



INSTRUCTION SHEET FOR NEW LEASES AND CONTRACTS

Please follow the instructions below and return the leases and contracts immediately to the following address:

CMHA
Leases & Contracts
1635 Western Avenue
Cincinnati, OH 45214

PLEASE NOTE: Your Housing Assistance Payment (HAP) will not be processed for payment until all required information has been returned to CMHA. It is imperative that all signed documents be returned within five (5) days.

THIS PACKET INCLUDES:

Tenancy Addendum (1)	The addendum has to be signed by the LANDLORD, TENANT and SPOUSE/CO-HEAD of the household.
CMHA HAP Contract (2)	Both contracts have to be signed by the LANDLORD only.

PLEASE RETURN THE FOLLOWING:

Tenancy Addendum (1)	Return to CMHA. If you want a copy for your records please make a copy before returning to our office.
CMHA HAP Contract (2)	Return both signed copies to CMHA. The Manager of Admissions or their designee will sign for CMHA, keep one copy, and return a file copy to you.
Owner Lease (1)	Please provide a copy of the lease signed by you and your tenant. The lease effective date must be within 60 days of the HAP Contract date. The rent amount must match the agreed upon final contract rent amount. The utilities listed in your lease must match the addendum.

According to 24 CFR §982.308, your lease must include the following:

- The name of the property owner and tenant;
- The unit rented (address, apartment number, etc.);
- The term of the lease (initial term and any provisions for renewal);
- The amount of the monthly rent to property owner.

If you have questions about your contracts, you may contact our customer service department at 513-977-5800 during regular business hours.

COMMON ISSUES WITH LEASES & CONTRACTS

- ✓ HAP Contract/Tenancy Addendum not signed
- ✓ Owners name and address not correct
- ✓ Utilities does not match RTA/Lease Agreement
- ✓ Residential Lease does not specify who is responsible party for each utility
- ✓ The effective date of the Residential Lease must be within 60 days of the HAP Contract
- ✓ No Direct Deposit information included for payments
- ✓ Incorrect contract rent amount stated in Residential Lease Agreement



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</u> Dollars	
The 1 st National Bank Cincinnati, OH	
For 0123456789 <i>(This is the ABA No.)</i>	012345678 <i>(This is the Account No.)</i>

CONFIDENTIAL

Please make a copy of this form for your records.