



## STEPS OF REQUEST FOR TENANCY APPROVAL (RFTA)

**\*PLEASE READ IN FULL\***

### STEP:

- 1) **Submit a complete Request for Tenancy Approval (RFTA) packet:** Landlord completes ALL pages of RFTA and returns to HAMC with **ALL** required supporting documentation. *Incomplete packets will only delay the process.*
- 2) **Approving the RFTA:** HAMC will approve/disapprove the RFTA within **14 days** of receiving a completed RFTA. This includes:
  - a) Ensuring the family qualifies for the unit. (Federal regulations state the family's portion must not exceed more than 40% of their Adjusted income (for rent AND utilities).
  - b) Verifying the unit is within HAMC's jurisdiction.
  - c) Verifying the units rent is reasonable compared to similar units in the same area.
- 3) **Scheduling the Inspection: \*SCHEDULING MAY TAKE UP TO 24 DAYS FROM WHEN A RFTA IS RECEIVED-SEE STEP 2\*)** Once it is determined that the family qualifies for the unit, the RFTA packet is sent to the Inspections Department for scheduling. The Inspector will contact the Landlord to schedule the inspection. *ALL utilities must be turned on and a working refrigerator must be in the unit before the inspector can inspect the unit.* (Refer to the attached "Most Common HQS Failure Items).

**\*\*Inspectors will communicate directly with the Landlord. Families should contact the Landlord to determine the status of the scheduled inspection date.**

- 4) **Inspection FAILS & Re-inspections:** If a unit fails the Initial inspection, it is the Landlords responsibility to contact the HAMC Inspector to reschedule. If a unit fails the Re-inspection, the family must pursue a different unit and start the RFTA process over again.
- 5) **Inspection PASSES/Move In's/Lease Up:** After the inspection has passed, the Housing Specialist will contact the family and provide approval to move in to the unit. The HAP Contract WILL NOT start until ALL of the following have happened:
  - a) The HAP payments & Contract have ended on the families previous subsidized unit.
  - b) The rental unit has a passed inspection.
  - c) The family has moved in to the unit.
  - d) The landlord has submitted a copy of the Executed Lease to HAMC.

**At the time of approved move in, the family should pay to the landlord, the estimated tenant rent portion, pay the security deposit, sign the lease, have the utilities transferred and receive the unit & mail keys from the landlord.**

**PARTICIPANT/TENANT INITIALS:** \_\_\_\_\_

- 6) **Submit completed Contact Log:** The family is responsible for submitting a completed Contact Log to HAMC within 5 days of moving in/taking possession of the unit.
- 7) **Processing the HAP (Housing Assistance Payment):** HAP Payments will be processed effective the move in date **OR** the passed inspection date, whichever is later. A HAP Contract will be generated and emailed to the landlord to sign and return to HAMC before HAP payments can be released. **Payments are issued once a month via Direct Deposit only.**
  - a) It may take up to **60 days** for the HAP Contract to be issued and the 1<sup>st</sup> HAP payment to be released.

**\*HAMC DOES NOT PAY FOR SECURITY DEPOSITS\***

**\*\*Landlords are required to provide ALL of the following supporting documents with the RFTA: (Incomplete packets will only delay the process): Voided Check or Bank letter that includes company name, account #, routing #, type of account, AND a Copy of your Property Management Agreement if you are using a Property Mgmt company, OR, Copy of proof of ownership (Assessor verification, Settlement Statement, Deed, etc) AND a Blank/Mock Lease.**



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**HAMC Housing Choice Voucher Jurisdiction/Service Area**

Please visit <https://geo.azmag.gov/maps/hamc/> to determine if an address is or is not in HAMC’s jurisdiction.

**HAMC’s jurisdiction DOES NOT include:**

- \* Phoenix
- \* Scottsdale
- \* Chandler
- \* Glendale
- \* Tempe
- \* A majority of Mesa

HAMC’s jurisdiction DOES include the below cities—however, some may be shared. Please see information regarding cities where HAMC shares jurisdiction with another housing authority.

<p style="text-align: center;">Aguila Anthem Apache Junction <i>(HAMC &amp; Pinal County HA)*</i> Arlington Avondale Buckeye Carefree Cashion Carefree Cave Creek Circle City Desert Hills El Mirage Fountain Hills Gila Bend Gilbert Gladden Glendale <i>(HAMC &amp; Glendale HA)*</i> Goodyear Guadalupe Higley Litchfield Park</p> <p><b><i>*HAMC jurisdiction extends to all unincorporated areas and county islands.</i></b></p>	<p style="text-align: center;">Mesa <i>(HAMC &amp; Mesa HA)*</i> Morristown New River Palo Verde Paloma Paradise Valley Peoria Queen Creek <i>(HAMC &amp; Pinal County HA)*</i> Sentinel Sun City Sun City Grand Sun City West Sun Lakes Surprise Tonopah Verrado Waddell Wickenburg Wintersburg Wittmann Youngtown</p> <p><b><i>*HAMC shares jurisdiction with another housing authority.</i></b></p>
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**Explanation:**

- **Glendale** - Primarily City of Glendale jurisdiction; only a small area is in a county island.
- **Mesa** - County islands in East Mesa (South Power Road and east of Power Road).
- **Laveen** - Primarily City of Phoenix jurisdiction; only a small area is in a county island.
- **Tolleson** - Primarily City of Phoenix jurisdiction; only a small area is in a county island.





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**RFTA - REQUEST FOR TENANCY APPROVAL (INSPECTION)**

To qualify the unit for HCV (Section 8) assistance, ALL information on these forms MUST be completed to request an inspection. If ALL the information is not completed, signed and returned, it will delay the inspection process and in turn, delay the lease up and payment process.

**PLEASE NOTE:** Information on the W-9 must reflect your information submitted to the IRS for the payee of this property.

By completing this form, you are indicating to the Housing Authority office that you are interested in participating under the HUD HCV (Section 8) rental assistance program. If you need more information about the program, please call our office at 602-744-4500.

**PARTICIPANT (Tenant) NAME:** \_\_\_\_\_

**Participant Phone:** \_\_\_\_\_ **Participant Email:** \_\_\_\_\_

**ADDRESS OF UNIT:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**REQUESTED CONTRACT RENT AMOUNT + TAXES = \$** \_\_\_\_\_

(\*the amount requested cannot include additional fees; only rent and taxes. HAMC will round up total to the nearest whole dollar)

**IS THE UNIT VACANT? (unit must be vacant for initial inspection)** Yes \_\_\_\_\_ No \_\_\_\_\_

**IS THE PARTICIPANT CURRENTLY LIVING IN THE UNIT?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are ALL unit utilities separately metered?** Yes \_\_\_\_\_ No \_\_\_\_\_ **IF NO: Utility NOT separately metered?**

**# of Bedrooms in unit** \_\_\_\_\_ **# of Bathrooms** \_\_\_\_\_ **Square Footage:** \_\_\_\_\_ **Year Unit was Built:** \_\_\_\_\_

**ARE ANY OF THE FOLLOWING PROVIDED AT NO ADDITIONAL COST? IF NO, PROVIDE COST:**

	Yes	No	Add'l Cost		Yes	No	Add'l Cost
Range/Stove	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Washer/Dryer Hookup	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	CoinOp Laundry Facilities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Loft/Den	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Playground	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Storage Area	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Parking Space	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Garage/Carport	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Lawn Care	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Do you have onsite maintenance:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Is the unit Handicap Accessible:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are any of the following services within a 2-mile radius? (X all that apply):**

\_\_\_\_ Public Transportation    \_\_\_\_ Stores    \_\_\_\_ Schools    \_\_\_\_ Medical Facilities    \_\_\_\_ Park/Playground



# 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 <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

## 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)			
Refrigerator			Provided by
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.

**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

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

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) <b>Housing Authority of Maricopa County</b> <b>8710 N. 78th Ave, Suite D</b> <b>Peoria, AZ 85345</b>	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *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:

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.

<b>Sign Here</b>	Signature of U.S. person	Date
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## 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).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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### DIRECT DEPOSIT AUTHORIZATION

New Setup                       Change                       Cancellation

I hereby request and authorize the Housing Authority of Maricopa County (HAMC) to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Name on Bank Account: \_\_\_\_\_

SSN or TIN of Person/Business on Bank Account: \_\_\_\_\_

Financial Institution (bank name): \_\_\_\_\_

9 Digit Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Type of Account:    \_\_\_\_\_ Checking    - A Voided Check or Bank Letter must be attached.

   \_\_\_\_\_ Savings    - A Bank Letter must be attached.

*\*The name on the bank account and the TIN/SSN MUST match back the information provided on the W-9*

Please note: The person/business' name and the TIN/SSN to which the direct deposit is made, will receive a 1099 form from HAMC at the year end. Therefore, before a direct deposit can be made, the HAMC must have a W-9 on file for the person/business for which the direct deposit will be made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

Return form to:            The Housing Authority of Maricopa County  
8910 N. 78<sup>th</sup> Ave  
Peoria, AZ 85345

REVISED 2.2024



## 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 (initial (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing. Describe what is known:

\_\_\_\_\_

(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 (initial (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

### Paperwork Reduction Act

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0151). Responses to this collection of information are mandatory (40 CFR 745). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.12 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.





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COMMONLY REQUIRED REPAIRS/FAIL INSPECTION ITEMS

The Housing Authority of Maricopa County (HAMC) cannot start HAP payment to the landlord if there are any required repairs to the property. The property must be free of any hazardous or unhealthy materials.

The following is a general list of commonly found required repair items. Use this form as a Checklist BEFORE the HAMC inspector inspects your property.

- Utilities Not On – ALL utilities (water, electric gas) must be on for the inspection to occur
- Electrical Cover Plates – Cracked, Broken or Missing
- Electrical Outlets – Must be wired properly, including G.F.I. for kitchens and bathrooms
- Smoke Detectors – Missing or not working. Two-story dwelling units must have a smoke detector on each level. Units with basements must have a smoke detector in the basement. Smoke detectors must be hard-wired or have a 10-year sealed battery.
- Carbon Monoxide Alarms or Detectors – owners must install carbon monoxide alarms or detectors in accordance with the standards of the [2018 International Fire Code \(IFC\)](https://codes.iccsafe.org/content/IFC2018). For the full 2018 IFC Code you may visit <https://codes.iccsafe.org/content/IFC2018>
- Utilities– Service must be turned on so that all appliances can be inspected (including the heater: Heater pilot must be on) It is the landlords responsibility to provide utility service for the inspection. After the inspection, depending upon the lease agreement utility responsibility, the utilities may then be put into the tenants name.
- Stove & Refrigerator – Must be in the unit and in working condition.
- Stove – Oven and all burners must be in working condition and all knobs must be present.
- Carpeting – Cannot have any tripping hazards (i.e.: seams pulling apart, pulled threads, uneven, etc).
- Fireplace – Must have current (within one year) inspection from licensed chimney inspector.
- Water Leaks.
- Water Heater – must have temperature pressure release valve with a drain line.
- Bathroom Fan – if present, must be plugged in (if applicable) and in working condition.
- Debris – must be removed from the interior and exterior of the unit.

I have reviewed the above checklist and the unit is ready for inspection. I also understand that a more complete list of items is available in the booklet “A Good Place To Live” [https://www.hud.gov/sites/documents/DOC\\_11735.PDF](https://www.hud.gov/sites/documents/DOC_11735.PDF)

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Revised 1.2025





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**LANDLORD CERTIFICATION**  
**Housing Choice Voucher (Section 8)**

**Tenant Name:** \_\_\_\_\_

**Address of assisted unit:** \_\_\_\_\_

**Approved Residents of Assisted Unit:** I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority, are the only individuals permitted to reside in the unit. **I also understand that I, landlord/owner/property mgmt., etc, am not permitted to live in the assisted unit while I am receiving housing assistance payments.**

**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.

**Initial Lease-Up:** I understand payment of the initial lease up may be delayed for up to 60 (sixty) days without penalty to the tenant **OR** the housing authority.

**Housing Quality Standards:** I understand my obligations in compliance with the Housing Assistance Payment contract to perform necessary maintenance, maintain appliances, and pay utility bills (if applicable) so the unit continues to comply with HQS/NSPIRE standards.

**Tenant Rent Payments:** I understand that the tenants' portion of the contract rent is determined by the housing authority and that it is illegal to charge any additional amounts (side agreements) for rent or any other item (except security deposits and payments for damages) not specified in the Lease, which have not been specifically approved for the housing authority.

**Reporting Vacancies to the Housing Authority:** I understand that should the assisted unit become vacant, I am responsible for **immediately** notifying the housing authority, in writing.

**Computer Matching Consent:** I understand the Housing Assistance payment Contract permits the housing authority or HUD to verify my compliance with the Contract. I consent for the housing authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The housing authority and HUD may release and exchange information regarding my participation in the HCV (Section 8) 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 HCV (Section 8) program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under the Federal and State Criminal Law.

**Print Owner/Agent Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Owner/Property Mgmt Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Revised 5.2024

