# Thank You for Your Interest in the Housing Choice Voucher Program

Dear Prospective Landlord,

Thank you for your interest in the Housing Choice Voucher (HCV) Program! HCV is the federal government's primary program for helping low-income families, the elderly, and persons with disabilities access quality housing.

## What You'll Find in This Packet

This packet is designed to help you understand and apply to participate in the HCV program:

- **Program Overview**
  This section provides answers to frequently asked questions.
- **Landlord Checklist**
  A checklist with a high-level overview of the HCV program for landlords.
- **HCV Responsibilities & Requirements**
  This section lays out guidelines for what's expected from landlords, tenants, and CHA.
- **Housing Inspections**
  This section provides housing quality requirements and inspection information.
- **Required Forms**
  These forms and documentation are required for you to apply to participate in the program.

Additionally, we wanted to let you know a property inspection will not be scheduled until a potential tenant expresses interest in one of your properties.

## Resources and Support

The Conway Housing Authority's Housing Department is committed to making this process smooth for landlords.

Our housing staff is ready to answer your questions Monday through Thursday from 8:00 AM to 4:30 PM at 501-327-0156.

We look forward to building a productive partnership with you!

# Program Overview

Conway Housing Authority manages Housing Choice Vouchers for eligible tenants. Once approved, tenants receive a voucher allowing them to search for housing anywhere within Conways jurisdiction. Landlords participating in the program must have property the meets HUD inspection standards.

### How is rent determined?

CHA payment standards allow landlords to charge up to 110% of Fair Market Rents. Collecting any additional payments outside of the official agreement is prohibited by law. Typically, the tenant pays 30% of their adjusted income toward rent, and CHA pays the rest directly to the landlord. While tenants can choose to pay more (up to 40% of their income) with landlord approval, they cannot exceed this limit. After CHA approves the arrangement, both the landlord and the tenant will sign a Housing Assistance Payment (HAP) contract with CHA.

### What is the role of CHA under the HCV program?

handles the HCV Program administration process:

- ATCOG accepts HCV program applications
- determines which tenants qualify for assistance
- educates tenants about how the program works and what their responsibilities are to both the landlord and our agency
- conducts all property inspections to ensure properties meet safety and quality standards
- reviews and approves lease agreements
- calculates how much rent the tenant will pay and how much CHA will pay
- deposits our portion of the rent directly into the landlord's account monthly

### How do landlords benefit from the HCV program?

Landlord enjoy several important benefits:

- **Reliable Income**: Receive guaranteed monthly payments directly deposited into your account
- **Payment Security**: Even if tenants face financial hardship (like job loss), CHA will adjust our portion of the rent payment to cover the difference
- **Lower Risk**: Tenants have strong incentives to pay on time since they could lose their voucher for non-payment
- **Quality Tenants**: Work with qualified participants while maintaining your right to conduct your own screening process (using non-discriminatory criteria)
- **Community Impact**: Help provide stable housing for families working toward self-sufficiency

### What rights do landlords have under the HCV program?

HCV program landlords maintain the same rights they have with any other tenants:

- Landlords control tenant selection based on their regular screening process
- Landlords manage the landlord-tenant relationship directly
- Landlords can enforce lease agreements and evict tenants for legitimate lease violations
- Landlords receive CHA's portion of the rent via direct deposit to their bank account (please allow until the 10th of each month for payments)

## What kind of housing qualifies for the HCV program?

Most rental housing can qualify, including:

- Single-family homes
- Duplexes and multiplexes
- Apartments
- Manufactured/mobile homes

To be eligible, your property must:

- Have rent prices within the HUD-established limits for its size and location
- Pass a housing quality inspection for safety and livability standards

## Who can receive Housing Choice Vouchers?

The program serves tenants where the household's gross income is at or below 80% of the local median income. Exact income limits vary based on where the tenant lives, how many people are in the family, and other factors.

## Can landlords screen potential tenants?

Yes. Landlords have full control over tenant selection. Landlords can use their normal screening process to screen HCV applicants, as long as the process follows fair housing laws. Landlords can check references, run credit reports, and verify rental history

CHA can provide information about an applicants' current and previous landlords, but CHA strongly recommends landlords research each applicant's rental history on their own. CHA only verifies that tenants qualify financially for the HCV program.

## Can a landlord collect a security deposit, pet deposit, and/or application fee?

Landlords can and should charge a reasonable security deposit. The lease will determine the amount of the security deposit. While there is no maximum limit for a security deposit, CHA may opt to prohibit amounts that are more than private market practices or more than amounts charged to unassisted properties. If pets are allowed, landlords may charge a pet deposit. Tenants are responsible for paying all deposits. Landlords may also charge an application fee to cover the costs of a background check.

## What can a landlord do if the tenant does not pay their portion of the rent?

Enforce the lease. If the tenant violates any provisions of the lease agreement, landlords may serve the tenant with a notice to comply with the lease or vacate the property. The notice must state the grounds for any termination of tenancy and must comply with Texas state law. A copy of any notice, including an eviction, must be sent to CHA as soon as it is served to the tenant.

## What can a landlord do if the tenant damages the rental property?

If the security deposit is not sufficient to cover unpaid rent, damages, or other amounts owed under the lease, the landlord may collect the balance from the tenant through legal means. The landlord may not collect unpaid rent, damages, or other amounts owed by the tenant under the lease from CHA. This provision applies to contracts executed after October 2, 1995. Contracts prior to that date may be eligible for limited payments of tenant damages and unpaid rent.

## Can a landlord collect HAP payments if the property is vacant?

There are no vacancy loss payments for properties placed under HAP contract after October 2, 1995. The landlord may keep the full Housing Assistance Payment for the month in which the tenant vacates the property.

## Can a current tenant use a Housing Choice Voucher?

Yes, a landlord's existing tenant can participate in the program if:

- They are apply for rental assistance from CHA.
- They qualify for assistance when their application is processed
- The landlord's property passes CHA's housing inspection

If these conditions are met, the landlord and their current tenant can join the program jointly.

## Can a landlord increase rent?

Yes. Under the HCV program landlords may request an increase in the contract rent any time after the first year, provided the new contract rent amount is reasonable. Landlords must give 60 days' notice in writing to both the tenant and CHA. The tenant will have the opportunity to either accept or reject the increase in rent. If the tenant rejects the increase, the tenant will be issued a voucher to locate to another property. Landlords are eligible one rent increase per year.

## What happens when a property with an HCV tenant changes ownership?

Section 1B of the HAP contract permits assignment or transfer of the contract with prior consent of CHA and specifically defines "transfer of ownership" in multiple owner situations, where an assignment or transfer may be interpreted as having taken place.

In transfers or assignments, the terms and conditions of the HAP contract, including payment amounts, bind the new owner. If the new owner refuses to accept the terms and conditions of the HAP contract, the tenant(s) will be issued a new voucher so they can locate to another property.

## Does CHA require authorization or other evidence of legal capacity to act on behalf of an owner when someone other than the owner executes the HAP contract?

Yes. The HAP contract makes no provisions for parties other than the owner to execute the contract, and, in fact, contains the owner's warranty of legal right to execute the contract and lease the property in question. Parties other than the owner must provide CHA with a Certificate of Authority signed by the owner, granting the legal right to lease the property and execute the HAP contract on behalf of the owner.

# Landlord Checklist

- ☐ **Free Advertising**
  With approval your name will be added to the landlord list, enabling clients to contact you regarding available properties.

- ☐ **Select and Screen the Tenant**
  When a tenant with a voucher approaches you, follow your regular screening procedures to determine their suitability as a tenant, so long as your procedures follow Fair Housing Laws.

- ☐ **Collect a Security/Pet Deposit (If Required)**
  The tenant is responsible for all deposits. Security deposits may not exceed the amount charged to unassisted tenants.

- ☐ **Send CHA a Request for Tenancy Approval (RFTA)**
  The tenant will provide this form to you to complete. You are not allowed to use white out on the form or to fax the form. Follow the guidelines on the form for how to return it to CHA. Once received, CHA will schedule an initial inspection within 10 days.

- ☐ **Return Required Documentation**
  Ensure the W-9, direct deposit authorization, and proof of ownership or management agreement have been provided to CHA. These documents are required to ensure CHA is paying the legal owner of the property. HAP monies cannot be released prior to receiving these documents in our office.

- ☐ **Sign HAP contract with CHA**
  A contract will require the signature of either the owner or the manager of the property. Payments will not commence until the property has passed inspection, the tenant has moved into the property, the contract is signed, and an original signed lease has been provided to CHA. Payments will begin on the first of the month following the signing of the HAP contract. After that, payments will be direct deposited around the first of each month. The tenant's portion of the rent may be adjusted when their income or family composition changes.

- ☐ **Notify CHA of Changes**
  Landlords must notify CHA in writing if there is a change in ownership, management, or change of address. CHA must also be notified if the tenant vacates the property and must receive copies of any notices given to the tenant.

# HCV Responsibilities & Requirements

## Landlord

- Thoroughly screens and interviews potential tenants
- Maintains the property by making repairs in a timely manner
- Collects security deposits and tenant's monthly rent portion
- Manages the property and enforces the lease
- Explains and enforces Neighborhood Association Rules
- Complies with the terms of the Housing Assistance Payment (HAP) contract
- Notifies CHA if a tenant vacates the property
- Notifies CHA in writing of any and all repeated tenant lease violations or disturbances
- Notifies CHA of an owner change

## CHA (Public Housing Authority)

- Reviews all tenant applications to determine eligibility for the HCV program
- Explains and enforces the rules of the HCV program to tenants and landlords
- Issues voucher to tenants
- Inspects the properties for compliance with housing quality standards
- Approves the property, landlord, lease, and rental amounts
- Sends housing assistance payments to the landlord
- Conducts annual and interim re-exams of the tenant's income and family composition and adjusts rent portions if necessary

## Tenant

- Provides CHA with complete and accurate information
- Reports changes in household income and/or family composition to CHA
- Locates a suitable property
- Pays landlord security deposits and application fees
- Attends scheduled appointments and returns requested documents on time
- Complies with the terms of the lease
- Pays their portion of rent to the landlord on time

## Rent Limits

- The rent requested must be comparable to similar unassisted properties
- A rent reasonable study will be conducted to determine if the requested rent amount is comparable to an unassisted property when considering the location, quality size, type, age, services, maintenance, and utilities provided.
- CHA must approve all requested rents for initial lease and any requested increases in rent.

## Lease Requirements

- The lease between the tenant and the landlord must be the same lease that is used for other unassisted tenants.
- The terms and conditions of the lease must be consistent with state and local law
- The lease must specify utilities and appliances supplied by the landlord to the tenant
- The lease will be accompanied by the HUD required Tenancy Addendum, which will be provided by CHA. The terms of the Tenancy Addendum may prevail over any other provisions of the lease
- The lease effective dates must match the effective dates of the HAP contract. The initial term of the lease has to be for one year.
- The approved rent amount, as determined by rent reasonableness, must match the HAP contract
- Copies of the signed lease between landlord and tenant must be provided to CHA

## Housing Assistance Payments

Rental assistance payments for the property listed on the Request for Tenancy Approval (RFTA) cannot begin until the following conditions are met:

- All required repairs identified during CHA's initial inspection have been completed and verified by an CHA housing inspector.
- All utilities are on in the property and appliances are in working order prior to the inspection.
- The landlord has accepted the approved contract rent as determined by rent reasonableness.
- Tenant occupies the dwelling.

**CHA does not pay pro-rated rent.** If you choose to allow the tenant to move in prior to or after the property has passed inspection, but before the effective date of lease and HAP contract, the tenant will be responsible for paying the full portion of the rent for that time period.

During the term of the lease, and at the tenant's annual recertification, there may be an adjustment to the HAP and the tenant's portion of the lease. These are usually initiated by changes in the tenant's family composition or income. The rent portions will be recalculated and a Rent Change Notice will be sent to tenant and landlord.

## Inspection Process

### Initial Inspection

All properties receive an inspection before lease signing and HAP contract execution. CHA will provide written details of any needed repairs to both the landlord and the tenant.

### Annual Inspection

Properties are inspected annually during tenant recertification. Landlords receive at least 10 business days' notice before the inspection. If non-life threatening repairs are needed, landlords have 30 days to complete them. Extensions may be granted for unexpected circumstances. If the repairs are life-threatening, the landlord will have 24-hours to complete the repairs. Failure to make repairs within the time frame will result in payment suspension (abatement). A $75 fee will be charged for any required re-inspections.

### Special Inspections

Both landlords and tenants can request additional inspections for specific concerns.

# Property Inspection Overview: Preparing Your Property

To ensure a smooth inspection process, please review this list of inspection requirements. Being prepared in advance will help avoid the need for re-inspections and delays.

**IMPORTANT: ALL UTILITIES MUST BE ON FOR THE INITIAL INSPECTION!**

## Key Inspection Areas

### Exterior Conditions

- ☐ **Paint condition (interior and exterior)**
  No peeling or chipping paint, especially in pre-1978 houses with children under 6
- ☐ **Structural Elements**
  No rotted or missing trim boards, porch boards, siding, or large holes in walls
- ☐ **Windows**
  No broken or missing panes. Windows should be operable with functioning locks and able to stay open without props. (HUD only requires one window in each room to be in operating condition).
- ☐ **Screens**
  If present, must be in good condition (not torn or bent)
- ☐ **Doors**
  All exterior doors need adequate locks and proper weather-stripping (double-keyed deadbolts are not permitted)
- ☐ **Safety Railings**
  Required for all areas with 4+ steps or elevated 30+ inches from the ground

### Interior Systems

- ☐ **Flooring**
  No loose or torn floor coverings that could cause tripping or cutting hazards
- ☐ **Bathroom Ventilation**
  Either an operable window or ventilation fan required
- ☐ **Electrical Safety**
  No missing outlet/switch covers, no open holes in breaker box, no exposed wiring
- ☐ **Outlet Requirements**
  - ☐ GFCI outlets within 6 feet of water sources (with exceptions for refrigerators, washing machines, garbage disposals)

- ☐ 3-prong outlets must be grounded; if not, they can be grounded or replaced with 2-prong outlets, GFCI outlets, or GFCI breakers
- ☐ All exterior electrical outlets must be GFCIs

## Plumbing

- ☐ Exterior Conditions
- ☐ Proper sewage drains
- ☐ No leaks
- ☐ Toilets secured to floor with seats in good condition
- ☐ Gas water heaters must be properly vented
- ☐ Both gas and electric water heaters need TPR valve drain lines installed in a downward slope. Lines should be the same size as the valve (usually ¾"). Lines must flow by gravity and terminate no more than 6" from the floor if not draining to the exterior or through the floor.

## Safety Equipment

- ☐ **Smoke Alarms**
  Required in each bedroom and common hallway (or outside bedrooms in split bedroom layouts). All smoke alarms must have 10-year sealed lithium batteries.
- ☐ **Carbon Monoxide Alarms**
  Required outside bedrooms where natural gas/propane is used (or in all-electric homes with attached garages/fireplaces)

## Heating & Appliances

- ☐ **Acceptable Heat Sources** include central heat/air, mini-split systems, window units, hard-wired wall or baseboard heaters
- ☐ **Unacceptable Heat Sources** include unvented gas space heaters, portable electric heaters
- ☐ **Temperature Requirement**
  Heating must maintain at least 65°F from October 1 through April 30
- ☐ **Appliances**
  Working stove and refrigerator (if supplied by landlord)

## General Conditions

- ☐ **Cleanliness**
  All trash and debris must be removed from inside and outside the property

**Please address any needed repairs promptly.** Unresolved issues will delay your contract and/or payments until corrections are made.

# Required Forms

- ☐ Housing Choice Voucher Program Survey
- ☐ Landlord Contact Information Release form (if applicable)
- ☐ Certificate of Authority (if someone else will manage the property)
- ☐ Restrictions on Leasing to Relatives Form
- ☐ Direct Deposit Authorization Form
- ☐ RFTA Form (from prospective tenant)
- ☐ W-9 Form
- ☐ Copy of property deed or purchase documentation

All forms should be mailed back to:

**Conway Housing Authority**
**Attention: HCV Department**
**335 S. Mitchell St.**
**Conway, AR 72034**

If you have any questions about how to complete these forms, please call our office at

**501-327-0156**

# Housing Choice Voucher Program Survey

Please complete all of the information about the property listed below.

## PROPERTY INFORMATION

**Building Name (optional)** _____

**Street Address** _____ **Apt #** _____

**City** _____ **State** _____ **Zip** _____

## LANDLORD INFORMATION

### MANAGEMENT INFORMATION

**Managed By**
☐ Owner
☐ Management Company

**Manager Name** _____

**Manager Phone** _____

**Is the manager on-site?**
☐ Yes
☐ No

### OWNER INFORMATION

**Owner Name** _____

**Owner Address** _____

_____

**City** _____

**State** _____ **Zip** _____

## PROPERTY SIZE, COST AND UTILITIES PROVIDED

### PROPERTY SIZE

**# of Bedrooms** _____

**# of Bathrooms** _____

**Square Footage** ☐ Above Average ☐ Average ☐ Below Average

### LEASE INFORMATION

**Current Rent** _____

**Date Rented** _____

☐ Yes ☐ No

Property is assisted under a federal, state or local government program or the rent and rent increases are restricted by law or court action.

### Owner Paid Utilities (Check all utilities include in the rent)

☐ Heat ☐ Water Heat ☐ Water ☐ Trash Collection ☐ Refrigerator
☐ Cooking ☐ Other Electric ☐ Sewer ☐ Air Conditioning ☐ Range

### Types of Utilities Used

The unit is heated with:
☐ Natural Gas
☐ Oil
☐ Electric
☐ Bottle Gas

The unit is heated with:
☐ Natural Gas
☐ Oil
☐ Electric
☐ Bottle Gas

The unit is heated with:
☐ Natural Gas
☐ Oil
☐ Electric
☐ Bottle Gas

# Housing Choice Voucher Program Survey (Continued)

## PROPERTY TYPE, QUALITY AND AGE

**Property Type**
Check the one box that best describes the property.

- ☐ High Rise
- ☐ Low Rise (3,4 Stories)
- ☐ Mobile Home
- ☐ Row House/Garden/Townhouse
- ☐ Semi Detached Duplex
- ☐ Shared Housing
- ☐ Single Family Detached
- ☐ Single Room Occupancy

**Property Quality**
Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

☐ Above Average ☐ Average ☐ Below Average

**Property Age**
Estimated year of construction or last major renovation _____

**Property Accessibility**
Check all that apply if the unit has specific features to assist people with the following types of disabilities:

- ☐ Hearing
- ☐ Mobility
- ☐ Sight
- ☐ Other

## AMENITIES, SERVICES AND MAINTENANCE

Check all of the items listed below that are included in the rent of the unit.

- ☐ Access to Medical
- ☐ Access to Schools
- ☐ Access to Transportation
- ☐ Air Conditioning
- ☐ Air Conditioning - Wall Unit
- ☐ Alarm Security Service
- ☐ Carpeting
- ☐ Ceiling Fans
- ☐ Community Room
- ☐ Covered Parking
- ☐ Day Care
- ☐ Dishwasher
- ☐ Elevator
- ☐ Fenced Yard
- ☐ Fireplace
- ☐ Garage
- ☐ Garbage Disposal
- ☐ Gardener
- ☐ Ground Level Unit
- ☐ Laundry Facilities
- ☐ Microwave
- ☐ New Floor Coverings
- ☐ New Window Coverings
- ☐ On-site Management
- ☐ On-Site Maintenance
- ☐ Park
- ☐ Patio/Deck
- ☐ Playground
- ☐ Pool Service
- ☐ Pool/Spa
- ☐ Refrigerator
- ☐ Remodeled Unit
- ☐ Security Guard/System
- ☐ Storage
- ☐ Trash Collection
- ☐ Trash Compactor
- ☐ Washer/Dryer Hookups
- ☐ Washer/Dryer Provided
- ☐ Wheelchair Accessible

## CERTIFICATION

By signing below, I certify the information on this form is true and complete to the best of my knowledge and belief. I understand I can be fined up to $10,000 if I furnish false or incomplete information.

_____
Signature

_____ _____
Printed Name Date

# Landlord Contact Information Release

As the owner/landlord or property manager, I agree to allow the Public Housing Agency (PHA) to share my contact information with current prospective tenants, including those participating in housing assistance programs such as the Housing Choice Voucher (HCV) program.

I understand that this information may be shared:

- ☐ In printed listings
- ☐ On CHA's website
- ☐ In response to direct tenant inquiries

**I agree to the following:**

- ☐ My name, business/property management name, and phone number may be shared with voucher holders and applicants seeking rental housing.
- ☐ I will notify CHA if any of my contact information changes or if I no longer wish to have my information shared.

_____

Owner/Business Name

_____

Phone Number

_____

County where the unit is located

_____ _____

Signature Date

# Certificate of Authority

Please complete this form if someone other than the property owner will manage the property.

## PROPERTY INFORMATION

**Property Name** _____

**Property Address** _____ **SSN/TIN** _____

**City** _____ **State** _____ **Zip** _____

## AUTHORIZED DESIGNEE INFORMATION

**Designee Name** _____

**Designee Title** _____

**Designee Agency Name** _____

**Agency Address** _____ **Unit #** _____

**City** _____ **State** _____ **Zip** _____

## CERTIFICATION

By checking the options below, I, the property owner, certify the above-named person is designated as my authorized representative to:

☐ Enter into written agreements on my behalf.
☐ Receive monies, make disbursements, and change bank information.
☐ Have repairs made to my unit(s) as required
☐ Other (Please describe in the box below what "other" things you authorize)

| |
|---|
| |

_____ _____

**Signature of Property Owner** **Date**

_____ _____

**Signature of Authorized Person Acknowledging Designation** **Date**

## NOTARY

**State of Arkansas, County of**

**This instrument was acknowledged before me on (DATE)** _____

**by (Name of Property Owner)** _____

_____

Notary Public Printed Name

Notary Stamp/Seal

_____

Notary Public Signature

# Restrictions on Leasing to Relatives

The Department of Housing and Urban Development (HUD) is the federal agency that supplies the funding used for the Housing Choice Voucher (HCV) program. According to HUD, a HCV tenant cannot be related by blood or marriage to the owner of the property they rent.

**HUD defines a family member as follows:**

- Child (a child is defined as a son, stepson, daughter, or stepdaughter)
- Parent (includes a step-parent or foster parent)
- Grandparent (includes a step-grandparent or foster grandparent)
- Spouse or domestic partner
- Legally adopted son or daughter
- Foster child
- Brother, stepbrother or sister, stepsister
- Uncle or aunt
- Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law

HUD only allows renting from a family member if you're a person with disabilities who requires modified accommodation and this accommodation is only available from a relative. Your relative cannot live in the same rental unit. Renting under this exception is only allowed with prior approval from CHA and requires an explanation (backed by medical reports) of the special features your unit must have to accommodate your disability. You'll also need to prove you've searched for a unit with the necessary features and were unable to find one.

## PROPERTY INFORMATION

**Property Name** _____

**Property Address** _____ **Unit #** _____

**City** _____ **State** _____ **Zip** _____

## CERTIFICATION

Please select the appropriate box below:

☐ I certify that as the owner, principal or other interested party, I am not related to the proposed owner in accordance with the above regulation.

☐ I certify that as the applicant/tenant principal or other interested party, I am not related to the owner in accordance with the above regulation.

☐ I certify that as the owner, principal or other interested party, I am related to the proposed tenant In Accordance with the above regulation.

☐ I certify that as the applicant/tenant, principal or other Interested party, I am related to the owner in accordance with the above regulation.

_____

Signature

Printed Name _____ Date _____

**WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offence to make willfully false statements or misrepresentations on any Department or Agency of the US as to any matter within its jurisdiction.**

# Direct Deposit Authorization

Please complete this form and return to:
Conway Housing Authority
335 S. Mitchell St.
Conway, AR 72034

## PART 1: TRANSACTION TYPE

☐ New Setup
☐ Cancellation (Leave Part 4 Blank)
☐ Change Financial Institution
☐ Change Account Number
☐ Change Account Type

## PART 2: PAYEE IDENTIFICATION

**Tax ID (Social Security # or EIN)** _____

**Name** _____

**Email Address** _____

I would like to receive correspondence via email. ☐ Yes ☐ No

**Phone Number** _____

**Address** _____ **Unit #** _____

**City** _____ **State** _____ **Zip** _____

## PART 3: AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

☐ By signing below, I hereby request and authorize the Conway Housing Authority (CHA) to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amount 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.

☐ I agree that this authorization will remain in effect until written notice to terminate is given. As the undersigned, I must allow a reasonable amount of time for initiating or terminating Direct Deposit. I am responsible for notification of any change in financial institution information. I understand I must submit all change no later than the 5th of each month.

☐ I remove CHA from any liability associated with the account listed on this form.

_____

**Signature**

_____ _____

**Printed Name** **Date**

## PART 4: BANK INFORMATION

**Account Type** □ Checking □ Savings

**Bank Name** _____

**Routing Number** _____

**Account Number** _____

**Attach a voided check or copy of routing and accounting number to this form.**

# Instructions for Request for Tenancy Approval (RFTA) Form

The official form will be provided to you by the prospective tenant. A sample is provided on the next page.

The RFTA form is the basis for all initial information regarding the dwelling and should be filled out as completely as possible.

Guidance for how to fill out each box/section is listed below by corresponding number:

1. Conway Housing Authority
2. Complete address of the property
3. Date the landlord plans for the lease to begin
4. Number of bedrooms
5. Year constructed, if known
6. The proposed rent
7. Amount of security deposit, if any
8. The date it will be ready for inspection
9. Type of dwelling
10. If property is subsidized in any way
11. Utilities and appliances. Please fill this out completely.
    What energy source is used on the heating system, cooking appliance, and water heater?Who is responsible for paying any utilities? Who is responsible for providing either refrigerator or cook stove, and who pays for it?
12. Owner's certification that the rent requested is comparable to any unassisted properties that you own, if you own more than 4 properties. It also includes the verification concerning renting to relatives. Item C is related to the presence (if any) of lead-based paint.
13. Self-explanatory
14. Self-explanatory
15. Self-explanatory

Completely fill out this form. This document should be completed by the landlord, not the tenant. At the bottom of the form are the respective sections for the landlord and tenant to sign. The tenant should only sign their section.

# 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) |
|---|---|
| **Conway Housing Authority**<br>**335 S. Mitchell St.**<br>**Conway, AR 72034** | |

| 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

- ☐ Single Family Detached (one family under one roof)
- ☐ Semi-Detached (duplex, attached on one side)
- ☐ Rowhouse/Townhouse (attached on two sides)
- ☐ Low-rise apartment building (4 stories or fewer)
- ☐ High-rise apartment building (5+ stories)
- ☐ Manufactured Home (mobile home)

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

- ☐ Section 202
- ☐ Section 221(d)(3)(BMIR)
- ☐ Tax Credit
- ☐ HOME
- ☐ Section 236 (insured or uninsured)
- ☐ Section 515 Rural Development
- ☐ 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 | ☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Heat Pump ☐ Oil ☐ Other | |
| Cooking | ☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Other | |
| Water Heating | ☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Oil ☐ Other | |
| Other Electric | | |
| Water | | |
| Sewer | | |
| Trash Collection | | |
| Air Conditioning | | |
| Other (specify) | | |
| | | Provided by |
| Refrigerator | | |
| Range/Microwave | | |

**SAMPLE RFTA FORM**

**IF THIS IS NOT RETURNED BY THE 25TH OF THE MONTH, THEN THE UNIT MAY NOT BE INSPECTED UNTIL THE FOLLOWING MONTH.**

**EXPIRATION DATE:**
**BEDROOM SIZE:**

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.

# SAMPLE RFTA FORM

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) |

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

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

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

**Print or type.** See ***Specific Instructions*** on page 3.

**1** 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.)

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** 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.

☐ Other (see instructions)

**3b** 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 . . . . . ☐

**4** 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)

*(Applies to accounts maintained outside the United States.)*

**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. See also *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*.

## 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

335 S. Mitchell St* Conway, AR 72034 * TELEPHONE 501-327-0156 TOLL- FAX 501-327-8181. Equal Opportunity Employer/Program – Auxiliary Aids and Services are available upon request to individuals with disabilities.

# Rent Increase Request Form

**Landlord Name:** _____

**Tenant Name:** _____

**Unit Address:** _____

**Amount of Current Rent:** _____

**Amount of Requested Rent Increase:** _____

**Requested start date of new rent:** _____
**(must be 60-day after the date of this notice)**

**Reason for increase:** _____

_____

**Has tenant been given a 60 day notice?** _____

_____ _____

**Landlord Signature** **Date**