

Request for Tenancy Approval

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
exp. 7/31/2022

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

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) MERIDEN HOUSING AUTHORITY PO BOX 911 MERIDEN, CT 06451			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

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

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

12. Owner's Certifications

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

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

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

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

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

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

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

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)

Must be completed by Landlord/Agent
To determine maximum rent for the unit

Unit Address _____ Apt. _____ Meriden, CT

Name of Complex or Condo _____

Bedrooms _____ Full Bath _____ Half Bath _____ Year Built _____

Property Type (please check one)

- | | | | |
|---|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Condo (Apt) | <input type="checkbox"/> Duplex | <input type="checkbox"/> Low Rise |
| <input type="checkbox"/> High Rise | <input type="checkbox"/> House | <input type="checkbox"/> Row House | <input type="checkbox"/> TH/Villa |
| <input type="checkbox"/> Condo (TH/Villa) | <input type="checkbox"/> Triplex | <input type="checkbox"/> 4 Plex | |

Amenities (please check all that apply)

Indoor

- | | | | |
|--------------------------------------|---|---|-------------------------------|
| <input type="checkbox"/> Central air | <input type="checkbox"/> Cable Included | <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Dyer |
| <input type="checkbox"/> Washer | <input type="checkbox"/> W/D Hook up | <input type="checkbox"/> Onsite Laundry | |

Kitchen

- | | | | |
|-------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Microwave | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Stove | | | |

Outdoor

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Pool | <input type="checkbox"/> Gated Community |
| <input type="checkbox"/> Parking (1, 2, 3 Car Garage) (1, 2 covered spaces) (Driveway) or (Street) | | |

Maintenance

- | | | |
|-------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Lawn | <input type="checkbox"/> Trash | <input type="checkbox"/> Pest Control |
|-------------------------------|--------------------------------|---------------------------------------|

Print Name for Landlord or Agent _____

Phone Number _____ Email _____

Signature _____ Date _____

Note: All above amenities will be verified at the time of the inspection

SECTION 8 LANDLORD CERTIFICATION

Landlord Name _____

Landlord's Residence Address _____

Telephone # _____ Cell _____ E-mail _____

Unit Address _____, Meriden, CT _____

Please read carefully and initial each statement

Ownership of Assisted Unit

_____ I certify that I am the legal owner or the legally designated agent for the above referenced unit and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Landlord/tenant Relative Certification

_____ I certify that I am not related to the proposed tenant; unless authorized by the MHA as a reasonable accommodation for a person or family with disabilities.

Approved Residents of Assisted Unit

_____ I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

_____ I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

_____ I understand that the tenant's portion of rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Authority.

Reporting Vacancies or change of ownership to the Housing Authority

_____ I understand that should the assisted unit become vacant, sold, or repossessed, I am responsible to notify the Housing Authority immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority and HUD to release and exchange information regarding my participation in the Section 8 program with other Federal and State Agencies.

Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law.

I certify that the information contained herein is true and correct.

Landlord/Agent Name (Print) _____

Landlord/Agent Signature _____

Date _____

WARNING:

TITLE 18 SECTION 1001 OF THE UNITED STATES CODES STATES THAT A PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES IS GUILTY OF A FELONY. STATE LAW MAY ALSO PROVIDE PENALTIES FOR FALSE OR FRAUDULENT STATEMENTS.

Do You Realize...

If you commit fraud, you could be:

- Fined up to \$10,000.
- Imprisoned for up to five years.
- Subject to State and local government penalties, also.

Do You know...

You are committing fraud if you sign a form knowing that you provided false or misleading information. Certifying false information is fraud, SO BE CAREFUL!

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Request for Taxpayer Identification Number and Certification

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

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

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.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
Requester's name and address (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.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT
MERIDEN HOUSING AUTHORITY**

A. PLEASE CHECK ONE

Landlord Name: _____

NEW ACCOUNT

Tenant(s) Name(s): _____

CHANGE OF NEW ACCOUNT

B. BANK INFORMATION

Bank name _____

Bank Address _____

City	State	Zip Code
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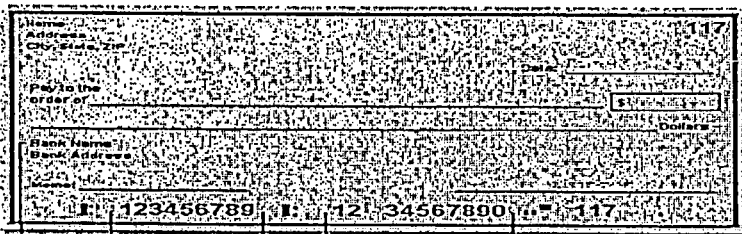
C. TYPE OF ACCOUNT

Saving Checking

Bank TBA/Routing Number

Bank Account Number

Example



Bank Name

ABA Routing Code

Account Number

PLEASE ATTACHED A VOIDED CHECK WITH THIS FORM

D. AUTHORIZATION

I/We authorized the MHA to deposit the HAP payments at the above account
I/We authorized the MHA to reverse payments that I/we are not entitle
I/We understand that is My/Our responsibility to ensure that HAP payments are deposited correctly each month and to notify any changes in my account number to the MHA.

Landlord/Agent Print _____ Phone _____

Landlord/Agent Signature _____ Date _____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

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

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

INSPECTION CHECKLIST FOR DECENT, SAFE, AND SANITARY UNITS

Please make sure the following are COMPLETED BEFORE scheduling an inspection.

Electricity and/or Gas **MUST** be turned ON in the unit.

Properly grounded GFI's within 6 feet of water source (Sink, Tub, Toilet, etc.).

Smoke Detectors functioning properly (Batteries).

Light fixtures must have covers on Exterior, Interior and basement lighting if tenant has access.

Painted surfaces, interior & exterior, must be FREE of deteriorated paint (No peeling or chipping).

KITCHEN:

- Properly grounded GFI's within 6 Feet of water source (Sink, Tub, Toilet, etc.) or eliminate outlet.
- Appliances: (Stoves, Ovens, Refrigerators, etc.) All appliances **MUST** be fully functional. Gas appliances must light with pilot or electronic ignition, **NOT** manually. All proper fitting control knobs must be attached.

BATHROOM:

- Properly grounded GFI's within 6 feet of water source (Sink, Tub, Toilet, etc.) or eliminate outlet.

BEDROOMS:

- Smoke Detectors functioning properly (Batteries).
- MUST** have at least one (1) window to outside of building and two (2) receptacles or One (1) receptacle and a permanent light fixture.

LIVINGROOM:

- Two (2) receptacles.

COMMON HALLS:

- Proper lighting.
- Smoke Detectors functioning properly on each level (Batteries).

STAIRS & PORCHES:

- Stairs (Three (3) or more consecutive), Porches, Deck & Landings **MUST** have hand rails.
- Stairs, Walks, Porch floors must be secure and intact-free from tripping hazards.

WINDOWS:

- MUST** lock within 6 Feet from the ground, porches, and roofs, etc.
- Window Sashes must be in good condition, solid and intact, and fit properly in the frame. Window Glass must have **NO** cracks.
- Windows **MUST** stay open on their own.

DOORS:

- Interior doors must have all trim intact and must open without a key.
- Exterior doors must be weather tight to avoid any air or water infiltration. No holes, trim must be intact, solid core, and must open without a key (No double key deadbolts).

BASEMENT:

- Properly sealed venting gas and oil heating equipment to chimneys.
- No Missing Breakers, Fuses or Panel covers.
- Adequate Lighting.
- Smoke Detectors functioning properly (Batteries).

*Please sign and return to office with Request for Tenancy Approval. Date _____

Landlord/Agent Signature

Telephone #

LANDLORD CHECKLIST
(Please retain for your reference)

- **Inspections:** The rental units must meet the City of Meriden compliance of Inspection and Section 8 Housing Quality Standards. The City of Meriden Certificate of Compliance must be submitted to the Section 8 Department with the Request for Tenancy form. In preparation of the Section 8 inspection, the property owner must ensure that utility services are on and the unit should be “move in” ready. (Tenant paid utilities can be transferred from the owner to the tenant at tenancy). In this package we have included a Section 8 Inspection checklist with the most common items.
- **Rent Reasonableness:** At the time of the Section 8 inspection, the inspector will also verify the amenities of the unit to determine actual rental amount. **Rental amounts will not be approved prior to the inspection.** If the requested rent cannot be approved, the applicable Section 8 staff person will contact the property owner with a rental offer based on the inspection report and rental market information.
- **Disapproval of Tenancy:** If the family chooses a unit with a gross rent greater than their approved payment standard and their share of the rent exceeds 40% of their monthly-adjusted income, The Housing of the City of Meriden is not permitted to approve tenancy. (Gross=contract + utility allowance). However, landlord may choose to negotiate a lesser rent to meet compliance with program guidelines.
- **Approval of Tenancy:** If the unit passes inspection and the rent is reasonable or a negotiated rental offer is accepted, we will approve tenancy to begin on the 1st of the month or 15th of the month for new participants. The Housing Assistance Payment (HAP) Contract will be prepared with the date of approved tenancy and we will call the property owner when HAP contract is ready to be picked up or it will be mailed. **The landlord must provide a copy of the executed lease with effective date concurrent with the HAP Contract. The lease should have what type of fuel the unit uses and who is responsible for the utilities and appliances.**
- **Security Deposit:** The tenant is responsible for the payment of the security deposit to the landlord and cannot exceed two (2) month’s rent.
- **If the landlord should allow and the tenant agrees to move in prior to the effective date of the HAP Contract, (beginning of Section 8 rental assistance) the tenant must be prepared to pay the portion of the rent incurred for unapproved occupancy (prior to effective of contract)**

If you should have any questions, please do not hesitate to contact our Section 8 Staff at 203-235-0157:

Diana Roman, Director of Leased Housing	Ext 7111
Ed Rodriguez, Leased Housing Specialist	Ext 7112
Ana Marquez, Leased Housing Specialist	Ext 7110
Yaritza Vargas, FSS Compliance Assistance	Ext 7127
Krystal Lucero, Leased Housing Specialist Assistance	Ext 7115

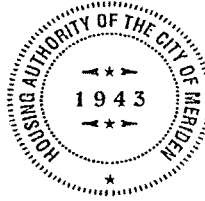
MHA



Housing Authority of the City of Meriden
22 Church Street
P.O. Box 911
Meriden, CT 06451

Phone (203) 235-0157
Fax (203) 634-1971

Robert Cappelletti
Executive Director



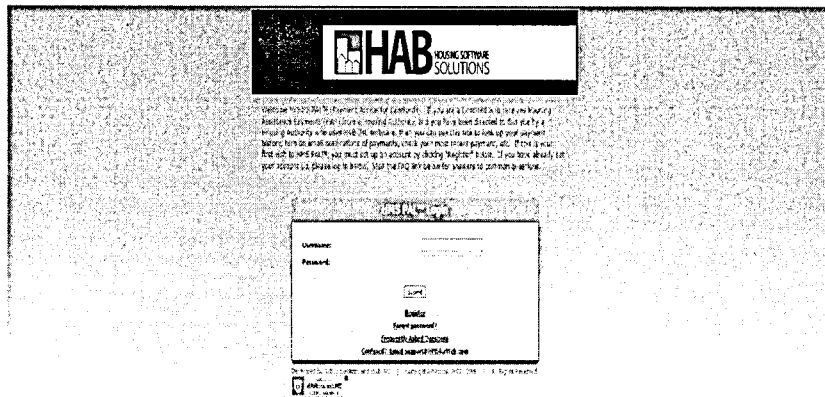
Cornelius J. Ivers
Chairman
Scott T. Griffith
Vice Chairman
Carlos Ruiz
Treasurer
Nancy Rosado
Resident Commissioner
Lawrence Kendzior
Commissioner

Lease Requirements

- Name of owner and tenant
- Address of unit rented including apartment number
- The term of the lease (Initial term must be a year lease and dates must match the HAP Contract, also indicate renewal provision, yearly or month to month)
- The lease must spell out which utilities and appliances are supplied by the owner and which are supplied by the family. *The list includes heat, hot water, electricity, cooking fuel, air conditioning, water, sewer, stove, refrigerator microwave, etc.*
- The lease can not contain any of the HUD prohibited lease provisions
- The lease must be signed by the owner and tenant

Note: After the first year of the lease, you can renew the lease on a month to month or yearly basis. If you renew on a month to month basis, the lease can be terminated with a 30 days notice. If you renew yearly, the termination would not take place until the end of the year term unless there's a violation of the lease and an eviction notice is in place.

The Housing Authority of the City of Meriden (MHA) is pleased to introduce to our Landlords the online **HMS Payment Access for Landlords (PAYPAL)** system. Using this system, will provide you access to information regarding your monthly Housing Assistance Payments (HAP) for all your current tenants.



You must register at hmsforweb.com/pal to receive payment information. You must have a valid e-mail address and Tax I.D. or Social Security Number to register for this program. If you do not have an e-mail account, you can sign up for a free account with any web site provide.

The HMS Payment system will provide payment information about your current Housing Assistance Payment (HAP) and payment history of the last eighteen (18) months.

You could receive an email alert the day after a payment is posted to your account (optional). This site will help you with any technical problems and questions about HMS PayPal by sending an e-mail to support@hmsforweb.com.

Thank you for your continued support of our Housing Choice Voucher Program and helping us improve our systems in order to better serve landlords and participants.

The MHA will no longer send checks and/or payment statements on a monthly basis.