boxes which describe(s) the party named above:

☐ Builder ☐ Owner ☐ Broker ☐ Salesperson ☐ Supt. or Manager ☐ Bank or Other Lender ☐ Other

If you named an individual above who appeared to be acting for a company in this case, check this box ☐ and write the name and address of the company in this space:

Name:	Address:
-------	----------

Name and identify others (if any) you believe violated the law in this case:

Security Deposit

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- ▶ CMHA **DOES NOT** pay for Security Deposits. The tenant is responsible for paying this directly to the owner.
- ▶ The security deposit should not exceed one month's rent.
- ▶ You may ask churches or other social service agencies to assist you in paying this.
- ▶ The landlord has 30 days after you move out of the unit or your notified move out date, whichever is later, to provide you a full accounting of your security deposit.

Utility Responsibility

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If the family is responsible for gas and electric, the services are required to be on in an adult member of the household's name.

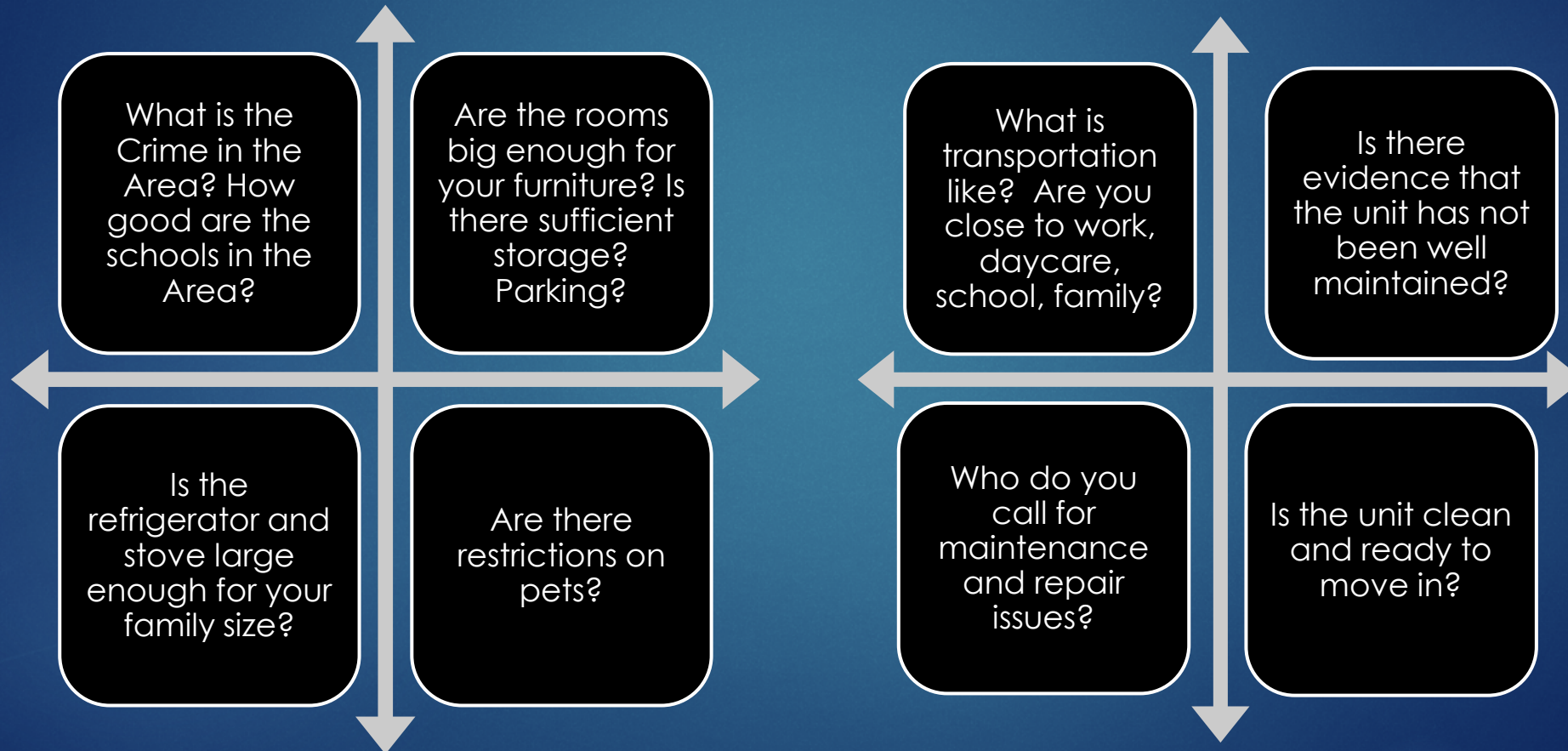
Some things to consider with regards to utilities:

- ▶ Are the tenant-provided utilities separately metered?
- ▶ What is the average bill like?
- ▶ Do I owe an outstanding bill to the utility company?



Your Initial Lease is for a Year – Some Things to Consider:

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Where Can I Look For Housing?

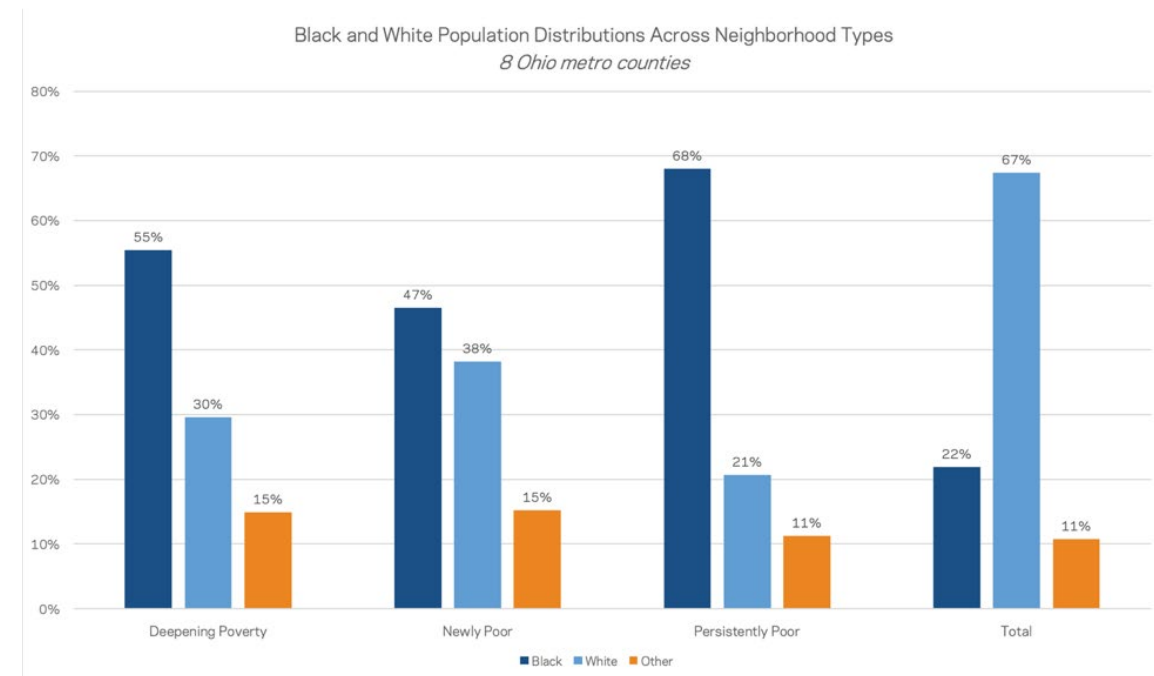
THE APPLICANT FAMILY MAY SEARCH FOR SUITABLE HOUSING ANYWHERE WITHIN CLERMONT COUNTY.



What are the Advantages of Moving to Areas with Low Concentrations of Poverty?

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► Research has shown that moving to areas of low-poverty concentration has strong positive physical and mental health effects. Families who lived in low-poverty neighborhoods for a longer period had an increased likelihood of finding employment and having higher incomes. Their children also had higher scores in school and were more likely to enroll in college.



Portability – Taking Your Voucher Outside of Clermont County

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Eligible to PORT

The family applied to the HCV Wait List while residing in Clermont County.

The family applied to the HCV Wait List while working in Clermont County.

The Information contained on the Pre-Application completed by the family will be the determining factor.

Not Eligible to PORT

The family **did not** reside in Clermont County at the time of Pre-Application.

The family **did not** work in Clermont County at the time of Pre-Application.

The family will have to wait 12 months after leasing up in Clermont County's jurisdiction before being permitted to exercise portability.

Portability

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- ▶ If you are eligible to do so and wish to port out of Clermont County, you may request a port request form from your Occupancy Specialist or print one from our website www.clermontmha.org
- ▶ Additional information is in your briefing exhibit packet regarding how Portability Works.

How Portability Works

What is Portability?

"Portability" in the Housing Choice Voucher (HCV) program refers to the process through which your family can transfer or "port" your rental subsidy when you move to a location outside the jurisdiction of the public housing agency (PHA) that first gave you the voucher when you were selected for the program (**the initial PHA**).

The agency that will administer your assistance in the area to which you are moving is called the receiving PHA.

New families have to live in the jurisdiction of the initial PHA for a year before they can port. But, the initial PHA may allow new families to port during this one-year period.



What Happens Next?

1. You must notify the initial PHA that you would like to port and to which area you are moving.
2. The initial PHA will determine if you are eligible to move. For example, the PHA will determine whether you have moved out of your unit in accordance with your lease.
3. If eligible to move, the initial PHA will issue you a voucher (if it has not done so already) and send all relevant paperwork to the receiving PHA.
4. If you are currently assisted, you must give your landlord notice of your intent to vacate in accordance with your lease.

Contacting the Receiving PHA

1. Your case manager will let you know how and when to contact the receiving PHA. Your case manager must give you enough information so that you know how to contact the receiving PHA.
2. If there is more than one PHA that administers the HCV program where you wish to move, you may choose the receiving PHA. The initial PHA will give you the contact information for the PHAs that serve the area. If you prefer, you may request that the initial PHA selects the receiving PHA for you.
Generally, the initial PHA is not required to give you any other information about the receiving PHAs, but you may wish to find out more details when contacting them (such as whether the receiving PHA operates a Family Self-Sufficiency or Homeownership program).

See back for more details

See back for more details

I Found A Unit,
Now What?

The Request for Tenancy Approval (RTA) – (Red Dot)

Once your family has located a unit in Clermont County, you and your landlord will complete the RTA in its entirety.

The RTA will need to be submitted in person, *whenever possible*, so the front desk personnel can review it for completion.

Only one RTA at a time will be accepted from a family.

A background check will be completed to make sure that the owner is the “owner of record” with the Clermont County Auditor and a check will be performed to make sure that the owner is not debarred or suspended from participation.

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)			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		

The RTA

How to Complete the RTA?

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1 = Clermont
Metropolitan
Housing Authority
(CMHA)

2= Complete
address of the unit,
including
apartment number
and zip code

3= Date lease is
projected to start

4= # of bedrooms,
whole number, no
hyphens, i.e., 2-3,
etc.

5 = Year
constructed

6 = Proposed rent –
a set dollar amount
Ex. \$550

7 = Security Deposit
= 1 month's rent

8 = Date unit
available for
inspection

9 = Structure type

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.

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9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)		
<input type="checkbox"/> Semi-Detached (duplex, attached on one side)			<input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME		
<input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)			<input type="checkbox"/> Section 236 (insured or uninsured)		
<input type="checkbox"/> Low-rise apartment building (4 stories or fewer)			<input type="checkbox"/> Section 515 Rural Development		
<input type="checkbox"/> High-rise apartment building (5+ stories)			<input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		
<input type="checkbox"/> Manufactured Home (mobile home)					

How to Complete the Utilities and Appliance Section?

Utilities and Appliances

If the owner provides = O

If the tenant provides = T

Down the left-hand side is the utility the family may have to pay for or the appliance that the family may have to supply.

Fuel type is in the center.

Paid by is to the right.

Ex. Heating – Natural Gas – Paid for by Tenant

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		

Previous editions are obsolete
To reorder contact Housing Forms at www.housingforms.com or (800) 334-1562

Page 1 of 2 HUD-52517 (7/2019)

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 checked="" 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	T
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	

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)

RTA Page 2 – Bottom

Landlord/Property Owner signs the bottom left side.

The head of household completes the bottom right side.


RTA –Tax & Payment Information

40

W-9 – Completed by
Owner/Property Manager

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give Form to the requester. Do not send to the IRS.	
▶ Go to www.irs.gov/FormW9 for instructions and the latest information.					
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					
Print or type. See Specific Instructions on page 3.	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.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC			Exempt payee code (if any) _____	
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			Exemption from FATCA reporting code (if any) _____	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small>			<small>(Applies to accounts maintained outside the U.S.)</small>	
<input type="checkbox"/> Other (see instructions) ▶ _____					
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)	
6 City, state, and ZIP code					

Direct Deposit – Completed by
Owner/Property Manager

		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 _____			

RENT REASONABLE ASSESSMENT SHEET

41

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 pet 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	

Rent Reasonableness Assessment

This sheet is completed by the owner/property manager to make sure that they receive credit for the amenities in the unit.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards (Green Dot)

42

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

► Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose significant health issues if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

► The tenant completes the highlighted areas under (c) and (d) after the owner completes the Lessor's Disclosure (Part a and Part b).

► Both parties are required to sign and date the form.

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

- ▶ Lessees must also receive approved pamphlet on lead poisoning prevention.
- ▶ See handout “Protect Your Family From Lead in Your Home”

43



Protect Your Family From Lead in Your Home


 **EPA** United States Environmental Protection Agency

 United States Consumer Product Safety Commission

 United States Department of Housing and Urban Development

Property Owner Certification Form (Blue Dot)

44

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 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 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 in 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 fair market value transfer. I understand, if this occurs, CMHA would provide a written 30-day notice of contract termination.

- Just like the family has obligations under the HCV Program, so does the owner. This property certification form outlines the rules and regulations that an owner must follow in order to participate in the HCV Program. The rules are very similar to those found under the Statement of Family Obligations.

How Much Rent Will I Pay?

- ▶ The HCV Program is an income-based program, which means that the rent that is paid by the family is based on the family's income.
- ▶ At the time of move in, an applicant family will pay a minimum of their Total Tenant Payment (TTP).
- ▶ What is the Total Tenant Payment (TTP)?

Total Tenant Payment (TTP) is the tenant's portion of rent and is **the greater of:**

- **30% monthly Adjusted Gross Income (AGI)**
- **10% monthly Actual Income**
- **\$50 Minimum Rent**

What Does a \$50 Minimum Rent Mean?

- ▶ Minimum rent is the amount CMHA **must charge** a family, which is no less than the minimum monthly rent established by the PHA except in the case of financial hardship exemptions.

Hardship Exemption:

Financial hardship includes circumstances in which families:

- Have lost eligibility or are awaiting an eligibility determination for a federal, state, or local assistance program;
- Would be evicted as a result of imposing the minimum rent requirement;
- Experience income decreases because of changed circumstances, including the loss of employment;
- Have a death in the family;
- Require a reasonable accommodation related to a family member's disability; or
- Have other circumstances as determined by the PHA or HUD, which must be defined in the administrative plan.

Financial Hardship Determination

48

If Short Term < 90 Days

- ▶ CMHA will suspend the Minimum Rent from the TTP Calculation, using the next higher amount for the family's rental portion.
- ▶ At the end of the 90-day period, the family will need to repay the minimum rent charges, which would have been applicable.

If Long Term > 90 Days

- ▶ CMHA will suspend the Minimum Rent from the TTP Calculation, using the next higher amount for the family's rental portion.
- ▶ The family is not required to repay the minimum rent charges but may have to recertify as to the reason for the on-going hardship determination.

If the family is denied a hardship, the family has the right to request a hearing.

Determining If a Family Qualifies for the Selected Unit



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103
513.732.6010 | Fax 513.732.6530
www.clermontmha.org

2021 Payment Standards
Effective 1/1/21

0 Bedroom = \$ 604 = Rent & Utilities

1 Bedroom = \$ 698 = Rent & Utilities

2 Bedroom = \$ 916 = Rent & Utilities

3 Bedroom = \$1,244 = Rent & Utilities

4 Bedroom = \$1,425 = Rent & Utilities

5 Bedroom = \$1,638 = Rent & Utilities

6 Bedroom = \$1,852 = Rent & Utilities

7 Bedroom = \$2,066 = Rent & Utilities

These Payment Standards will be implemented at a family's initial transfer to a new unit or at the family's annual recertification on or after 1/1/21.

List of current payment standards is in your packet.

These are usually updated every January and are based on the Fair Market Rents (FMRs).

The FMRs are established by HUD for each geographic area.

Utility Allowance Sheet

51


The Utility Allowance Sheet is determined by using the lower of:

your unit size listed on the voucher

OR

the actual unit size listed on the RTA

- It is generally updated in January every year, like the payment standards.
- This sheet is used to determine the **average, not actual, utility usage** a tenant would pay for each utility.

	U.S. Department of HUD Allowances for Tenant Furnished Utilities and Appliances Effective 1/1/21			
Utilities are Determined by Using the <i>Lower Of</i> the Voucher Size or Unit Size				
Bedroom Sizes	1	2	3	4
Space Heating				
Single Family Unit (one unit under one roof)				
Gas	21	28	35	44
Propane/Fuel Oil	59	79	98	121
Electric Forced Air (Duke)	53	69	85	106
Electric Heat Pump (Duke)	26	34	42	53
Electric Baseboard (Duke)	54	69	85	108
Electric Forced Air (Bethel)	46	61	75	93
Electric Heat Pump (Bethel)	23	30	37	46
Electric Baseboard (Bethel)	47	61	74	95
Semi-Detached (Duplex, attached on one side) OR RowHouse/Townhouse (attached on both sides)				
Gas	16	21	26	32
Propane/Fuel Oil	47	59	67	81
Electric Forced Air (Duke)	44	58	71	89
Electric Heat Pump (Duke)	22	29	35	44
Electric Baseboard (Duke)	54	69	85	108

Utility Calculation Demonstration

- ▶ Across the top is the bedroom sizes. You would use the lower of the bedroom size of the unit or the bedroom size on your voucher.
- ▶ Down the left side is the utilities listed. The first page deals entirely with structure (house, duplex, etc.) and type of heat.
- ▶ **For our example:** The family is renting a 2-bedroom unit and has a 2-bedroom voucher. The unit is a Single-Family house, and the tenant will pay gas heat, gas water heater, gas stove, and other electric. Unit is not in Bethel. The owner will supply the water, sewage, trash, and appliances.

Heat	\$ 28
Water Heater	\$ 11
Cooking	\$ 4
Other Electric	\$ 35
Total	\$ 78

Tenant Responsible Utilities

The Subsidy For Your Family

53

The subsidy is determined by using the payment standard for ***the lower of:***

your unit size listed on the voucher

OR

the actual unit size listed on the RTA.

What Payment Standards would be used:

1) A family was given a 3-bedroom voucher and selected a 3-bedroom unit.

3-bedroom Payment Standard

2) A family was given a 3-bedroom voucher and selected a 2-bedroom unit.

2-bedroom Payment Standard

3) A family was given a 2-bedroom voucher and selected a 3-bedroom unit.

2-bedroom Payment Standard

Can I Afford the Unit? 54

If the gross rent of the unit is equal to or less than the payment standard, the family pays 30% of their adjusted gross income to rent and utilities.

Family has 2-bedroom voucher and selected a 2-bedroom unit, the payment standard (PS) = \$916

Contract Rent = \$800

Tenant Responsible Utilities = \$78

30% of Adjusted Gross Income (AGI) = \$350

Contract Rent + Utilities = Gross Rent
\$800 + \$78 = \$878

\$878 < \$916 PS

The family does qualify for the unit.

Determine the Subsidy

Payment Standard or Gross Rent (whichever is lower) - 30% AGI = Subsidy

\$878 - \$350 = \$528

\$528 will be paid directly to the owner by CMHA

Determine the Total Family Contribution = \$350 or 30%

Contract Rent – Subsidy = Tenant's portion	+	Tenant Responsible Utilities
\$800 - \$528 = \$272	+	\$78

paid by the family
directly to the owner

paid by the family
directly to utility provider



Affordability Test: Can I Afford the Unit?

55

If the gross rent of the unit is more than the payment standard, the family CANNOT pay more than 40% of their adjusted gross income to rent and utilities.

Family has 2-bedroom voucher and selected a 2-bedroom unit, the payment standard (PS) = \$916

- ▶ Contract Rent = \$950
- ▶ Tenant Responsible Utilities = \$100
- ▶ 30% of Adjusted Gross Income (AGI) = \$350
- ▶ 40% of Adjusted Gross Income (AGI) = \$466

$$\begin{array}{rclcl} \text{Contract Rent} + \text{Utilities} & = & \text{Gross Rent} & & \\ \$950 & + & \$100 & = & \$1050 & > & \$916 \text{ PS} \end{array}$$

Determine the Subsidy

Payment Standard – 30% AGI (the gross rent is higher, so the PS is used) = Subsidy
 $\$900 - \$350 = \$550$ Subsidy

Determine if the Total Family Contribution is less than 40% AGI

$$\begin{array}{rclcl} \text{Contract Rent} - \text{Subsidy} & = & \text{Tenant's portion} & + & \text{Tenant Responsible Utilities} \\ \$950 & - & \$550 & = & \$400 & + & \$100 \end{array}$$

$$\begin{array}{l} \text{Total Family Contribution} = \$400 + \$100 = \$500 \\ 40\% \text{ of AGI} = \$466 \end{array}$$

The rent would have to be lowered by \$34, making the most CMHA would approve for the Contract Rent under affordability $\$950 - \$34 = \$916$

The family does not qualify for the unit. If the landlord agrees to lower the rent to \$916, the unit can be approved. The family will be paying \$366 to rent and \$100 to utilities.

Can't I just pay the landlord the difference if CMHA asks them to lower the rent?

No. It is against the program rules for the landlord to charge a higher rent to the family than what is approved by CMHA. This is considered a side deal.

CMHA may terminate both the family who paid the higher rent and terminate the landlord for collecting it. All separate agreements between the landlord and family must be approved by CMHA.

Rent Reasonableness

To be eligible, the dwelling unit must have a reasonable rent.

This means the rent must be reasonable in relation to comparable unassisted units in the area **and** must not be more than rents charged by the landlord for comparable, unassisted units on the premises.

Housing Quality Standards (HQS) Inspection



THESE ARE MINIMUM STANDARDS WHICH ALL UNITS MUST MEET BEFORE ASSISTANCE CAN BE PAID ON BEHALF OF A FAMILY AND AT LEAST BIENNIALY THROUGHOUT THE TERM OF THE ASSISTED TENANCY.



THE STANDARDS MUST BE MAINTAINED FOR THE DURATION OF THE LEASE AND ARE DESCRIBED IN MORE DETAIL IN THE "A GOOD PLACE TO LIVE" BOOKLET IN THE BRIEFING PACKET.



How Long Does It Take from RTA Submission to HQS Inspection?

- ▶ CMHA has **15 calendar days** after the receipt of the RTA to schedule the inspection.
- ▶ This timeline is suspended if:
 - ▶ The unit is not available for inspection due to outstanding issues.
 - ▶ The RTA is received on the 15th of the month, but the unit will not be available until the 1st of the following month.
 - ▶ The rent has to be negotiated for either rent reasonableness or affordability.

What if the Unit Fails Inspection?

- ▶ The landlord/property manager will be provided a list of repairs and a deadline by which to complete them.
- ▶ CMHA will inspect the unit, usually two times, before the RTA will be canceled for HQS issues.
- ▶ If the RTA is canceled, the voucher will be 'toll'd' and the remaining time given back to the family.





Once the Unit
Passes
Inspection, What
Happens Next?

The Family Can
Move Into the
Unit!

After I Move-In, What is Needed to Pay the Landlord? HAP Contract (Yellow Dot)

62

**Housing Assistance Payments Contract
(HAP Contract)
Section 8 Tenant-Based Assistance
Housing Choice Voucher Program**

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

Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. Contents of Contract

This HAP contract has three parts:

- Part A: Contract Information
- Part B: Body of Contract
- Part C: Tenancy Addendum

2. Tenant

3. Contract Unit

4. Household

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

►The HAP Contract and Tenancy Addendum will be addendums to the lease.

►If there is a conflict between the landlord's lease and the HAP Contract, the terms of the HAP Contract shall prevail over any other provisions of the lease.

►The lease must be within 60 days of the HAP Contract execution date.

After I Move-In, What is Needed to Pay the Landlord? The Lease (Black Dot)

63

Lease

CMHA requires an executed written dwelling lease agreement for the assisted unit. The landlord can use the one they use with market rent families, or they can use the sample lease provided to you (Black Dot).

The lease must be within 60 days of the HAP Contract execution date.

TENANT LEASE AGREEMENT
HOUSING CHOICE VOUCHER PROGRAM
(HUD-55641-A Tenancy Addendum should be attached to this lease.)

Voucher No. _____
No. of Bedrooms _____

THIS LEASE AGREEMENT made and entered into this _____ day of _____, _____, by and between _____ (OWNER) and _____ (TENANT)

whose HOUSEHOLD consists of the following members:

(1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____
(7) _____ (8) _____ (9) _____

(The family must promptly inform the PHA of the birth, adoption, or court-awarded custody of a child. No other person may reside in the unit without prior written approval by the Owner and PHA.)

The Contract unit is located at: _____ Apt. _____
City: _____ State: _____ Zip: _____ The total initial monthly rent is \$ _____ per month. Of this amount, \$ _____ shall be payable by the Public Housing Agency (PHA) as housing assistance payments on behalf of the Tenant, and \$ _____ shall be payable by the Tenant ("Tenant rent") directly to the Owner. The rent is due on the _____ day of the month beginning on _____, _____. The Tenant has deposited \$ _____ with the Owner as a security deposit. The amount of the rent to Owner is subject to change during the lease term in accordance with this lease.

1. Purpose

This agreement is a lease between the Tenant and the Owner. The Owner is leasing the contract unit to the Tenant for occupancy by the Tenant's family with assistance for a tenancy under the Section 8 Housing Choice Voucher Program of the United States Department of Housing and Urban Development (HUD).

The Owner will enter into a housing assistance payments contract (HAP contract) with the _____ (PHA), under the Housing Choice Voucher Program. Under the HAP contract, the PHA will make housing assistance payments to the Owner to assist the Tenant in leasing the unit from the Owner.

The lease must contain the following information: the names of the landlord and the tenant, the complete address of the unit, the term of the lease (initial term must be for 1 year), the monthly rent to landlord, and specification of what utilities and appliances are to be supplied by the landlord, and what are to be supplied by the family.

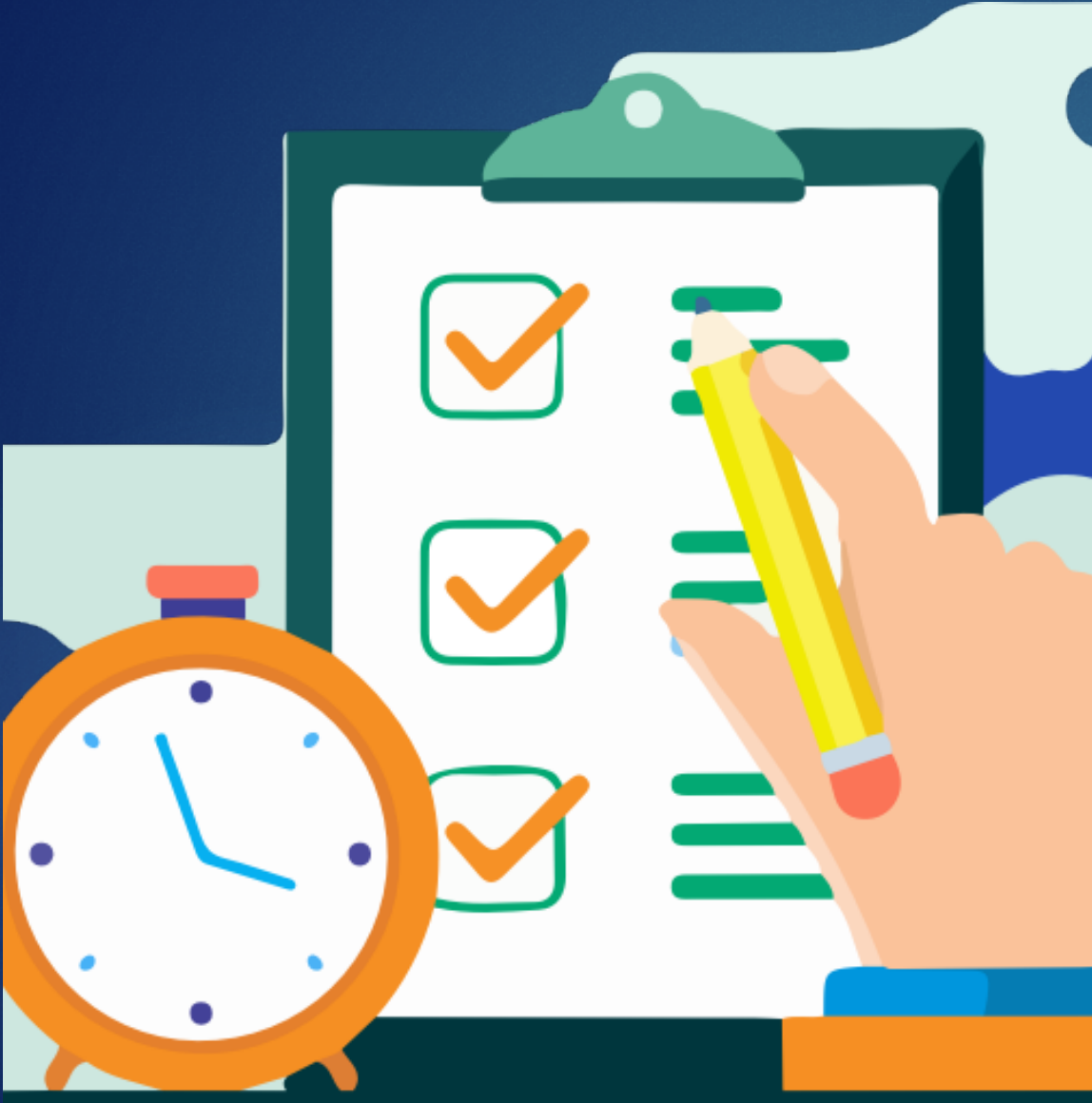
Payment to the Owner & Family

- ▶ CMHA will pay on the contract once the Lease and HAP Contract are returned.
- ▶ There are two check runs each month – around the 1st and the 15th and the owner is paid via direct deposit.
- ▶ If the family qualifies for a utility reimbursement, the utility payment will be cut directly to the utility provider by CMHA.



Ongoing Requirements for Participation

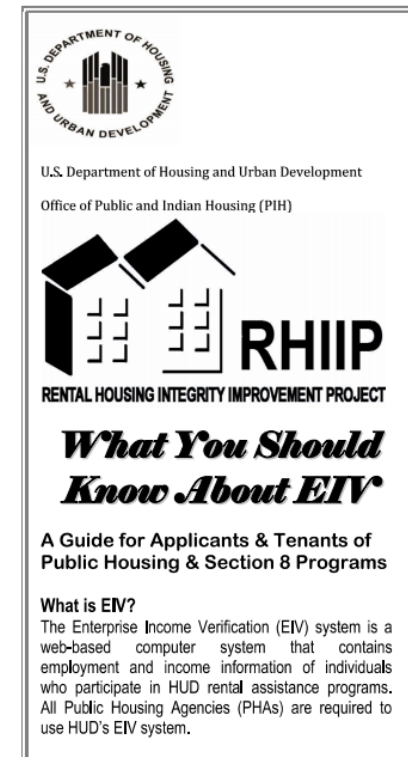
- ▶ The family is required to report all income change and household composition changes **in writing** within **30 days**.
- ▶ The family is required to complete the annual recertification process (which starts about 9 months after the family's move in).
- ▶ The family is required to cooperate any time that CMHA requests to do an HQS inspection of the unit (usually biennially).
- ▶ The family is required to abide by the terms of the lease and the HCV rules outlined in the Statement of Family Obligations.



What Happens If I Commit Fraud or Fail to Report Changes?

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- ▶ Families who delay reporting or fail to report income and household composition changes are subjected to repay the overpaid subsidy (retro-active rent).
- ▶ CMHA is required to use Enterprise Income Verification (EIV) at each interim and annual recertification. A handout concerning this tool is in your packet "What You Should Know about EIV."
- ▶ CMHA also uses an upfront income verification system, called the work number, at each interim and annual recertification to determine if families are reporting all income to our PHA.
- ▶ A monthly report called the "Income Validation Tool" is run by HUD to detect unreported income within the subsidized programs.



Beware of Fraud

- ▶ If it is determined that the family has committed fraud, which is the willful intent to mislead CMHA into overpaying subsidy, the family will be subject to repay the overpaid subsidy, but also face termination from the HCV Program.
- ▶ If you know someone who may be committing fraud, you can anonymously report this information to us by using the Contact Us box at our website www.clermontmha.org



**APPLYING FOR HUD
HOUSING
ASSISTANCE?**

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Some Common Ways Families Lose Their Voucher Assistance

Vacating the housing without proper notice.

Allowing unauthorized persons to live in the housing unit.

Involvement in drug-related, violent, or other criminal activities.

Non-payment of rent or causing significant damage to your unit.

Committing fraud or misrepresentation of income/household composition.

Other violations are listed on the Statement of Family Obligations.

What are My Rights If I Am Being Terminated by CMHA?

- ▶ Prior to terminating HAP assistance, CMHA is required to provide the family a notice explaining the family's actions or inactions that resulted in the termination review, the HUD regulations violated, and the date by which the family has a right to request an informal hearing to dispute the termination.
- ▶ If the family disagrees, they can request an informal hearing.
- ▶ The family will be promptly notified of the scheduled date of the informal hearing and their right to counsel, at their own expense.



BEFORE YOU LEAVE TODAY REMINDER

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Voucher Housing Choice Voucher Program

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

OMB No. 2577-0169
(exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher Program

2. Voucher

You must submit:

- One copy of your signed voucher
- The Briefing Guidebook Receipt – must be initialed and signed

FAILURE to turn in the receipt or the voucher will mean the family **MUST** repeat this briefing.

