

**FOR OFFICE USE ONLY**

OS Reviewed: _____

| | | | |
|---------------|---|---|----|
| Water Bill O: | Y | N | NA |
| Water Bill N: | Y | N | NA |

HOUSING CHOICE VOUCHER (HCV) PROGRAM

Request for Tenancy Approval Packet



RTA Express processes RTA's same day as submission on Tuesdays and Thursdays from 8:30am to 1pm. Person submitting RTA must remain on site during processing. RTA Express is based on first come, first serve - expect extended wait times. Units must be ready for inspection within 15 days of RTA submission. Maximum of 5 RTA's may be submitted by any owner/property manager each RTA Express day.

RTA's can be submitted in-person to CMHA's office, drop box, or by email to RTA@cintimha.com. RTA's submitted via the traditional method may take up to 10 business days for completion.

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.

For fastest processing the complete RTA and accompanying documents should be emailed to RTA@cintimha.com

***RTA must be complete and correct and include all accompanying documents or there will be delays.**

Equal Opportunity Employer, Equal Housing Opportunities.

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.

2. The Owner/Agent completes all sections of the Request for Tenancy Approval (RTA). The RTA is comprised of the following:
 - a. *Request for Tenancy Approval* (form HUD-52517)
The RTA must be completely filled in (including section 12(c) and signed by both the owner and the prospective tenant. Required by HUD, this form includes all of the unit, rent and utility information necessary for CMHA to calculate tenant affordability. The same utility information must be included in the tenant lease and on CMHA's Tenancy Addendum Cover Sheet at the end of the move-in process.
 - b. *IRS form W-9*
 - c. *Lead-Based Paint Disclosure of Information* (from the EPA)
 - d. *Property Owner Certification Form*
 - e. *Property Owner Application/Information Sheet*
 - f. *Property Manager Authorization*
 - g. *Rent Reasonable Assessment Data Sheet*
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.

NOTE: HUD Regulations 24 CFR 982.308 requires that 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; and
- ☐ A specification of what utilities and appliances are to be supplied by the tenant.

IMPORTANT NOTICE TO LANDLORDS

- **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.**
- **IF YOU HAVE QUESTIONS ABOUT FILLING OUT THIS REQUEST FOR TENANCY APPROVAL PACKET, PLEASE CALL 513-977-5800.**

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. 04/30/2026

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.

| | | | | | |
|---|-----------------------|---------------------|---|-------------------------|---------------------------------------|
| 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 | | | 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) | | | | | |

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) | | |
| | | Provided by |
| Refrigerator | | |
| | | |
| Range/Microwave | | |

12. Owner's Certifications

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

| Address and unit number | Date Rented | Rental Amount |
|-------------------------|----------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 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.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

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

Request for Taxpayer Identification Number and Certification

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

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

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

Part I Taxpayer Identification Number (TIN)

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

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

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | - | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

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

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

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

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . . | THEN check the box for . . . |
|--|---|
| • Corporation | Corporation |
| • Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single-member LLC |
| • LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership | Partnership |
| • Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |

| For this type of account: | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

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:

IMPORTANT NOTICE

Under 24 CFR § 982.306(c)(3), CMHA may deny approval of an assisted tenancy if "the owner has engaged in any drug-related criminal activity or any violent criminal activity".

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.**

LANDLORD ORIENTATION

CMHA's prospective landlords can register for the Landlord Orientation video on line by going to the calendar under the News & Events tab of CMHA's website, www.cintimha.com. The biweekly orientation sessions last approximately one hour and 30 minutes. These in-office orientation sessions are limited to 20 attendees, and registration is required. Owners outside of the Hamilton County area can request special arrangements by emailing Landlordoutreach@cintimha.com.

Preferred method of communications:

- | | |
|--|--|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Home phone number |
| <input type="checkbox"/> Cell phone number | <input type="checkbox"/> Via Fax number |
| <input type="checkbox"/> Business phone number | <input type="checkbox"/> By mail |

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.

FOR OFFICE USE ONLY:

Information entered by: _____ Date entered: _____ Vendor # _____
 Client's name: _____ #: _____ Housing Specialist: _____
 Owner's Name: _____ Tax I.D.: _____
 Minor children in HH? ☐ Yes ☐ No # of children in HH under 6 yrs. of age _____

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 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 _____

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 redetermined 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.

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.

OVERPAYMENTS _____

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: _____

| |
|---|
| <p>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.</p> |
|---|

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: _____ |
| _____ | |

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



FOR OFFICE USE ONLY
Housing Program HCVP
Specialist _____
Client No. _____

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: 600 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: _____ |

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"/> |
| 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"/> |

| | | |
|--|--------------------------|--------------------------|
| Are all rooms free of any other potentially hazardous feature(s)? | | |
| 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"/> |

| LAUNDRY ROOM | OK/YES | NO/NEEDS REPAIR |
|---|--------------------------|--------------------------|
| 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"/> |

| ADDITIONAL REQUIREMENTS | OK/YES | NO/NEEDS REPAIR |
|--|--------------------------|--------------------------|
| Have all inoperable appliances been removed from the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all utilities (water, gas, and electric) on? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the utilities separated and clearly identified so as to ensure the tenant is only paying for utilities they are responsible for? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the unit free of rodents and heavy accumulations of trash, garbage, or other debris that may harbor vermin, infestation by mice, roaches, or other vermin particular to the climate must also be considered? The unit must have adequate barriers to prevent infestation. | <input type="checkbox"/> | <input type="checkbox"/> |
| KITCHEN | OK/YES | NO/NEEDS REPAIR |
| Have all appliances been cleaned and are they operational? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the stove have all knobs intact and do all burners and the oven operate properly? Can you read the words on the dial? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the refrigerator large enough for the family size and able to maintain appropriate temperature and have proper seals? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the refrigerator have all handles and drawers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cabinets and drawers wiped down and clean? Walls should be clean free of grease and food splatters. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the counter tops clean and free from knife marks that will allow an accumulation of food/debris? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there adequate space to store and prepare food? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the sink provide hot and cold running water? Is it free of leaks? Does the water drain properly? | <input type="checkbox"/> | <input type="checkbox"/> |