



PHONE: 570-489-3972 FAX: 570-382-8906

HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR TENANCY APPROVAL (RFTA) PACKET FOR OWNERS/LANDLORDS/MANAGERS

Note: The original RFTA must be returned. Please call your housing specialist to make an appointment when all documentation is complete.

Owners: If you are returning these documents, please ask your prospective tenant for their housing specialist's name so that you can schedule an appointment to turn in these documents. The only documents that can be faxed in are the **Owner's W9 and ACH form with a voided check**. If/when you fax these documents, please put the prospective tenant's name and "to the attention of" the housing specialist's name on the cover sheet to ensure proper receipt of your documentation. The documents must be received **PRIOR** to the appointment of the original RFTA packet.

IMPORTANT!: Any document(s) returned incomplete or illegible will not be accepted and rendered null and void. **No exceptions.**

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: HALC, 145 Railroad Avenue, Peckville, PA 18452, Attention: Section 8 Coordinator.

Housing Authority of Lackawanna County will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of Sexual Orientation or Gender Identify Final Rule, published in the Federal register February 3, 2012. HALC will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

PART I: HUD NEW FORECLOSURE RULES

1. In compliance with HUD's PIH notice 2009-52, which provides guidance on Section 702 of the Protecting Tenants at Foreclosure Act (PTFA) of 2009, and the American Recovery and Reinvestment Act of 2009, the HALC shall enforce HUD's new regulations relating to landlords providing notices to Housing Choice Voucher (HCV) participants.
2. The new regulations require that during the term of the lease, the owner shall not terminate except for serious and repeated violations of the terms and conditions of the lease or other good cause, and in the case of an owner who is an immediate successor in interest pursuant to foreclosure during the term of the lease vacating the property prior to the sale shall not constitute other good cause, except that the owner may terminate the tenancy effective the date of transfer of the unit to the owner, if the owner:
 - will occupy the unit as a primary residence; and
 - has provided the tenant a notice to vacate at least 90 days before the effective date of such notice.
3. This change provides our HCV participants with more protection! Pennsylvania has a number of foreclosures that is impacting a lot of HCV participants. Please ensure you notify the assigned caseworker if your unit goes into foreclosure immediately!

PART II: LEASING OVERVIEW

1. Lease Agreement

- a. The Housing Authority of the County of Lackawanna (HACL) does not furnish a lease agreement between the owner and the tenant. The owner and the tenant must enter into a lease agreement furnished by the owner and submit a signed lease with "NO" effective date with your completed RFTA packet. The effective date shall be the later of the date the unit passes Housing Quality Standards (HQS) or when the tenant takes possession of the unit.

Components of the Lease Agreement:

- Must be a standard form used in the locality.
 - Must contain terms consistent with state and local laws.
 - Must generally be applied to **unassisted tenants** in the same property.
 - All provisions of the HUD Lease Addendum shall be added to the Owner's standard lease as an addendum to the lease.
- b. The terms of the HUD required Tenancy Addendum should prevail over any other provisions of the lease agreement.

2. **Leasing Procedures:** HACL must determine that the unit is eligible before a HCV contract is signed. To determine eligibility, the tenant must submit a request for the unit to be inspected via the Request for Tenancy Approval packet.

- a. The unit will be determined eligible if:

- All required leasing forms are return completed and signed.
- If the rent is reasonable and/or meets the client's 40% threshold.
- If the unit meets HQS

- b. After the unit is determined eligible:

- HACL will sign and then furnish the owner with copies of the HCV contract and lease with the effective date entered. The effective date shall be the latest of the date unit passed its HQS inspection or the date the client takes possession of the unit.

3. **Scheduling an Inspection for a Unit to be leased by a New Family:** HACL will conduct the unit inspection within seven (7) days of receiving the "completed" RFTA packet, if the unit is ready, the utilities are on, and the asking rent is determined to be reasonable by HACLHACL. Staff shall contact the owner/management to verify the unit is ready. If you have questions regarding an inspection, please call (570) 489-3972.

4. **For the Inspection**

- a. The owner or client must have all of the utilities connected for the inspection.
- b. The appliances (stove/refrigerator) must be in place.

PART III: DOCUMENTS TO BE RETURNED TO THE HACL

1. Please note that the RFTA **must be an original** and you or your prospective tenant can return these documents. Please call ahead to the housing specialist for an appointment so that you can receive prompt service. Please ensure all documents are completed and the following items are attached:

- Completed RFTA – **must return original** – cannot be faxed
- Lease – signed by both parties with no effective date
- Proof of ownership (copy of actual record warranty deed)
- Statement of Property Ownership/Authorization
- Landlord Certification Form
- ACH form and voided check
- IRS – W9 Forms
- Copy of Management Agreement, if applicable

Note: All payments shall be made only via Direct Deposit.

Please double check your RFTA and the accompanying documents for completeness and required signatures. MISSING INFORMATION WILL DELAY HOUSING ASSISTANCE PAYMENTS!

- **Utilities must be on a least one day before the inspection.**
- **The tenant is responsible for paying the security deposit and the security deposit cannot exceed one month's contract rent.**

All forms must be completed and all required documents attached. ANY DOCUMENT RETURNED INCOMPLETE OR ILLEGIBLE WILL NOT BE ACCEPTED AND RENDERED NULL AND VOID. NO EXCEPTIONS.

2. HACL Staff contact the owner/landlord to schedule a time to execute the contract no later than five (5) business days after the inspection passes. Staff shall also attach a copy of the lease and lease addendum. If you or your assigned management cannot meet within the timeframe, a contract will be mailed. Please note payment will not begin until the contract is returned to HACL and HACL cannot execute a contract that is more than 60 days old.
3. **Moving In Before the Lease is Approved:** The HACL will not pay any money on a unit until it passes inspection. Any arrangement for occupancy before the unit passes inspection is strictly between the owner and the participant. The participant would therefore be responsible for 100% of rent.
4. **References and Screening:** HACL does not screen participants for tenancy; we certify their eligibility to receive assistance under the program.
5. **Side-Payment:** You cannot make arrangements for side payments with your tenant. THIS IS FRAUD. The tenant can only pay the amount approved by HACL. If they pay additional, they will be terminated and you will be barred from participating in the HCV Program.
6. **Change of Ownership/Management:** Please notify our office immediately of change of ownership and/or management. You must also notify us of your new address.

If you have questions, please call the Housing Choice Voucher Department at (570) 489-3972. Ask the prospective tenant submitting this packet for their housing specialist's name and phone number, as that is the person you will need to speak with to assist you with this lease-up process.

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. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) Housing Authority of the County of Lackawanna HOUSING CHOICE VOUCHER PROGRAM			2. Address of Unit (street address, apartment number, city, State & zip code)			
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection	

9. Type of House/Apartment

☐ Single Family Detached
 ☐ Semi-Detached / Row House
 ☐ Manufactured Home
 ☐ Garden / Walkup
 ☐ Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy.

☐ Section 202
 ☐ Section 221(d)(3)(BMIR)
 ☐ Section 236 (Insured or noninsured)
 ☐ Section 515 Rural Development

☐ Home
 ☐ Tax Credit

☐ Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric	(This area is intentionally left blank for owner/tenant specification.)		
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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 own 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 as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



HOUSING CHOICE VOUCHER PROGRAM ACKNOWLEDGMENT OF LANDLORD/TENANT SCREENING RESPONSIBILITY FORM

All Housing Authority of the County of Lackawanna (HACL) Housing Choice Voucher landlords/managers are responsible for screening families based on their tenancy histories, including such factors as:

1. Payment of rent and utility bills.
2. Caring for a unit and premises.
3. Respecting the rights of other residents to the peaceful enjoyment of their housing.
4. Drug-related criminal activity that is a threat to the health, safety, or property of others and, compliance with other essential conditions of tenancy.

FAIR HOUSING LAWS

HACL will actively enforce all Fair Housing Laws. Owners determined by a court or other administrative agency to be in violation of federal equal opportunity requirements will be barred from participating in the Housing Choice Voucher Program.

LEASING TO RELATIVES

The unit to be rented to the Housing Choice Voucher participant will not be a unit owned by a parent, child, grandparent, grandchild, sister or brother of the Housing Choice Voucher participant, in accordance with HUD's final rule effective 6/17/98.

I hereby acknowledge my receipt of this form.

Signature Of Landlord

Date

HOUSING CHOICE VOUCHER PROGRAM LANDLORD CERTIFICATION

Tenant's Name: _____

Address: _____

Ownership of Assisted Unit:

I certify that I am the legal or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Approved Residents of the Assisted Unit:

I understand that the family members listed on the dwelling lease agreement, as approved by the Housing Authority of the County of Lackawanna, are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards:

I understand my obligations in compliance with the Housing Assistance Payment Contract, related to performing the necessary maintenance to ensure the unit continues to comply with the Housing Quality Standards.

Security Deposit and Tenant Rent Payments:

I understand that the amount of security deposit and the tenant's portion of the contract rent are determined by the Housing Authority of the County of Lackawanna, and that it is illegal to charge any additional amounts for any other item not specified in the lease which have not been specifically approved by the Housing Authority of the County of Lackawanna.

Reporting Vacancies to the Housing Authority of the County of Lackawanna:

I understand that should the assisted unit become vacant, I am responsible to notify the Housing Authority of the County of Lackawanna immediately in writing.

Computer Matching Consent:

I understand the Housing Assistance Payment Contract permits the Housing Authority the County of Lackawanna or HUD to conduct computer matches to verify my compliance, as they deem necessary. The Housing Authority of Lackawanna County and HUD may release and exchange information regarding my participation in the Housing Choice Voucher Program with other Federal and State agencies.

Administrative and Criminal Actions for Intentional Violations:

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

Signature of Landlord

Date

WARNING – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

The housing authority has adopted the following regulations with regard to fire and safety issues.

BASEMENTS:

Basements **MUST** be accessible to the inspector at the time of the inspection. (Inspector **MUST** be informed if the tenant/s have access to the basement)

FIRE PROTECTION SYSTEMS (Smoke Alarms)

[F] **704.2 Smoke alarms.** Single- or multiple-station smoke alarms shall be installed and maintained in Groups R-2, R-3, R-4 and in dwellings not regulated in Group R occupancies, regardless of *occupant* load at all of the following locations:

1. On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of *bedrooms*.
2. In each room used for sleeping purposes.
3. In each story within a *dwelling unit*, including *basements* and cellars but not including crawl spaces and uninhabitable attics. In dwellings or *dwelling units* with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.

Single- or multiple-station smoke alarms shall be installed in other groups in accordance with the *International Fire Code*.

SECTION 605 **ELECTRICAL EQUIPMENT**

605.1 Installation. All electrical equipment, wiring and appliances shall be properly installed and maintained in a safe and *approved* manner.

605.2 Receptacles. Every *habitable space* in a dwelling shall contain at least two separate and remote receptacle outlets. Every laundry area shall contain at least one grounded-type receptacle or a receptacle with a ground fault circuit interrupter. Every *bathroom* shall contain at least one receptacle. Any new *bathroom* receptacle outlet shall have ground fault circuit interrupter protection. All receptacle outlets shall have the appropriate faceplate cover for the location.

Many countertop kitchen appliances are ungrounded, and the presence of water and grounded surfaces contributes to a hazardous environment, leading to the requirement for GFCI protection around a kitchen sink. The requirement is intended for receptacles serving the countertop. Receptacles installed for disposals, dishwashers, and trash compactors are not required to be protected by GFCI receptacles. Receptacles installed to serve countertops cannot be installed in the countertop in the face up position because liquid, dirt and other foreign material can enter the receptacle.

Recognizing that sinks at wet bars are not the only location where a ground-fault shock hazard exists, this requirement now also covers sinks in Laundry and utility areas. GFCI protection requirements are now in place for all areas in a dwelling unit in which a sink is installed. The revised text of this requirement does not limit the GFCI requirement to only receptacles serving countertop surfaces; it covers all 125-volt, 15 and 20-ampere receptacles that are within 6 ft. of any point along the outside edge of the sink.



SMOKE DETECTOR CERTIFICATION

Address of unit: _____

Zip Code: _____

I do hereby certify that in accordance with U.S. Department of Housing and Urban Development regulations regarding smoke detectors, effective October 30, 1992, that:

1. The dwelling unit identified above is protected by at least one battery operated or hard-wired smoke detector, in properly working condition, on each level of the unit; and
2. Each bedroom occupied by a person known to me to be hear-impaired has a visual alarm system connected to the smoke detector installed in the hallway; and
3. A properly functioning smoke detector is located in the hallway near all bedrooms.

This certification must be signed, dated and returned to our Housing Choice Voucher Department.

Signature of Landlord

Date

COMMON INSPECTIONS VIOLATIONS

At the time of inspection, the unit should be "move-in" ready. Provided below is a list of common inspections violations you may wish to review. If any of these violations are observed during the inspection, the unit may fail.

Other Hazards

- ☐ Cellar – Remove and replace unsafe structural elements
- ☐ Cellar – Remove unsafe equipment
- ☐ Cellar – Discontinue the storage of combustible materials
- ☐ The unit is unfit for human habitation, being referred to License & Inspections

Exterior Surfaces

- ☐ Maintain the premises free of weeds
- ☐ Grade premises to prevent accumulation of water
- ☐ Repair detached garage
- ☐ Remove inoperable vehicle(s)
- ☐ Repair leaking deck 2nd floor
- ☐ Replace or repair defective or missing drip edge/front/side/rear
- ☐ Repair defective thresholds

Sewer Conditions

- ☐ Remove obstruction from building drainage system
- ☐ Replace missing clean out plug
- ☐ Replace leaking sections of soil

Tub or Shower

- ☐ Seal joint between tub and wall
- ☐ Repair or replace leaking ballcock to prevent discharge to exterior of flush tank
- ☐ Provide tub/shower walls and partitions of water resistant material
- ☐ Repair or replace leaking flush elbow on toilet
- ☐ Reset and secure loose or leaking toilet seat
- ☐ Repair or replace defective flushing mechanism on toilet

Wall & Ceiling Condition

- ☐ Remove or replace loose wallpaper

Other Interior Hazards

- ☐ Discontinue use of basement for sleeping purposes

Electrical Hazards

- ☐ Install additional wall mounted receptacles, of the ground type
- ☐ Provide at least one grounded type receptacle in laundry area
- ☐ Provide at least a 20-ampere circuit to serve the power load
- ☐ Provide individual branch circuits as required to comply with the electrical code
- ☐ Install fuses or circuit breaker of correct ampere rating

Interior Stairs and Halls

- ☐ Provide at least one light over each entrance from the street and in prominent areas
- ☐ Provide at least one light on each floor.

Water Heater

- ☐ Supply water heater with combustion air to prevent incomplete combustion
- ☐ Relocate water heater from the bathroom/bedroom to prevent asphyxiation
- ☐ Provide a uniform upward slope on water heater smoke pipe
- ☐ Install water heater smoke pipe in diameter to vent outlet or collar on water heater
- ☐ Provide an approved chimney for water heater
- ☐ Seal opening around water heater smoke pipe with sound material



- ☐ Install an approved draft-diverted water heater
- ☐ Replace defective smoke pipe on water heater with sound material

Safety of Heating Equipment

- ☐ Repair or replace defective combustion chamber/flue passages of furnace boiler
- ☐ Repair or replace leaking steam/hot water boiler
- ☐ Remove rusted through or defective smoke pipe to inner face of chimney flue lining
- ☐ Repair or replace leaking steam/hot water boiler

Adequacy of Heating Equipment

- ☐ Remove obstruction from heat/return registrants
- ☐ Replace missing sections of heat/return air ducts
- ☐ Remove obstruction and debris from chimney
- ☐ Seal unused openings in chimney with noncombustible materials

Floor Condition

- ☐ Provide floor surface in bathroom that is substantially impervious to water

Fire Exits

- ☐ Remove ice and snow from exterior stairway and/or fire escapes
- ☐ Remove the accumulation of rubbish, garbage or other materials from stairway
- ☐ Repair or replace hardware of fire door
- ☐ Provide safe, continuous and unobstructed means of egress from unit

