



Strengthening Homes, Communities and Lives
 289 Fair Street, Kingston, New York 12401
 Telephone 845-331-2140 • Fax 845-331-6217

www.rupco.org

REQUEST FOR TENANCY APPROVAL PACKET

Participant Name		Phone	
Log Number	Expiration Date	Voucher Size	

Thank you for your interest in the RUPCO Housing Choice Voucher Program!

Every time a family with a voucher moves into a rental unit, the unit must be approved **prior** to tenancy. Your prompt submission of all required information to RUPCO by mail to 289 Fair Street in Kingston, NY 12401 will help the process go smoothly and efficiently. Missing documents and/or incomplete information will delay the process.

Required Documentation

- Request for Tenancy Approval (attached)
- Disclosure of Information on Lead-Based Paint (attached)
- Copy of the unsigned lease noting whether it is a one- or two-year lease.

For owners new to the RUPCO HCV program

- Owner/Agent Data Form (attached)
- Valid driver's license or state identification card copy
- Management Agreement (if applicable)
- Direct Deposit Authorization form (attached)
 - Include a voided check (checking account) or a deposit slip (savings account)
- IRS form W-9 (attached)
- Tax identification
 - For an *individual* — a copy of your Social Security card
 - For a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
- Proof of Ownership and other applicable documents as listed on the Owner/Agent Data Form

<input type="checkbox"/> Owner <input type="checkbox"/> Managing Agent	Name	
If you are an existing owner/agent registered with RUPCO - Owner ID #		
Contact Person's Phone		Owner/Agent Email

What's next?

1. RUPCO will determine if the unit is the right size and lease amount for the family and that the rent is comparable with other similar units in the area.
2. An inspection will be scheduled for compliance with Housing Quality Standards (HQS).
3. Once the unit passes HQS inspection, please submit a copy of the signed lease by fax to 845-331-6217. The lease cannot begin before the unit passes HQS inspection.
4. RUPCO will review the lease and execute a Housing Assistance Payment (HAP) Contract with the owner/agent. Rental assistance will begin on the effective date of the HAP Contract and lease (which must start on the same day).

If the family moves in before the unit is approved, the family will be responsible for all rent payments until HCV rental assistance begins. **Please be aware that no payments will be issued until we receive the Housing Assistance Payment Contract and therefore payments make take up to 60-days.** Please call 845-331-2140 with any questions.

Note: Tenant screening and approval are the owner/agent's responsibility. **Have you screened your potential tenant?** Yes No

RUPCO Use Only:

<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Port In	RUPCO Staff	Voucher Issue	Property

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 09/30/2017)

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

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

9. Type of House/Apartment

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

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

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

Home
 Tax Credit

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

11. Utilities and Appliances

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

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

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

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

c. Check one of the following:

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

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

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

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

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

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

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.

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

OWNER RESPONSIBILITIES

1. Maintain the unit in accordance with our standards and provide normal maintenance.
 2. Keep mortgage payments current to prevent foreclosure.
 3. Provide information required by our office including proof of insurance coverage for a building leased under tenant based subsidy program.
 4. Collect any security deposit and tenant's share of rent.
 5. Collect any charges for damage caused by tenant, a member of tenant's family, or guests.
 6. Enforce tenant obligations under the lease.
 7. Pay for utilities and services unless paid by tenant under the lease.
 8. Owner may not violate:
 - a. Fair Housing Act
 - b. Federal Equal Opportunity requirements
 - c. Obligations under a Housing Assistance Payments (HAP) contract
 9. The owner may not
 - a. Commit any fraud, bribery or any other corrupt or criminal act in connection with Federal Housing Program
 - b. Engage in drug trafficking
- Owners are permitted and encouraged to screen families on the basis of their tenancy histories.
10. An owner may consider a family's background with respect to such factors as:
 - a. Payment of rent and utility bills
 - b. Caring for a unit and premises
 - c. Respecting the rights of others to the peaceful enjoyment of their housing
 - d. Drug related criminal activity or other criminal activity that is a threat to life, safety or property of others
 - e. Compliance with other essential conditions of tenancy.
 11. The agency must give the owner:
 - a. The family's current address (as shown in records)
 - b. Name and address (if known) of the landlord at the family's current and prior addresses.
 12. This agency must give the owner:
 - a. Information about the tenancy history of family members.
 - b. Information at the owner's request, if available, on drug-related criminal activity by family members.
 13. The Owner must not be the parent, child, grandparent, grandchild, sister, brother, or any member of the participating family.

_____ Owner _____ Date
_____ Family _____ Date

PLEASE ATTACH PROOF OF INSURANCE COVERAGE FOR THE RENTAL PROPERTY IN QUESTION.

- Certificate of Insurance for this rental property, with a minimum of \$300,000 in liability coverage
- The subsidizing agency, RUPCO, Inc., must be named as an additional insured under the policy for buildings with 4 or more units.



State of New York
 Division of Housing and Community Renewal
 25 Beaver Street, New York, NY 10004
 Web site: www.nysdhcr.gov
 E-Mail Address: Section8info@nysdhcr.gov

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 exposure is especially harmful to young children and pregnant women. Lead from paint chips and dust can pose health hazards if not taken care of properly. Before a tenant rents a unit that is pre-1978 housing, the landlord must disclose the presence of lead based paint and lead based paint hazards in the unit. Tenants must also receive a Federally-approved pamphlet on lead poisoning prevention.

Please write your initials as indicated below:

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 pamphlet (EPA -747-K-99-001) *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 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

 Lessor Date

 Lessor Date

 Lessee Date

 Lessee Date

 Agent Date

 Agent Date



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OWNER/AGENT DATA FORM

If you are a participating landlord with RUPCO you do not need return this form.

Owner Legal Name			
Owner Legal Address			
Telephone		Email	
Social Security Number/ Employer Identification Number		Individual that will receive 1099	
Managing Agent		Telephone	
Address			
I am claiming EXEMPT status from backup withholding (If yes, you must fill in Part II of the W-9 form.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that I am the present owner of the property identified above.

I certify that all of the information I have provided in this packet is true to the best of my knowledge.

Property Owner(s) or Manager(s) Signature(s)	Date

Documentation Requirements (please attach the following if applicable)

LLC	A letter stating name(s) of member(s) on LLC letterhead
LP	A letter stating name(s) of general partner(s) on LP letterhead
Corporation (Corporation and LTD)	A letter signed by the corporate officer on corporate letterhead with corporate seal, providing: 1) Name of the corporate President 2) Name of another corporate officer who will sign leases and contracts 3) If leases and contracts are being executed by anyone other than a corporate officer, authorization for this person or entity to execute leases and contracts on behalf of the corporation.
Trust	A copy of the trust deed and a Rider to the Request of Tenancy Approval form signed by all trustees and the tenant. The copy of the trust deed must have the full disclosure of all beneficiaries.

Acceptable Proof of Ownership	Unacceptable Proof of Ownership
Settlement statement Trust agreement Recorded deed with Schedule A Recorded quit claim Recorded judicial sale deed	Tax bill Mortgage documents Unrecorded deeds Deeds that do not include an official stamp from the county recorder's office on the upper right-hand corner of the document

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) > _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____

6 City, state, and ZIP code _____

7 List account number(s) here (optional) _____

Requester's name and address (optional) _____

See Specific Instructions on page 2.

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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

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 on page 3.

Sign Here Signature of U.S. person > _____ Date > _____

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/iv9.

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 1099 (home mortgage interest), 1098-E (student loan interest), 1099-T (dividend)
- Form 1099-C (cancelled debt)
- Form 1069-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?* on page 2.

By signing the filled-out form, you:

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



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DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form with a **volded check** to:

RUPCO
Housing Choice Voucher Program
 289 Fair Street
 Kingston, NY 12401

Please make sure that all information on this form is legible.

Part 1: Transaction Type

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

Part 2: Payee Identification

Owner/Company Tax ID (Social Security No. or Employer Identification No.)		Primary Phone Number	
Fax Number		Secondary Phone Number	
Name of Payee			
Contact name			
Street Address			
Payee Email		<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent	

Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize RUPCO 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 my payments may be erroneously transferred electronically.

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

Authorized Signature	Title	Date

Part 4: Required Information

Financial Institution		<input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation/Partnership/etc.)
Account Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number		
Account Number		

Payment remittances can be viewed at: <https://www1.dhcr.state.ny.us/Section8Payments/default.aspx>

HQS REQUIREMENTS FOR INITIAL/ANNUAL INSPECTIONS

****** (ALL UTILITIES MUST BE TURNED ON IN ORDER FOR US TO INSPECT) ******

SMOKE DETECTOR/CARBON MONOXIDE DETECTORS

- All detectors are properly mounted and in good working order (**with fresh batteries**). This is an automatic fail.
- Each level of the unit, including the basement, has a working smoke detector.
- Each unit has to have carbon monoxide detector located on the lowest level containing a sleeping room.

LIVING ROOM

- There are at least two (2) working electrical outlets OR one (1) electrical outlet and one (1) permanently installed light fixture.
- There is at least one window and if it is designed to open it must open and do so properly.

KITCHEN

- There is a working oven with burners and a complete set of knobs for turning them on and off.
- Microwaves are allowed as substitutions in some cases. **Portable hot plates are not allowed.**
- There is a working refrigerator with freezer space that maintains a low enough temperature to prevent food from spoiling.
- There is a permanently attached sink with running hot and cold water and a properly connected working drain with a gas trap.
- There is enough space to store, prepare, and serve food.
- There is a permanently installed light fixture and at least one electrical outlet.

BATHROOM

- There is at least one (1) working window or a working mechanical

ventilation system or gravity shaft.

- There is at least one (1) permanently installed light fixture.
- There is a toilet in proper working condition.
- There is a permanently attached sink with hot and cold running water and a properly connected drain with a gas trap.
- There is a bathtub or shower with hot and cold running water and a properly connected drain with a gas trap.

BEDROOMS

- To constitute a bedroom a bedroom a room must be a minimum of 7ft. by 10ft.
- There must be at least one window and if designed to be used it must be able to do so.
- There are at least two (2) working electrical outlets OR one (1) electrical outlet and permanently installed light fixture.
- Rooms that are not designed to be used 365 days a year cannot be counted as a bedroom.

GENERAL CONDITIONS

- All windows and doors that are accessible from outside or common areas have a properly working lock.
- The unit can be entered without going through another unit.
- There is an alternative exit in case of fire.
- All areas are free from hazards such as loose, broken or missing steps, floorboards or railing.
- All walls, floors, and ceilings are sound and free of hazardous defects such as buckling, bulging, or leaning; damaged or loose

structural damages, large holes, air infiltration, loose surface materials, damaged or missing parts, or are in danger of collapse.

- All painted surfaces in the unit and common areas must be free of cracking, chipping, or peeling.
- The unit and common areas are free of any electrical hazards, including exposed wires, missing covers plates, overloaded outlets and improper use of extension cords.
- Heating equipment is capable of maintaining the minimum temperature required by local code and is a permanent heat source for the unit; no portable fuel burning or electrical space heaters; no potential for free or absence of safety devices.
- The unit is served by an approved water supply and connected to an acceptable disposal system and free from sewer back up.
- All plumbing is free from leaks and corrosion.
- The unit, common areas, and any outdoor spaces are free from hazards, infestation, or accumulation of trash and debris.
- The site is neatly maintained and there are no areas of overgrowth and there is proper storage for trash.
- The unit or entrance to the property is properly numbered and if necessary there us a working doorbell or intercom system so that the inspector can access the unit.

FAILED INSPECTIONS

- If the unit fails inspection the landlord and tenant will be sent a letter outlining the repairs that need to be made and the amount of time allowed to make them.

PLEASE BE ADVISED.....ALL INITIAL INSPECTIONS REQUIRES A PASSED INSPECTION IN ORDER FOR PAYMENT TO BEGIN



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VIOLENCE AGAINST WOMEN ACT (VAWA) NOTICE

The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified recipients of HUD-assisted housing from adverse actions (evictions/termination of assistance) solely as a result of being a victim of domestic violence, dating violence or stalking. Please review your HAP Contract and the following information.

Section 8 e in the HAP Contract and the Tenancy Addendum, titled *Termination of Tenancy by Owner, Protections for Victims of Abuse* outlines the rights and responsibilities of the owner and incorporates the following requirements:

- An incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease or other good cause for termination of the assistance or tenancy.
- Criminal activity directly related to abuse engaged in by a household member, guest or other person shall not be cause for termination of assistance if the tenant or an immediate member of the household is the victim or threatened victim of the abuse.
- The PHA may terminate assistance, or the owner may remove from the lease only the person who has committed the abuse against another family member.
- The Act does not limit the authority of a PHA to honor court orders addressing rights of access or control of property including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members.
- The Act does not limit the authority of the owner to evict or the PHA to terminate assistance for any violation not premised on the acts of abuse or violence as long as the individual who has been a victim is not subjected to a more demanding standard than other tenants.
- The Act does not limit the authority of an owner to evict or the PHA to terminate assistance to any tenant if the owner or PHA can demonstrate an actual and imminent threat to other tenants or to employees if the tenant is not evicted or terminated from assistance.
- The Act does not supersede any provisions of any federal, state or local law that provides for a greater degree of protection.

Please be aware that Section 8 landlords are subject to these provisions immediately.

Landlords who wish to review the actual language of the legislation are referred to Public Law 109-162 and Public Law 109-271 available via the Library of Congress website <http://www.congress.gov>. For additional clarification, please contact your local administrator of the Housing Choice Voucher Program at 212-480-6672.