



REQUEST FOR TENANCY APPROVAL

CMHA – U WITH STEPHANIE STACKS





HOUSING CHOICE VOUCHER (HCV) PROGRAM Request for Tenancy Approval Packet



The RTA Express is intended to provide the greatest possible flexibility for RTA's to be processed quickly. RTA's can be submitted in-person to CMHA's office or drop box, or by emailing RTAExpress@cintimha.com

Landlords: If a tenant will be responsible for water and sewage in your unit, you will be required to supply proof that the water bill is current. CMHA will not be able to process the RTA without this documentation.

Voucher Holders: If a tenant is paying water and/or sewage at their current assisted unit, proof that the water bill is not past due for that unit must be submitted with the RTA for a new unit. CMHA will not be able to process the RTA for a new unit without this documentation.

Incomplete forms may be canceled or rejected.



REQUEST FOR TENANCY APPROVAL PROCESS

1. CMHA STRONGLY suggests that Owners/Agents screen applicants for rent payment history, eviction history, a history of damage to units, and other factors related to the family's suitability as a tenant.

NOTE: Before filling out the RTA, the Owner/Agent can pre-screen a prospective tenant for "affordability" via the *Affordability Calculator* available on CMHA's website.

The unit is checked

- a. To make sure that the owner on the RTA is the owner listed on the Hamilton County Auditor website.
- b. There are no outstanding City Building Code violations [including lead orders].
- c. There are no past-due property taxes on the proposed property.

CMHA must conduct Rent Reasonable Assessment for the unit to ensure that the rent is reasonable for the unit type, location, quality, size, amenities and age of the unit. As mandated by HUD, an assisted tenant may not pay more rent than an unassisted tenant would pay for the same or a similar unit. If the unit is deemed rent reasonable, the Owner/Agent will be contacted about the date move in date for the family. That date will be the tenant's Move-In date and the start date for the Housing Assistance Payment Contract. **NOTE:** If the tenant moves in prior to receiving approval from CMHA, the tenant is responsible for any rent owed to the Agent/Owner.

A Housing Specialist uses HUD's methodology to calculate whether or not the tenant can "afford" the unit. If the requested contract rent is above 40% of the family's adjusted gross income, the Owner/Agent may be asked to accept a lower rent amount. If this amount is mutually agreeable to both CMHA and the Owner/Agent, the unit will be listed for inspection. **NOTE:** The Owner/Agent is not obligated to accept the lower rent amount and may choose not to lease to a tenant who cannot afford their requested rent.

Within 15 days of the date the RTA is submitted, the Inspector will contact the Owner/Agent to set-up an inspection to see if the unit meets HUD's Housing Quality Standards (HQS) and CMHA's Unit Standards. Failed inspection items must be fixed within a given time, and the Owner/Agent should contact the Inspector for a follow-up inspection.

NOTE: CMHA cannot enter a Housing Assistance Payment Contract until the unit passes the inspection and rent reasonable assessment.



Within 15 days of the date the RTA is submitted, the Inspector will contact the Owner/Agent to set-up an inspection to see if the unit meets HUD's Housing Quality Standards (HQS) and CMHA's Unit Standards. Failed inspection items must be fixed within a given time, and the Owner/Agent should contact the Inspector for a follow-up inspection.

NOTE: CMHA cannot enter a Housing Assistance Payment Contract until the unit passes the inspection and rent reasonable assessment.

Housing Assistance Payment (HAP) Contracts and Tenancy Addendums will be mailed to the Agent/Owner. These legally binding documents must be signed and returned to CMHA along with a copy of the tenant's lease. When CMHA has confirmed that the terms of the lease agree with the term of the HAP Contract, HAP payments are generated.

THE PROPERTY OWNER IS RESPONSIBLE FOR ENSURING THAT THIS PROPERTY IS REGISTERED AS RENTAL PROPERTY WITH THE HAMILTON COUNTY AUDITOR PRIOR TO EXECUTING THE HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT, IN ACCORDANCE WITH LOCAL LAW. CONTACT THE HAMILTON COUNTY AUDITOR'S OFFICE AT 513-946-4000 FOR MORE INFORMATION.



except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) <input type="text"/>			2. Address of Unit (street address, unit #, city, state, zip code) <input type="text"/>		
3. Requested Lease Start Date <input type="text"/>	4. Number of Bedrooms <input type="text"/>	5. Year Constructed <input type="text"/>	6. Proposed Rent <input type="text"/>	7. Security Deposit Amt <input type="text"/>	8. Date Unit Available for Inspection <input type="text"/>
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 checked="" type="checkbox"/> NONE <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) <input type="text"/>		

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



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.

On Auditor's Page	On W9 (1099)	Is the property a Sole Proprietor?	What is needed to be approved?
Landlord	Landlord	NA	RTA Only
Landlord	LLC	Yes	RTA and LLC Documents
LLC	Landlord	Yes	RTA and LLC Documents
LLC	Same LLC	NA	RTA only
LLC	Diff LLC	Yes	RTA and LLC Documents
Landlord	LLC	No	Cannot be processed



Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
<input type="text"/>		<input type="text"/>	
Owner/Owner Representative Signature		Head of Household Signature	
<input type="text"/>		<input type="text"/>	
Business Address		Present Address	
<input type="text"/>		<input type="text"/>	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**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.

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) ►

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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

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 ►

IF YOUR
INFORMATION IS
ON FILE, YOU
MUST PLACE THE
LAST 4 OF THE
EIN/SS# AND
INDICATE ON FILE



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. 4852d 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



PROPERTY OWNER APPLICATION/INFORMATION SHEET

Please complete all of the information requested on this form. All fields are required.

APPLICATION DATE: _____

PROPERTY OWNER OF UNIT

Business contact information (a PO Box is not acceptable for a street address):

Name of Owner/Company Officer: _____

Title: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Fax number: _____

Alternate phone number: _____

E-Mail address: _____

OWNER TAX INFORMATION (The Request for Tenancy Approval cannot be processed without this information.)

The Internal Revenue Service requires that CMHA prepare and submit IRS Form 1099, *Statement of Recipients of Miscellaneous Income*, for all recipients who receive income during a calendar year. In order to be in compliance with Federal law, please supply the following information:

Entity Name: _____

Entity Address: _____

Federal Tax Identification/Social Security Number: _____

A copy of the annual IRS Form 1099 showing the total amount of rental assistance paid by CMHA will be sent to the owner of the property, as per IRS requirements.

Indicate type of business entity and attach corresponding documentation: *(check one)*

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Partnership (LLP or PLL)
- ☐ Limited Partnership (LP or Ltd.)
- ☐ Limited Liability Company (LLC or Ltd.) Corporation

A copy of the owner's photo ID
Federal Tax Form 1065 or Partnership Agreement
Federal Tax Form 1065, or Partnership Agreement
Federal Tax Form 1065 or Partnership Agreement
Federal Tax Form 1065 or Articles of Organization
A copy of the Articles of Incorporation or Certificate of Legal Existence/Good Standing

List the names of all principals\corporate officers:



MANAGEMENT COMPANY INFORMATION

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

ADEQUATE LEGAL SITE CONTROL

CMHA will verify that the legal owner of record reported on the Request for Tenancy Approval matches Hamilton County tax records. If there is a discrepancy, verification of ownership status is required or the landlord must demonstrate adequate legal site control of the proposed rental property prior to lease approval. Examples of acceptable verification of ownership status include:

- ☐ Recorded Warranty Deed, which includes the instrument number stamped from the Recorded appropriate signatures, each property address, name of the owner(s), and notary information.
- ☐ A Recorded deed must be presented if the property is jointly owned. Auditor-
- ☐ Stamped Sales Disclosure form
- ☐ Trust Agreement.

PAYMENTS

All HAP checks will be direct deposit. A separate Direct Deposit form will be included with the HAP Contract, Tenancy Addendum and W-9 Form packet. To ensure the confidentiality of your data, please return the direct deposit form separately -- **AS DIRECTED ON THE FORM.**



PROPERTY OWNER 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

ADDRESS:

I certify that I am the legal owner or the legally designated agent for the above-referenced unit, and that the prospective tenant has 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. Failure to make repairs by the "due date" will result of abatement of my HAP payments. Payments that are abated **are not able to be recouped by the owner once the unit passes.** If/when the unit passes inspection, the owner will be eligible to receive subsidy as of the date the unit passes inspection moving forward. **Again, retroactive abated payments are not recoverable by the owner.**

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.

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 listed 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 to list the unit.

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** [redacted]

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 [redacted]

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

RENT REASONABLE [redacted]

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

VACANCIES [redacted]

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 [redacted]

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.

COMMUNICATION OF LOCAL PROPERTY ORDINANCES [redacted]

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.

OVERPAYMENTS [redacted]

I understand that any overpayments made to me by CMHA in accordance with this HAP contract can be recouped from other monies due to me from other HAP Contracts.

Signature: _____

Date: _____

Reviewed by: _____



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: _____

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: _____



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 CMHA is unable to verify the information provided, CMHA will re-assess the proposed contract rent. This could result in a lower contract rent, which will delay the processing of the Request for Tenancy Approval (RTA). Based on the information below, a point value will be assigned to your property for the for the rent reasonable assessment.

I am providing the information below in order to expedite the Rent Reasonableness process.

The Unit:

Current Contract Rent: Square Footage: Do you provide onsite maintenance?
Number of Bedrooms: Number of Full Bathrooms: # of Half-Baths:
Has the unit recently been updated? Y ☐ N ☐ Please list updates:

Property Amenities: (check only those that apply)

<input type="checkbox"/> Basement/Attic	<input type="checkbox"/> Business Fitness Center	<input type="checkbox"/> Cable/Internet Ready
<input type="checkbox"/> Carpeting	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Central A/C Unit
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Covered/Off Street Parking	<input type="checkbox"/> Deck/Balcony/Patio
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Elevator	<input type="checkbox"/> Energy Efficient Cert Unit
<input type="checkbox"/> Fenced	<input type="checkbox"/> Garage	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Handicapped Accessible	<input type="checkbox"/> Hardwood Floors	<input type="checkbox"/> Laundry Facilities
<input type="checkbox"/> Modern Appliances	<input type="checkbox"/> Playground/Court	<input type="checkbox"/> Pool
<input type="checkbox"/> Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Security System
<input type="checkbox"/> Storage	<input type="checkbox"/> Washer/Dryer Hookup	<input type="checkbox"/> Window A/C Unit
<input type="checkbox"/> Working Fire Place	<input type="checkbox"/> Yard Sprinkler System	<input type="checkbox"/> Other Amenities: <input type="text"/>

My signature below certifies that the statements made on this form are true and correct. I understand that if the CMHA is unable to verify the information provided, CMHA will re-assess the proposed contract rent, which may delay the processing of contract approval.

Property owner/manager's signature

Date

This form may be e-mailed to hcvhelp@cintimha.com

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.



The Rent Reasonableness System takes into account various indicators, some of which are defined:

Unit Condition:

Excellent – exceed HQS, new construction, recent renovations, or major rehabilitation

Good – meets HQS with upgrades - **AVERAGE**

Fair – barely meets HQS or minimum repairs needed to meet HQS

Poor – many repairs needed to meet HQS

Unit Size – Select size from drop-down menu using square footage charge below:

Square Footage	Efficiency	Square Footage	One Bedroom	Square Footage	Two Bedroom
0-450	Small	0-500	Small	0-650	Small
451-600	Medium	501-750	Medium	651-950	Medium
601+	Large	751+	Large	951+	Large
Square Footage	Three Bedroom	Square Footage	Four Bedroom	Square Footage	Five Bedroom
0-1000	Small	0-1300	Small	0-1500	Small
1001-1500	Medium	1301-1850	Medium	1501-1950	Medium
1500+	Large	1851+	Large	1951+	Large

Location – Rental Market Value (RMV)

Determining the correct RMV of the location of the assisted unit is key to an accurate rent determination. You must view a 1-3 block radius immediately surrounding the unit and select one of the choices below:

High – (above average neighborhood) Communities in the most favorable locations. These communities are usually newer construction or larger homes with superior upgrades that may have additional community/association amenities such as recreational facilities. Individual properties would include state-of-the-art systems, modern appliances, and/or superior quality finishes.

Medium – (average neighborhood) Intermediate communities. These include communities that may be slightly less favorable than the high rental market value community. These communities may include newer, larger homes or older homes which may include quality finishes. These communities might have additional community/association amenities such as fitness center, swimming pool and recreational courts. Properties would include adequate systems and appliances.

Low – (below average neighborhood) Ranges from minimal to depleted or impoverished communities. Minimal communities often include older, smaller homes in good condition and that are usually the first home that a person/family can afford to purchase (starter-homes). These neighborhoods may include community amenities such as community parks or swimming pools. Depleted or impoverished communities which may include much older communities where there is a disproportionately large amount of crime. These communities may include homes that are in bad physical condition, have been abandoned or vandalized.



HQS Pre-Inspection Checklist

This checklist is provided as a courtesy and is not all-inclusive. It is provided to give you an idea of the items that an Inspector will check for during an inspection. Please look your unit over carefully before the inspector comes out. If you check "No/Needs Repair" to any of these items, the unit WILL FAIL the HQS inspection.

ALL ROOMS	OK/YES	NO/NEEDS REPAIR
Is the unit free of any exposed wiring?	<input type="checkbox"/>	<input type="checkbox"/>
Are all electrical and switch covers present, secure, and free from cracks?	<input type="checkbox"/>	<input type="checkbox"/>
Are all the windows supplied with window glass and do they open and close properly?	<input type="checkbox"/>	<input type="checkbox"/>
Are all windows free from cracks, missing/broken panes, with no more than 10% moisture between panes that impedes the view?	<input type="checkbox"/>	<input type="checkbox"/>
Do all windows have secure locks?	<input type="checkbox"/>	<input type="checkbox"/>
Are doors leading to exterior properly weather stripped?	<input type="checkbox"/>	<input type="checkbox"/>
Are all ceilings sound, intact (no holes or bowing) and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>
Are all floors sound, intact and free from hazardous defects? For initial contracts, has carpet been freshly shampooed?	<input type="checkbox"/>	<input type="checkbox"/>

- HQS Checklist - <https://cintimha.com/wp-content/uploads/2017/01/HQS-Pre-Checklist-final-1-5-16-16-docx-1.pdf>
- HQS Handbook - <https://cintimha.com/wp-content/uploads/2017/01/HQS-Handbook-2017.pdf>

ALL ROOMS	OK/YES	NO/NEEDS REPAIR
Is the unit free of any exposed wiring?	<input type="checkbox"/>	<input type="checkbox"/>
Are all electrical and switch covers present, secure, and free from cracks?	<input type="checkbox"/>	<input type="checkbox"/>
Are all the windows supplied with window glass and do they open and close properly?	<input type="checkbox"/>	<input type="checkbox"/>
Are all windows free from cracks, missing/broken panes, with no more than 10% moisture between panes that impedes the view?	<input type="checkbox"/>	<input type="checkbox"/>
Do all windows have secure locks?	<input type="checkbox"/>	<input type="checkbox"/>
Are doors leading to exterior properly weather stripped?	<input type="checkbox"/>	<input type="checkbox"/>
Are all ceilings sound, intact (no holes or bowing) and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>
Are all floors sound, intact and free from hazardous defects? For initial contracts, has carpet been freshly shampooed?	<input type="checkbox"/>	<input type="checkbox"/>
Is carpet soiled or damaged free from rips, tears or fraying? Is there missing or damaged floor tile? Is the floor tile free from large cracks that would impose a tripping hazard?	<input type="checkbox"/>	<input type="checkbox"/>
Are all walls sound, intact (no holes or bowing) and free from hazardous defects? Minor paint drips and small stress cracks are not reasons to fail and inspection.	<input type="checkbox"/>	<input type="checkbox"/>
Are all painted surfaces free of deteriorated (chipping, peeling, cracking and chalking) paint? Are all repairs patched, sanded and painted?	<input type="checkbox"/>	<input type="checkbox"/>
Are all floors free of tripping hazards (3/8 inch), such as torn linoleum or carpeting, any phone lines, cables or cords, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Are all closet doors hung properly so that they do not fall?	<input type="checkbox"/>	<input type="checkbox"/>
Is the carpet new or has it been freshly shampooed? Is it free from rips, tears, and fraying?	<input type="checkbox"/>	<input type="checkbox"/>
Are all doors fitted to openings for privacy?	<input type="checkbox"/>	<input type="checkbox"/>

HEATING EQUIPMENT/AIR CONDITIONING	OK/YES	NO/NEEDS REPAIR
Is the heating equipment capable of providing adequate heat to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit free from unvented fuel-burning space heaters or any other unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Are all window/wall air conditioning units installed to prevent air infiltration and with proper slant to the outside walls?	<input type="checkbox"/>	<input type="checkbox"/>
HEATING EQUIPMENT/AIR CONDITIONING	OK/YES	NO/NEEDS REPAIR
Are all vents and ductwork in good condition, is all wrapping in good condition and secure to the ductwork? Is the tape used appropriate for that type of ductwork?	<input type="checkbox"/>	<input type="checkbox"/>
If the furnace is in a closet, are the doors vented? Also, a gas hot water heater or a gas furnace cannot be located in a bedroom closet.	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOMS	OK/YES	NO/NEEDS REPAIR
Does the toilet operate properly? Is it secured to the floor? Is the toilet free from leaks?	<input type="checkbox"/>	<input type="checkbox"/>
Does the sink provide hot and cold running water? Is there enough water pressure? Is the sink free from drips and /or leaks? Does the water drain properly?	<input type="checkbox"/>	<input type="checkbox"/>
Does the tub or shower provide hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
Does every bath area or toilet area have a fan vented to the outside or an openable window?	<input type="checkbox"/>	<input type="checkbox"/>
Are all visible gaps around plumbing pipes properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>
Are all plumbing fixtures secured to the wall and operational?	<input type="checkbox"/>	<input type="checkbox"/>
Do all toilet tanks have properly fitting lids without any cracks?	<input type="checkbox"/>	<input type="checkbox"/>
If there is a toilet in the basement it must be vented to the outside. It must be enclosed with a privacy door or it can be removed and cap off all drains and lines	<input type="checkbox"/>	<input type="checkbox"/>
Is the washbasin and/or tub/shower free from hazardous cracks or chips that would impose a safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
Are faucets fixtures rust free, in good repair and operational?	<input type="checkbox"/>	<input type="checkbox"/>
HOT WATER HEATER	OK/YES	NO/NEEDS REPAIR
Does the hot water heater or pipes have leaks? Also are the pipes free from corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is the pressure relief valve free from leaks and does the discharge pipes extend to approximately six inches from floor?	<input type="checkbox"/>	<input type="checkbox"/>
Are flame shields (cover plates) in place and properly installed?	<input type="checkbox"/>	<input type="checkbox"/>
Is all electrical wiring encased in conduit?	<input type="checkbox"/>	<input type="checkbox"/>
Is the flue pipe installed correctly and properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>

Is the dryer properly vented?	<input type="checkbox"/>	<input type="checkbox"/>
Is the laundry area free of lint and debris?	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR OF UNIT	OK/YES	NO/NEEDS REPAIR
Are all painted surfaces free of deteriorated (chipping, peeling, cracking and chalking) paint?	<input type="checkbox"/>	<input type="checkbox"/>
Is the foundation sound and free of hazards (deterioration, peeling paint, cracking, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are exterior surfaces sound, intact (no holes) and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR OF UNIT	OK/YES	NO/NEEDS REPAIR
Are the sidewalks, walkways and driveways free from tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>
No vehicle shall at any time be in a state of major disassembly, disrepair or in the process of being stripped or dismantled on the property.	<input type="checkbox"/>	<input type="checkbox"/>
Electric service cable to the house must be free from deterioration or else it must be replaced	<input type="checkbox"/>	<input type="checkbox"/>
Any exterior vents must have operable vent hoods free from debris or damage.	<input type="checkbox"/>	<input type="checkbox"/>
Are all gutters & downspouts free of debris or damage and properly secured?	<input type="checkbox"/>	<input type="checkbox"/>
Are all areas free of weeds or plant over? Lawns, shrubbery and trees must be cut during growing season.	<input type="checkbox"/>	<input type="checkbox"/>
All structures on the property (garages, sheds etc.) will also be inspected even if the tenant does not have access to them or is not renting them. There cannot be any safety hazards present. I.e. Broken doors, collapsed roofs, rodent infestation	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL REQUIREMENTS	OK/YES	NO/NEEDS REPAIR
Is there a working smoke detector on each level of the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a working Carbon Monoxide alarm? (For all units/buildings with fuel-burning appliance system/equipment or attached garage)	<input type="checkbox"/>	<input type="checkbox"/>
Are all stairwells (interior and exterior) free from loose, broken or missing steps? Are the handrails properly secured?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit free from an accumulation of garbage and debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit free from air pollutants? (Mold, mold like substances, sewer, gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is the neighborhood free from hazards, which would seriously endanger the health and safety of residents? (Abandoned and exposed buildings nearby, crumbled retaining walls attached to the property, located next to vacant uncared for properties that would be conducive for rodents or other infestation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Where there are four or more risers on the exterior and interior of the unit is there a handrail?	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTS

Contracts will be sent once a RTA has been approved and Lease Start Date established

Approved = RTA has passed all needed checks

Background

Rent Reasonableness

Affordability

Passed HQS Inspection

LEASE START DATE

Once the unit passes inspection, an approved Lease Start Date must be established.

Once CMHA obtains the approved lease start date, then file can be processed.

Upon completion, the file will be sent to the Contracts clerk to email the contract packet or mail if no email is available (or requested)

CONTRACT PACKET CONTENTS

1. Instruction Sheet for completion
2. Direct Deposit Form
3. Direct Deport HAP Addendum
4. Landlords Addendum showing rental portions
5. HAP Contract – this is prepopulated with lease start date provided, contract rent, and tenant responsible utilities
 1. The contract has to be signed by the **Landlord** only.
6. Signature Page for Tenancy Addendum
 1. The addendum has to be signed by the Landlord, Tenant and Spouse or Co-Head of the household.

DIRECT DEPOSIT HAP ADDENDUM

ADDENDUM TO HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT

OWNER/AGENT/LANDLORD ACKNOWLEDGEMENT OF DIRECT DEPOSIT REQUIREMENT FOR HOUSING ASSISTANCE PAYMENTS (HAP)

I, the undersigned, a owner/landlord/owner's agent participating in the Housing Choice Voucher (HCV) Program administered by the Cincinnati Metropolitan Housing Authority (CMHA), hereby do acknowledge the following:

1. I acknowledge that this form shall serve as an addendum to the Housing Assistance Payment (HAP) Contract I am executing concurrently with CMHA.
2. I acknowledge that CMHA's sole method of making HAP payments to landlords participating in the HCV program is by direct deposit into a bank account.
3. I affirm that in order to participate in the HCV program and receive HAP Payments, I will provide CMHA with the bank routing and account information required for CMHA to deposit HAP payments directly to my chosen bank account.
4. I acknowledge that CMHA will not issue payments to me by any other method, including by cash or check.
5. I acknowledge that failure to comply with the terms of this addendum shall constitute a violation of the HAP contract and may serve as the cause of my termination from participation in the HCV program, as well as forfeiture of any scheduled HAP payments.

Name of Owner/Agent/Landlord

Signature of Owner/Agent/Landlord

Address of Owner/Agent

Contact Number

City/State

Zip Code

Email Address

Date

IMPORTANT INFORMATION FOR SMOOTH CONTRACT PROCESSING

- HAP Contract, Tenancy Addendum, and Residential Lease must be executed by all parties within **60 days** of the established lease start dates
 - All signatures must be dated within the 60 days – undated documents will not be accepted
- Residential Lease
 - 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
 - Tenant responsible utilities

RETURN COMPLETED CONTRACT PACKET AND RESIDENTIAL LEASE TO CMHA FOR REVIEW
most efficient method is email: contracts@cintimha.com

Failure to submit completed correct contracts and residential lease will result in NO HAP being paid.
A new RTA will need to initiate the process for a new contract.

AFTER PACKET SUBMISSION

After complete packet has been reviewed, CMHA staff will review for all lease terms to match across the RTA, HAP Contract, and Residential Lease. All forms will be reviewed to verify that they are dated properly.

If there are no errors, CMHA will release the hold on the HAP and payments will begin on the next checkrun.

If there are errors, CMHA will contact the Landlord to advise of the discrepancies and to submit corrected information

If contracts are not executed within 60 days, the RTA will be canceled, no HAP will be paid, and a new RTA will be required to initiate the process

Most Errors can be avoided by utilizing the provided HAP contract –

The HAP contract provides the information that CMHA was provided through the RTA process

- Contract Rent
- Lease Start Date
- Unit
- Tenant
- Tenant Responsible Utilities

Common Errors

Lease – incorrect rent, start date, does not indicate tenant utilities or differs from provided information on RTA

Undated forms – all forms must be dated within 60 days of the lease start date

Tenancy addendum is not returned signed by both the Head and Co-Head/Spouse if in the household

Missing Signatures across all forms