



HOUSING CHOICE VOUCHER (HCV) PROGRAM CHANGE TO PROPERTY MANAGEMENT PACKET

In order for our office to process your Change of Property Manager request, the attached forms must be completed. You must include your Tax ID Number or Social Security Number on the forms where they are requested. This information is needed to process payment(s) and for other tax purposes. All payments are made via direct deposit. If you have any questions regarding these forms, please call (513) 977-5868 or 513-639-0626 between 8:30 AM and 4:00 PM. Feel free to contact our Finance Department at 513-977-6849, in regards to your payment(s).

Form Checklist: *Please utilize the checklist below to ensure that you have submitted all necessary documents. NO change will be processed without the necessary documentation.*

- _____ Assignment of HAP Contract and Dwelling Lease Agreement
- _____ Property Manager Authorization Form *(must be signed by legal owner)*
- _____ Property Owner Certification
- _____ Direct Deposit Form *(voided check or bank verification form)*
- _____ Agent Management Agreement *(if available)*

CONTACT INFORMATION FOR THE OWNER OF THE PROPERTY BELOW

Company Name or Owner: _____ Phone # _____

Address: _____ Fax # _____

City, State & Zip: _____

Email Address: _____

PLEASE IDENTIFY WHAT TYPE OF CHANGE THIS IS: <i>(check box(es) below)</i>	
<input type="checkbox"/> Adding a New Property Manager Name of Property Manager/Company being added: _____	<input type="checkbox"/> Removing a Property Manager <i>(if applicable)</i> Name of Property Manager/Company being removed: _____

This packet must be submitted in writing to:
 CMHA Attention: Inspection's Department 1635 Western Ave., Cincinnati, OH 45214,
 or faxed to 513-665-2932,
 Copies of this form are also available on our website at www.cintimha.com

ASSIGNMENT OF HOUSING ASSISTANCE PAYMENTS (HAP)
CONTRACT AND DWELLING LEASE AGREEMENT

(Address of All Properties to be changed)

(Address of All Properties to be changed)

(Address of All Properties to be changed)

(Address of All Properties to be changed)

(Address of All Properties to be changed)

(Address of All Properties to be changed)

(Address of All Properties to be changed)

(Address of All Properties to be changed)

MANAGEMENT COMPANY INFORMATION

If someone other than the owner will be managing the property, please complete the attached *Property Manager Authorization* Form and if possible, attach a copy of your management agreement.

IMPORTANT
NO CHANGES IN PROPERTY MANAGEMENT WILL BE PROCESSED UNTIL ALL
DOCUMENTATION HAS BEEN RECEIVED.

PROPERTY MANAGER CERTIFICATION

My initials to the right of each item below certify that I have read and understand it or the item has been explained to me (if necessary).

NAME: _____

Date: _____

OWNERSHIP OF ASSISTED UNIT _____

I certify that I work for the legal owner or the legally designated agent for the above-referenced unit, and that the tenants who live in the units I manage have no ownership interest in this dwelling unit whatsoever. I further certify that the property subject to this HAP Contract is not currently in foreclosure or receivership.

TENANT RENT COLLECTION REQUIREMENT _____

I understand that it is my responsibility to collect the tenant's portion of the rent and that failure to collect the tenant's portion of the rent on a timely basis will be construed as a program violation.

PROHIBITION ON SIDE PAYMENTS _____

I understand that the tenant's portion of the contract rent and any other agreements must be approved by CMHA and that I am not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by CMHA.

REQUIRED LISTING OF PRINCIPALS _____

I understand that prior to approval of the HAP Contract by CMHA, I must submit and/or update the HCV Program's *Property Owner Application*, listing the names and current addresses of all individuals having an ownership interest in the property, regardless of the legal entity that may hold title. I further understand that any additions to or deletions from the list of principals must be reported to CMHA in writing within 10 calendar days of the change.

PROHIBITION ON LEASING TO RELATIVES _____

I certify that no member of the tenant family is the parent, child, grandparent, grandchild, sister or brother of the owner, any principal, or the legally designated agent.

VAWA REQUIREMENTS _____

I understand that under HUD's mandated Violence Against Women Act, CMHA may terminate my HAP Contract and allow a family to transfer. CMHA would provide me with 30-days' notice of contract termination.

HQS COMPLIANCE _____

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with Housing Quality Standards.

FORECLOSURE _____

I certify that there are no foreclosure proceedings underway with this property.

CITY BUILDING CODE VIOLATIONS _____

I understand that outstanding City building code violations are a violation of HQS. All units will be pre-screened for any outstanding City building code violations and are subject to on-going cross referencing once the unit is on the program. Proof of closed orders is required.

LEAD VIOLATIONS _____

I understand that lead orders issued by the Cincinnati Health Department are a violation of HQS. Units with outstanding lead orders will not be listed, and units are subject to cross-referencing during the term of the assisted tenancy when new lead orders are issued. Proof of closed orders must be submitted.

Property Manager Certificate - Continued

UNIT PROPERTY TAXES _____

I understand the status of a unit's property taxes will be checked against public records. A unit found to be delinquent in the payment of property taxes will not be approved to enter into a new contract until the taxes have been paid in full, or a payment arrangement has been accepted by the Hamilton County Auditor's Office. Proof of payment will be required.

AUDITOR'S SITE _____

I understand the unit must be properly registered as a rental unit with the Hamilton County Auditor's office prior to lease up.

ACC, TRANSFER, & ANNUAL INITIAL INSPECTION FAIL RATE _____

I understand that the goal of CMHA's Inspections Department is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk and an owner accompanying the CMHA inspector on inspection day. An unacceptable compliance rate is subject to program suspension, non-listing of future Request for Tenancy Approvals (RTA) and /or termination.

DIRECT DEPOSIT _____

I understand that all owners will be required to utilize direct deposit of HAP payments.

RENT REASONABLE _____

Any tenant transfers, new tenant move-ins, or rental increases may not exceed the reasonable rent as most recently determined or re-determined by CMHA.

VACANCIES _____

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately. I understand that relocating tenants to other units requires the Housing Authority's prior consent. Death of an assisted tenant terminates the HAP Contract.

UNAUTHORIZED PERSONS _____

I understand it is a program violation to allow anyone not approved by CMHA and listed on the HAP Contract Cover Letter/Annual Recertification Addendum to reside in the assisted unit or to be listed on the Residential Lease Agreement.

LANDLORD ORIENTATION _____

I certify that I have attended a Landlord Orientation and that I fully understand the expectations of CMHA, as a property manager who is participating in the Housing Choice Voucher Program, and that I will fully comply with the rules of the Housing Choice Voucher Program.

COMMUNICATION OF LOCAL PROPERTY ORDINANCES _____

I understand that it is my responsibility to inform my tenants of any local property ordinances, such as dates and times for trash set-out, lawn maintenance requirements, abandoned vehicles, and others.

Signature of the Property Manager

Date

Signature of the Legal Owner

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.



HOUSING CHOICE VOUCHER (HCV) PROGRAM

Property Manager Authorization

The Management Company/Agent for the unit listed below is either licensed by the State of Ohio, or is employed by me in accordance with Ohio Revised Code 4735.01. (If an Agent or Management Agreement is available, please provide a copy.)

Property address(es): _____

Tenant Name(s): _____

I, _____ (owner's name), hereby authorize
 _____ (property manager's name) known hereafter as
 my Agent, to conduct the business indicated in Section C below with CMHA on my behalf for the unit listed
 above.

As appropriate, fill in either Section A or Section B below.

Section A – Property Manager licensed by the State of Ohio:

Real Estate Broker: _____ Broker #: _____
(Signature of Broker)

- or -

Real Estate Agent: _____ Agent Sales #: _____
(Signature of Real Estate Agent)

- and -

Real Estate Broker: _____ Broker #: _____
(Signature and License # of Managing Broker)

Section B - Property Manager is an employee of the owner, as defined by the Ohio Division of Real Estate.

Section C – My Property Manager is authorized to conduct the following business on my behalf

Check all that apply:

- Contract with CMHA and tenant (i.e., negotiate rent, execute tenant lease and HAP contract)
- Receive Housing Assistance Payments (HAP) and tenant rental payments
- Grant access to the rental unit
- Access contract and payment information
- Other (attach additional sheets if necessary)

This authorization is for the above unit only.

(Signature of Legal Owner)

(Date)

Section D – Contact information for my Property Manager is as follows:

Company Name: _____ Phone Number: _____
 Contact Name: _____ Fax Number: _____
 Address: _____ E-Mail Address: _____

Please keep a copy of this authorization on file as it may be requested for verification purposes.



AUTHORIZING AGREEMENT FOR AUTOMATIC DEPOSITS

YES, I (We) _____, hereby authorize CMHA to deposit my Housing Assistance Payment (HAP) directly into my bank account for the addresses listed here:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Bank Branch _____

City: _____ State: _____ Zip: _____

ABA No: _____

(The ABA Number is located at the lower left hand corner of your check (see the sample below))

The name as it appears on your bank account: _____

Account Number: _____ [] Checking [] Savings

This authorization shall remain in full force and effect until CMHA has received written notification from me (or either of us) of its termination in such time and in a manner to afford CMHA time to comply.

**** Please Print ****

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Tele: (_____) _____

Date Signed SS#

A VOIDED CHECK OR BANK VERIFICATION FORM FROM A FINANCIAL INSTITUTION **MUST** BE ATTACHED FOR VERIFICATION.

Return to: CMHA
1635 Western Avenue
Cincinnati, OH 45214
Phone: 513-977-6849 Fax: 513.665.3102

SAMPLE CHECK

John Doe 1232 Main Street Any City, USA 00000	1001 12-34/560
Pay to the Order of <u>CMHA</u>	\$ <u>250.00</u>
<u>Two Hundred Fifty and 00/100-----Dollars</u>	
The 1 st National Bank Cincinnati, OH	
For _____ 0123456789 (This is the ABA No.)	_____ <u>012345678</u> (This is the Account No.)

CONFIDENTIAL

Please make a copy of this form for your records.