Strengthening Homes, Communities and Lives
289 Fair Street, Kingston, New York 12401
Telephone 845-331-2140 ● **Fax** 845-331-6217
www.rupco.org

EQUAL HOUSING OPPORTUNITY

REQUEST FOR TENANCY APPROVAL PACKET

Participant Name				Phone	
Log Number		Expiration Date		Voucher Size	

Refer to pages 14 - 20 BEFORE Completing

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 or by email to mwayne@rupco.org; 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.
- □ A COO (Certificate of Occupancy must be submitted for ALL units)

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

□ Owner □ 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 Contact 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:

□ New □ Transfer □ 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. 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)
HTFC- RUPCO, INC	

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		N/A
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner's Certifications

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

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

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

c. Check one of the following:

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

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

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

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

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

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

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)

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.)	☐ **Yes** ☐ **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**
*A valid Photo ID, submitted with one of the following: 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.

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EQUAL HOUSING OPPORTUNITY

DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form with a **voided 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		☐ Owner ☐ 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		☐ Individual/Consumer ☐ Commercial (Corporation/Partnership/etc.)
Account Name		☐ Checking ☐
Bank Routing Number		
Account Number		

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

Form **W-9**
(Rev. October 2018)
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.

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

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 of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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.) 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. Also see *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.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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

4. 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,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

To Prospective Landlord:

RE: Housing Choice Voucher Program (Section 8)

BEFORE COMPLETING THE REQUEST FOR TENANCY APPROVAL PACKET PLEASE REVIEW ALL PAGES, PROCEEDING THIS PAGE:

- Housing Choice Voucher Program – General Lease-up Process for Landlords, PHA's (RUPCO), & Tenants
- Endnotes
- Housing Choice Voucher/ Section 8: Guidelines for Landlords
- Housing Quality Requirements for all Units
- Housing Quality Requirements – Frequently Asked Questions
- Notice of Occupancy Rights Under Violence Against Women Act

After ensuring that you understand all processes and requirements of the HCV (Section 8 Program), please proceed with completing the Request for Tenancy Approval Packet and submitting all pages prior to this page to our office. Please keep this page and all pages following for your reference.

Once the Request for Tenancy Approval Packet is completed by you and signed by the tenant, please return to our office for review. If the unit is determined affordable, RUPCO staff will request CGI Federal to contact you to set up the initial inspection.
If the tenant is already residing in the unit, you may request that CGI Federal set up the inspection directly with the tenant.
However, please note that if there are any failures, the Owner/Landlord will be required to correct/repair.
(Each year, an annual inspection will also be conducted to ensure that the unit continues to meet Housing Quality Standards.)

If the unit is unaffordable for the participant (tenant), staff may reach out to see if you are willing to reduce the rent.
We respect your financial circumstances, however, if you are unable to reduce the rent, the participant will be advised to continue their search for affordable housing. Participants are prohibited from paying more than 40% of their total gross household income. This amount is different for all individuals/families on the HCV Program. The participant may not pay the difference on the side, nor can you collect any additional rent other than what you agree to and indicate on the RFTA.

Once the unit passes inspection, CGI Federal will provide our office with a copy of the inspection report and staff will process the move within one-three business days of receiving the inspection report. Staff will mail you a payment letter indicating what the tenants' monthly portion will be and what the Housing Assistance Payment will be. Staff will also mail you a Housing Assistance Payment Contract and a Tenancy Addendum. A signed lease agreement must also be signed between you and the tenant. If you do not have a lease agreement, RUPCO can provide a basic lease agreement for you and the tenant to sign. Please keep in mind that the Lease Agreement is between you and the tenant, and **NOT with RUPCO**. RUPCO is not responsible for enforcing the lease or the tenant's behavior in the unit.

Once the signed Housing Assistance Payment Contract, Tenancy Addendum, and Lease Agreement are returned, staff will proceed with requesting a Security Deposit Check (equal to one-months' rent per NYS Law) to be issued. You will receive the security deposit within 10-business days of returning the HAP Contract, Tenancy Addendum, and Lease Agreement. Failure to return all documents will result in delays of the security deposit and Housing Assistance Payments being issued.

All payments (except the security deposit) are issued directly from Housing Trust Fund Corporation. Payments are issued once a month. Therefore, it is standard practice that the first Housing Assistance Payment may take up to 60-days. It is strongly recommended that you set up direct deposit (form enclosed). The federal government (HTFC) does not issue special checks.
After one year, a Landlord/Tenant Recertification form will be mailed to you. At this time, if you wish to raise the tenant's rent, you may request the new rental amount on this form and submit by the requested timeframe. Staff will advise you in writing if your request is rent reasonable and when the rent increase is approved.
We appreciate your willingness to work with RUPCO and for providing safe, sanitary, and affordable housing to our participants.
Thank you.

RUPCO Main Office: 289 Fair Street • Kingston, NY 12401 • 845-331-2140 • Fax: 845-331-6217
• Greene County:175 Water Street • Catskill, NY 12414 • 518-943-5170 • Fax: 518-943-4342

Housing Choice Voucher Program

General Lease-Up Process for Landlords, Public Housing Authorities (PHAs) and Tenants

Tenant

Applies for and Receives Voucher from PHA

Selects Unit (or may re-lease current unit)

Moves In and Pays Security Deposit

Pays Monthly Tenant Rent and Utilities

Complies with Lease and Reports Issues to Landlord

Renews Lease

Landlord of Unit

Markets Unit

Screens Tenants for Suitability and Selects Tenants

Tenant and Landlord Complete RFTA[1]

Accepts Rent Offer

Unit Complies with PHA Inspection[3] Rules

Tenant and Landlord Execute Lease

Landlord and PHA Execute HAP[4] Contract

Receives HAP[4] and Rent

Manages Property and Enforces Lease

Unit Complies with Re-inspection[3]

Renewal *(can be automatic)* or Send Rent Increase 60 Days Prior to End of Lease Term

PHA

Screens Applicants for HCV Eligibility

Provides Voucher to Tenant

Reviews RFTA[1]

Determines Rent Reasonableness[2]

Schedules and Completes Inspection[3]

Receives Executed Agreements

Sends Monthly HAP[4]

Schedules and Completes Re-inspection[3]

Determines Rent Reasonableness[2] (if rent increase)

Endnotes

[1] Request for Tenancy Approval (RFTA): Before approving the assisted tenancy and executing the Housing Assistance Payments (HAP) contract, the PHA must ensure that the following program requirements have been met:

- The unit is eligible;
- The unit has been inspected by the PHA and meets Housing Quality Standards (HQS);
- The lease includes the tenancy addendum;
- The rent charged by owner is reasonable; and
- For families receiving HCV program assistance for the first time, and where the gross rent of the unit exceeds the applicable payment standard for the family, the PHA must ensure that the family share does not exceed 40 percent of adjusted monthly income. This cap is referred to as the maximum family share (24 CFR 982.508).

In addition, the PHA must not approve:

- If the PHA has been informed (by HUD or otherwise) that the owner is debarred, suspended, or subject to a limited denial of participation under 2 CFR part 2424.
- If the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This restriction against PHA approval of a unit only applies at the time a family initially receives tenant-based assistance for occupancy of a particular unit, but does not apply to PHA approval of a new tenancy with continued tenant-based assistance in the same unit.
- Other reasons as defined in 24 CFR 982.306.

[2] Rent Reasonableness: HUD regulation 24 CFR 982.507 requires that PHAs perform a rent reasonableness determination before executing a HAP contract and before any increase in rent. The PHA must determine that the proposed rent is reasonable compared to similar units in the marketplace and not higher than those paid by unassisted tenants on the premises.

[3] Inspections: PHA must inspect the unit leased to a family prior to the initial of the lease, at least biennially during assisted occupancy (triennially for rural PHAs), and at other times as needed, to determine if the unit meets the HQS.

Some, but not all, PHAs have additional flexibility to approve tenancy and begin paying HAP on a unit that fails to meet the HQS, provided the deficiencies are not life-threatening and/or to approve assisted tenancy of a unit before the PHA conducts the initial HQS inspection if the property has, in the previous 24 months, passed a qualifying alternative inspection. For more information on these provisions see PIH Notice 2017-20.

[4] Housing Assistance Payment (HAP): is the monthly assistance payment by a PHA, which is defined in 24 CFR 982.4 to include: (1) A payment to the owner for rent to the owner under the family's lease; and (2) An additional payment to the family if the total assistance payment exceeds the rent to owner.

The HAP contract is the housing assistance payments contract between the owner and the PHA.

RUPCO

Strengthening Homes, Communities and Lives

Housing Choice Voucher/Section 8: Guidelines for Landlords

At RUPCO, we strive to provide rental assistance to eligible, low-income families to obtain decent, safe, sanitary and affordable housing. This is just a friendly reminder of some of the obligations and expectations participating landlords of the Housing Choice Voucher Program must adhere to.

Lease Agreements

- Please read and familiarize yourself with the guidelines in the Housing Assistance Payments (HAP) Contract, and retain a copy for reference. If you need a copy sent to you, please contact our office.
- If you are responsible for unit utilities and you fail to provide them, we reserve the right to withhold payments to you.
- You must have a written and signed lease agreement with your tenant
- You must also provide your tenant and our office with a copy of the lease agreement.
- Please adhere to the rental amounts of your tenant's current payment letter. If you wish to increase the contract rent or reassign utility responsibilities for the assisted unit after the initial year of the lease, you must make a request **in writing at least 60 days before it will go into effect.** We reserve the right to deny a rent increase if we determine it to be an unreasonable rent request.
- You may not, under any circumstance, charge your tenant any additional amounts beyond what we have determined the tenant portion to be.
- We must have a Landlord/Tenant Recertification Form completed and signed by the landlord each year, even if there are no changes to the rent or utilities.

House Inspections

- The unit must be inspected and pass inspection prior to housing assistance payments being made. We will only begin payment on either the 1st or the 15th of the month. If the tenant moves in prior to us beginning subsidy, it is up to the landlord to prorate the rent, if they choose to do so.
- The unit must be inspected at least once a year. If the unit fails our Housing Quality Standard inspection, we will notify you of repairs which need to be made. We will stop payments on the subsidized unit if we have not been notified that the appropriate repairs have been made.

Follow us on:

Please Contact Us Immediately if. . .

- ❑ You plan on changing bank accounts and your direct deposit is going to change
- ❑ You sell your property
- ❑ Your property is going into foreclosure
- ❑ Your contact information has changed (address, phone number, e-mail, etc.)
- ❑ Your tenant is violating their lease. These violations may include:
  - non-payment of rent
  - having unreported household members
  - tenant or any member of tenant family not residing in the unit
  - tenant or any member of tenant family engaging in drug-related or violent criminal activity.
- ❑ Your tenant passes away
- ❑ Your tenant vacates the unit without providing a proper 30-day notice.

We are not responsible for screening tenants for occupancy or assisting with security deposits.

If you have any questions, contact our office at:
(845) 331-2140
Hours: Monday-Friday, 8:30am - 4:30pm

Thank you for choosing to participate in the Housing Choice Voucher Program.

RUPCO

Strengthening Homes, Communities and Lives

www.rupco.org

HQS REQUIRMENTS 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 must have a 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 r 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 must be capable of maintaining the minimum temperature required by local code (68 degrees F) 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 is 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.

NOTE: ALL NEW INSPECTIONS REQUIRE A PASSED INSPECTION IN ORDER FOR PAYMENT TO BEGIN

Housing Quality Standards (HQS) – Frequently Asked Questions

What is the purpose of Housing Quality Standards?
The goal of the Housing Choice Voucher (HCV) program is to provide "decent, safe and sanitary" housing at an affordable cost to low-income families. Housing Quality Standards help HUD and local Public Housing Authorities (PHAs) accomplish that goal by defining "standard housing" and establishing the minimum quality criteria necessary for the health and safety of program participants. All HCV housing units must meet these housing quality standards in order to participate in the HCV program.

What are the 13 key aspects of housing quality covered by performance requirements and acceptability criteria in the HQS?
The 13 key aspects of housing quality covered by the HQS include:

- Sanitary facilities;
- Food preparation and refuse disposal;
- Space and security;
- Thermal environment;
- Illumination and electricity;
- Structure and materials;
- Interior air quality;
- Water supply;
- Lead-based paint;
- Access;
- Site and neighborhood;
- Sanitary condition; and
- Smoke Detectors.

How are Housing Quality Standards enforced?
HQS inspections are conducted by PHA staff and contractors to ensure that potential and current HCV housing units meet the minimum performance and acceptability criteria for each of the 13 key housing quality aspects.

When do HQS inspections occur?
HQS inspections come in three different varieties. *Initial Inspections* occur when a voucher holder indicates to their PHA that they desire to lease a specific housing unit. The unit must pass the initial inspection before the execution of the assisted lease and housing assistance payments (HAP) contract and the initiation of payments. *Annual Inspections* occur once a year on housing units that are currently under lease by an HCV participant family. Annual inspections ensure that HCV housing units continue to meet HQS throughout the tenancy of the HCV participant family. *Special Inspections* may be complaint inspections or quality control inspections. Complaint inspections occur when a tenant, owner, or member of the public complains about the condition of an HCV housing unit. Quality control inspections examine a sample of housing units within a give PHA's jurisdiction each year and occur throughout the year.

*All Housing Quality Control Inspections are conducted by CGI Federal on behalf of RUPCO.CGI Federal will contact the Landlord directly to set up all initial inspections. CGI Federal will notify the Landlord and tenant each year regarding all Annual Inspections. All notifications are sent via US Postal Mail. In the event that a unit fails inspection, all repairs must be completed within the required timeframe, indicated by CGI. Failure to provide proof of the repairs to CGI, within the required timeframe, will result in abatement. No retroactive payments will be issued.

What regulations cover Housing Quality Standards?
Regulations are found at **24 CFR 982**.

RUPCO

Strengthening Homes, Communities and Lives

EQUAL HOUSING OPPORTUNITY

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.