



A Landlord's Guide to Program Leasing

10/3/2012



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 – FAX: (334)-206-7204 – WEBSITE: MHA.TODAY.ORG

Welcome to the Montgomery Housing Authority's (MHA) Housing Choice Voucher (HCV) Program. Your unit has been selected by a current/potential participant of the HCV Program. *The owner is responsible for screening potential tenants.* Please follow the following steps to determine whether the participant will qualify for your unit.

This packet will include the following information:

- (1) Submission of Request For Tenancy Approval (RFTA) Packet
- (2) Preparing the Unit for Inspection
- (3) When the Client Can Move-In
- (4) Supplemental Program Information
- (5) Rent Increases
- (6) Common Failed Items
- (7) Unit Leasing Checklist

SUBMISSION OF REQUEST FOR TENANCY APPROVAL (RFTA) PACKET

The following documentation must be completed and submitted with the RFTA Packet:

- (1) Request for Tenancy Approval Form
 - a. Form must be signed by HCV participant
 - b. All utility responsibility information is completed specifying the fuel type and who is responsible for paying and providing. If you list the unit as "all bills paid" you will be unable to change that information during the initial term of the HAP contract (the 1st twelve months).
- (2) Property Listing Form
- (3) Completed IRS W-9 form for the Owner
- (4) Lead-based Paint Disclosure
- (5) Lease Addendum Violence Against Women Act
- (6) Authorization Agreement for Direct Deposit (along with Voided Check)
- (7) Landlord Information Form

The owner must provide the following information that will not be included with the RFTA Packet:

- (1) Proposed lease agreement (ALL PAGES)
 - a. Lease will not require a signature or effective date
- (2) Warranty Deed (file and recorded – all pages)
- (3) Management Agreement for Property Management or Agent
 - a. Completed W-9
- (4) Proof of current payment of property taxes
- (5) E-Verify Registration

The documents listed above must be returned to MHA before the expiration of the voucher. The EIN/Social Security number listed on the owner's W-9 must match the warranty deed. When the RFTA Packet and the other documents listed above are returned, MHA will review for accuracy and completeness; incomplete packets will not be accepted and will delay the approval process.

Once the packet is accepted the MHA will check the unit for affordability, which means it will complete a rent reasonableness based on the unit amenities listed on the "property listing form". If the unit is determined affordable it will be forwarded for an inspection to be scheduled within 7 days of determination. If the unit is not affordable the MHA will contact the landlord and negotiate the proposed rent.

RFTA Packets are accepted Monday – Friday 8:00 am – 4:30 pm (except for holidays)



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E-VERIFY REQUIREMENT

The Montgomery Housing Authority (MHA) in accordance with the State of Alabama Immigration Law HB 56, requires all Vendors, Landlords and/or Contractors to E-Verify via the website: www.uscis.gov/everify, 24 hours a day or you may also call 1-855-VERIFY-6, Monday through Friday from 8 a.m. to 5 p.m.

All Alabama businesses with **one or more employees** working in Alabama must enroll with the federal E-verify system, as an owner and/or agent with the Housing Choice Voucher Program you would be required to verify you have complied with this requirement (providing a copy of the confirmation received). Your failure to supply the requested information will result in your RFTA packet being denied and a HOLD on current Housing Assistance Payments being received until received.

PREPARE THE UNIT FOR INSPECTION

The unit listed on the RFTA Packet will be inspected to ensure that it meets the U.S. Department of Housing and Urban Development (HUD) Housing Quality Standards (HQS) guidelines. Your unit must pass inspection, before MHA will execute a Housing Assistance Payment (HAP) contract. Please review the section entitled “Reasons Why Units Fail Inspection”, it will provide helpful hints on what items will need to be ready for the HQS inspection.

HAP CONTRACT EXECUTION

If the unit passes inspections the MHA will contact you to provide a copy of the executed lease agreement the Housing Specialist will discuss the effective date of the lease agreement. You should not allow the family to move in until you have executed the HAP contract with Montgomery Housing Authority. If the family moves in prior to the execution of the HAP contract, the family is responsible for the full rent. The HAP contract and the lease agreement dates must match.

Once the HAP contract has been executed you will receive housing assistance payment (HAP) payments for effective for term of the HAP contract. Payments will be disbursed to you no later than 45 days from the execution of contract. All other monthly payments will be made no later than the fifth working day of the month.

SUPPLEMENT PROGRAM INFORMATION

It is the owner/landlord's responsibility to inspect the unit on a regular basis. This would give you an opportunity to confirm that your tenant is in compliance with the terms of lease agreement and would also afford the opportunity for you to identify repairs that need to be made in a timely manner to insure compliance with HQS. The tenant may be less prone to cause damage to the unit, or may practice better housekeeping habits, if they know you will make regular inspections of the unit. Some problems result from general wear and tear, or pre-existing problems not detected at the time of initial inspection of the unit.

RENTAL INCREASES

After the initial twelve (12) months of the HAP contract you may request an increase in the rental amount. This request must be placed in the writing to the MHA office no later than 60 days prior to the anniversary date of the contract. If received timely the increase will be reviewed and a rent reasonableness is required per the HAP contract to ensure the requested rent is reasonable for the area. MHA will not approve rent increases that are unreasonable and not



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COMMON FAILED ITEMS

Below is a list that will assist you in preparing the unit for inspection.

ELECTRICAL HAZARDS

1. All light fixtures must be secured to the ceiling; no exposed or hanging wires.
2. All light switches and wall sockets must have covers.

SMOKE ALARMS

1. All dwelling units are required to have battery or electrical smoke alarms working properly.
2. All multi-family dwelling units (apartments and duplexes) require smoke detectors with power supplied through the house electrical service. Also, all bi-level dwelling units must have smoke alarms on both floors.
3. Smoke detectors must be within 8-10 feet outside the bedroom area.

KITCHEN

1. Stoves and refrigerator must work properly and be clean. (Provided by Tenant or Owner)
2. Check for all leaks and drippy faucets (bathrooms and kitchen).
3. Gas stove must light without a match.

BATHROOMS

1. Exhaust fans are required if no window is present.
2. No weak flooring, no leaks, no drippy faucets.

HEATING AND PLUMBING

1. Un-vented Gas or Kerosene heaters will not pass Housing Quality Standards.
2. All gas outlets not in use must be capped.
3. Thermostats must work properly and have a cover.
4. Hot water heaters must be enclosed and have pop-off valve and discharge line.
5. Septic tanks are required in rural areas.

WINDOWS

1. It is required that at least one operable window be located in each bedroom.
2. The bathroom must have a window that opens or a working exhaust fan.
3. All windows must open, close, and lock.
4. Windows that are broken, cracked, or missing panes are not acceptable.
5. Exterior windows must be caulked and all peeling paint (inside or outside) must be stripped and re-painted.

BUILDING EXTERIOR

1. Front and back exterior doors must have lockable passage set with key and also be weather-stripped if air comes through.
2. Handrails and porch rails are required if 30 inches or higher from the ground. Handrails are required for three or more consecutive steps.
3. All steps must be secured to the unit unless concrete.
4. All exterior peeling paint must be stripped and re-painted.
5. All mobile homes must be tied down.

GENERAL HEALTH AND SAFETY

1. Site and neighborhood conditions must be clean.
2. Garbage collection is required in both cities and rural areas. (Provided by the Tenant or Owner)

Hearing impaired assistance is available in Alabama by dialing 711
Crime and Fraud hotline – Call: 334-206-7711



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Request for Tenancy Approval Checklist

Family Name: _____ Date Received: _____

Landlord Name: _____

- _____ Request for Tenancy Approval (signed by Owner and Family)
- _____ Property Listing Form
- _____ Lease Addendum Violence Against Women Act (signed by Owner and Family)
- _____ Lead Base Paint Disclosure (signed by Owner and Family)
- _____ W-9
- _____ Authorization for Direct Deposit (with attached Voided Check or Deposit Slip)
- _____ Landlord Information Form
- _____ Sample Lease Agreement
- _____ Warranty Deed
- _____ E-verify Verification (State of Alabama Requirement)
- _____ Management Agreement for Property Management Company or Agent
- _____ Proof of current payment of property taxes
- _____ Tenancy Addendum

Proof of Ownership and Insurance not required for complexes already on the participating in the Housing Choice Voucher Program. A new apartment complex will be required to attach these forms.

Make sure the lease is **NOT** signed by the family.

This form will be need to be placed on top of the RFTA packet when submitted

This packet must be submitted by the expiration date listed on the voucher, no packets will be accepted if incomplete or missing one of the items listed above

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LANDLORD INFORMATION FORM

OWNER INFORMATION

(Owner Name) (Social Security Number)

(Street Address) (City) (State) (Zip Code)

(Email Address)

(Primary Telephone # - Work/Home/Cell (circle one)) (Secondary Telephone # - Work/Home/Cell (circle one))

(Owner's Signature) (Date)

AGENT INFORMATION

(Agent Name) (Social Security Number)

(Street Address) (City) (State) (Zip Code)

(Primary Telephone # - Work/Home/Cell (circle one)) (Secondary Telephone # - Work/Home/Cell (circle one))

(Email Address)

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

Please check who will receive the following items:

- Direct Deposit [] Owner [] Agent
1099 [] Owner [] Agent
Unit Correspondence [] Owner [] Agent

If you have a management agreement with a property manager or agent you will be REQUIRED to submit that agreement to the Housing Authority with the Packet.

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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

SSN: - - TAX ID #:
VENDOR/PAYEE NAME:
VENDOR ADDRESS:
CITY: STATE: ZIP:
VENDOR CONTACT NAME: PHONE #: () -
FAX #: () - EMAIL ADDRESS:

PAYMENT NOTIFICATION: You must choose all applicable options listed below:

- Agent Landlord
Changing any portion of this form from the original submission New Housing Choice Voucher Landlord

Please attach a voided check for each account here.

(Please contact your financial institution if you need assistance in completing this section on banking information)

Please check one of the following:

- Start depositing the monthly housing assistance payment(s) to my account, as indicated below.
Change the account information for my direct deposit, as indicated below.

NAME OF FINANCIAL INSTITUTION:

BRANCH LOCATION (Street, City, State, Zip):

BANK BRANCH PHONE #: () - BANK ACCOUNT NUMBER:

ABA ROUTING NUMBER:

ACCOUNT TYPE: SAVINGS CHECKING

(Failure to provide all documentation will result in delay of processing your request.)

I (We) hereby authorize the Montgomery Housing Authority to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): (Select one) Checking or Savings account indicated above. By signing below, I attest that to the best of my (our) knowledge the dwelling unit is in decent, safe and sanitary condition; the contracting family is in the unit and is expected to be there the entire month(s); the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP contract; all other facts and data on which this amount is based are true and correct; and that I (we) am (are) authorized to make such a request.

LANDLORD SIGNATURE: DATE:

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E-VERIFY ACKNOWLEDGEMENT

Date: _____

Owner Name: _____ SSN: _____

Business Name: _____ EIN: _____

I hereby certify that based on the requirements of the State of Alabama and E-Verify system I am not required to register.

I hereby certify that all of the information I have provided on this form is true and complete.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature

Date