

## **REQUEST FOR TENANCY APPROVAL**

### **Owner/Agent Checklist**

- Contract, Lease, and RFTA form should have no discrepancies with regards to responsibilities for the payment of utilities. Family should be fully aware of responsibilities for appliances.
- Family should be fully aware of the amount of the security deposit to be paid. The Allegheny County Housing Authority does not assist with the security deposit.
- The HUD prescribed Tenancy Addendum **MUST** be referenced to in the body of the Lease Agreement and attached to the Lease agreement; or, included verbatim in the body of your Lease agreement. The Tenancy Addendum is included also in the HAP contract. Your prospective tenant has been provided with a sample of this form and informed of HUD requirements.
- Once the unit and tenancy is approved, a contract packet will be mailed to the Owner/Agent for execution and immediate return. Contracts will become **VOID** if not returned within the given timeframe. No changes are to be made to the contract packet without prior approval of the assigned Housing Counselor.
- No rent monies in excess of the total contract rent (Tenant calculated portion plus Housing Authority payment) are to be requested from the family.
- All contracts will begin only on the 1<sup>st</sup> or 15<sup>th</sup> of each month. Units passing inspection between the 16<sup>th</sup> and 1<sup>st</sup> will begin the 1<sup>st</sup> of the following month. Units passing between the 2<sup>nd</sup> and 15<sup>th</sup> will begin the 15<sup>th</sup> of the month.

**Landlord please take for reference**

ALLEGHENY COUNTY HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR LEASE APPROVAL  
(BASIC INFORMATION SHEET)

In order for your unit to be approved for participation in the Section 8 Voucher Program, **this form must be completely filled out and returned to the Housing Authority or we will not schedule an inspection. The resident will be responsible for returning this signed form to the Housing Authority before the anticipated date of occupancy of the new unit.** The Housing Authority will begin payments to the owner when the lease approval inspection and process has been completed. **However, there are several things that must be taken into consideration by owners of units being considered for the Program before they enter into a contract. Please carefully read the following:**

1. **Moving in Before Lease Approval:** Although tenancy may not have been approved by the Housing Authority residency often occurs beforehand. **Any arrangements for occupancy, including rent prior to start of the contract are strictly between the owner and the resident.** Once the unit has been inspected and approved by the Housing Authority, the contract rent and tenant portion will be determined. **All contracts will begin only on the 1<sup>st</sup> or 15<sup>th</sup> of each month. Units passing inspection between the 16<sup>th</sup> and 1<sup>st</sup> will begin the 1<sup>st</sup> of the following month. Units passing between the 2<sup>nd</sup> and 15<sup>th</sup> will begin the 15<sup>th</sup> of the month.** No rent will be paid prior to the unit passing Section 8 Housing Quality Standards and the Owner accepting the set contract rent.
2. **References and Screening:** It is strongly advised that owners screen prospective residents and obtain references from previous owners as to housekeeping and rent paying history. Site visits of the prospective tenant's current residence may be a useful tool in measuring housekeeping habits. **The Housing Authority does not screen the residents.** We merely certify their eligibility to receive assistance under our programs
3. **Units Build Prior to 1978:** In the case of a unit built prior to 1978, for a family that includes a child under six (6) years old, the unit must be in compliance with the HUD Lead-Paint Regulation. 24 CFR Part 35.24 requires all interior surfaces and those exterior surfaces readily accessible to a child under six (6) years of age, such as walls, stairs, decks, porches, railings windows, doors and trim work, be free of any cracking, scaling, peeling, chipping or loose paint. The purpose of this regulation is to eliminate as far as practical the hazard of lead-based paint poisoning. All surfaces requiring treatment must be properly prepared to assure all defective paint has been removed. Surfaces must then be covered with a durable material to prevent further contamination. **Detailed information concerning proper removal and treatment procedures can be obtained by contacting the Allegheny Count Housing Authority Housing Choice Voucher Department.**
4. **Tax I.D. No. (W-9):** This information must be submitted for the person who will be receiving the IRS Form 1099 at the end of the year. Please use either the owner's personal I.D. No.; if a corporation, business or partnership, please use the respective Federal Tax I.D. No.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT  
(ACH CREDITS)**

**COMPANY: Allegheny County Housing Authority LOCATION: Pittsburgh**

I hereby authorize ACHA to initial credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) account designated. By acceptance of the funds through direct deposit, the owner certifies that to the best of his/her knowledge the dwelling unit is in decent, safe and sanitary condition; the contracting family is in the unit and is expected to be in the unit the entire month; the deposited amount is in accordance with the provisions of the HAP Contract and is payable under the HAP Contract; and all other facts and data on which this amount is based are true and correct.

**Anyone submitting fraudulent information is subject to fine or imprisonment.  
Title 18 U.S.S. 1001**

Written notification of all changes must be submitted to ACHA at least twenty days prior to payment date.

**NAME** \_\_\_\_\_ **TAX ID or SS#** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Include a voided check for checking account or deposit slip for savings account for direct deposit. If you prefer to receive a debit card, please complete below.**

**Name and Date of Birth** \_\_\_\_\_

**The ACHA does not print paper checks.**

**You must choose between direct deposit or a debit card.**

**If you are already signed up for direct deposit for existing tenants, you do not need to complete this form.**



ALLEGHENY  
COUNTY  
HOUSING  
AUTHORITY



YOU'LL BE GLAD TO CALL IT HOME.

301 Chartiers Avenue  
McKees Rocks, PA 15136

Phone (412) 355-8940

FAX (412) 642-2392

www.achsng.com

Executive Director  
Frank Aggazio

Board Members

Mark Foerster, Chair

Paul J. D'Alesandro

Derek E. Uber

Sara Innamorato

Sydney Hayden

Dear Owner/Agent:

Effective May 1, 2006, Allegheny County Housing Authority amended their Administrative Plan requiring Section 8 Landlords to obtain occupancy permits in boroughs that require them, for all new Housing Assistance Payment Contracts.

**A copy of the occupancy permit MUST BE PROVIDED before any unit passes HQS Inspection.** If you are unsure whether your borough or township requires an occupancy inspection and permit, please contact them directly.

Thank you for your cooperation regarding this important matter.

I understand it is my responsibility to provide an occupancy permit if it is required by the municipality before the unit will pass inspection.

\_\_\_\_\_  
Owner/Agent's Name (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Owner/Agent's Signature

\_\_\_\_\_  
Date

Rental Property Address \_\_\_\_\_

Borough Location \_\_\_\_\_

## Disclosure of Information on Lead-Based Paint and 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 taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

### Lessor's Disclosure (Initial)

(a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)

\_\_\_\_\_

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 one below):

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).

\_\_\_\_\_

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*.

### Owner/Agent's Acknowledgment (initial)

(e) Agent has informed the lessor of the lessor's obligations under 42.U.S.C. 4582(d) 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 provided by the signatory is true and accurate.

Owner/Agent

Date

Lessee

Date

# 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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

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. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

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"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input checked="" type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____			

**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 checked="" 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.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

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](http://www.irs.gov/FormW9) for instructions and the latest information.

	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	
Print or type. See Specific Instructions on page 3.	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) ▶ _____ <small>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.</small>  <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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	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.

Social security number					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; text-align:center;">-</td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; text-align:center;">-</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		

or

Employer identification number			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; text-align:center;">-</td> <td style="width:70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-	
	-		

**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.

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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](http://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.*

Family Name \_\_\_\_\_ Housing Counselor \_\_\_\_\_

**Applicant Information**

This resident must return this form by \_\_\_\_\_ (Voucher Expiration).

Applicant is eligible for a \_\_\_\_\_ bedroom unit/voucher.

Adults in family \_\_\_\_\_ Number of Children \_\_\_\_\_

**Owner/Agent Information**

Owner/Agent Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner/Agent Address \_\_\_\_\_

Payment should go to: \_\_\_\_\_ SS or TIN# \_\_\_\_\_  
(THIS INFORMATION MUST BE IDENTICAL TO THE W-9 AND AS ON FILE WITH THE IRS)

Owner/Agent Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

**Are tenant and owner related? Yes \_\_\_ No \_\_\_ If yes, what is the relationship? \_\_\_\_\_**

The Housing Authority cannot approve a unit if the tenant and owner are related in accordance with Regulation 982.306(d) "The Housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities."

**In accordance with Federal Regulation 982.306(c) the ACHA requires Landlords participating in The Housing Choice Voucher Programs MUST provide verification that all taxes (County, Borough and School) are paid for the year 2020.** If this property is mortgaged, a copy of your last escrow statement showing the property address and taxes being disbursed from the escrow is sufficient. If you are paying the taxes we will accept copies of tax receipts.

**YOU MUST PROVIDE PROOF OF PAID TAXES  
BEFORE THE REQUEST FOR TENANCY APPROVAL  
WILL BE ACCEPTED.**

Attention Landlords

This is the property amenity page.

Please complete in its entirety as it MAY increase your rent.

Full Address \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Property Type/Circle One: Single Family Detached Townhouse/Row Apartment

Amenities/Please Circle One

Air Conditioning	Yes	No
Ceiling Fans	Yes	No
Balcony	Yes	No
Dishwasher	Yes	No
Microwave	Yes	No
Garbage Disposal	Yes	No
On Site Laundry/Hookups	Yes	No
Lawn Care	Yes	No
Pest Control	Yes	No

Other \_\_\_\_\_

Type of Parking/Circle One

Garage Driveway Parking Lot Street Parking Other

