



**COLUMBUS METROPOLITAN  
HOUSING AUTHORITY**

The Housing Choice Voucher Program

April 21, 2021



## ABOUT THE HCV DEPARTMENT

- The Housing Choice Voucher (HCV) program provides housing assistance for low-income families, the elderly and the disabled, allowing them to live in safe, quality affordable housing in the private market.
- Participants are free to choose any housing that meets the requirements of the program.
- A family that is issued a voucher is responsible for finding a suitable unit where the owner agrees to rent under the HCV program.
- A housing subsidy is **paid** to the landlord directly by CMHA on behalf of the participating family.
- The family pays the difference between the actual rent charged by the landlord, as approved by CMHA, and the amount subsidized by the program.



# HOUSING CHOICE VOUCHER PROGRAM



CMHA jurisdiction  
is Franklin County



Waitlist pool has  
14,000 applicants



5,000 applicants  
being screened for  
eligibility



# HOUSING CHOICE VOUCHER PROGRAM

CMHA processes in excess of **\$8 million** in housing payments to private landlords each month.

Annually CMHA processes **\$96 million** to private landlords.

CMHA currently has over 3,000 landlords in the program.



# HOUSING CHOICE VOUCHER PROGRAM



The Housing Choice Voucher Program encompasses over 30 different ZIP codes



Projected 10-year impact of rental assistance expected to exceed \$1 billion



CMHA has been a HUD-designated high-performing voucher program for 10 years



CMHA is pulling from the applicant Waitlist in 2021



# THE LEASE UP PROCESS

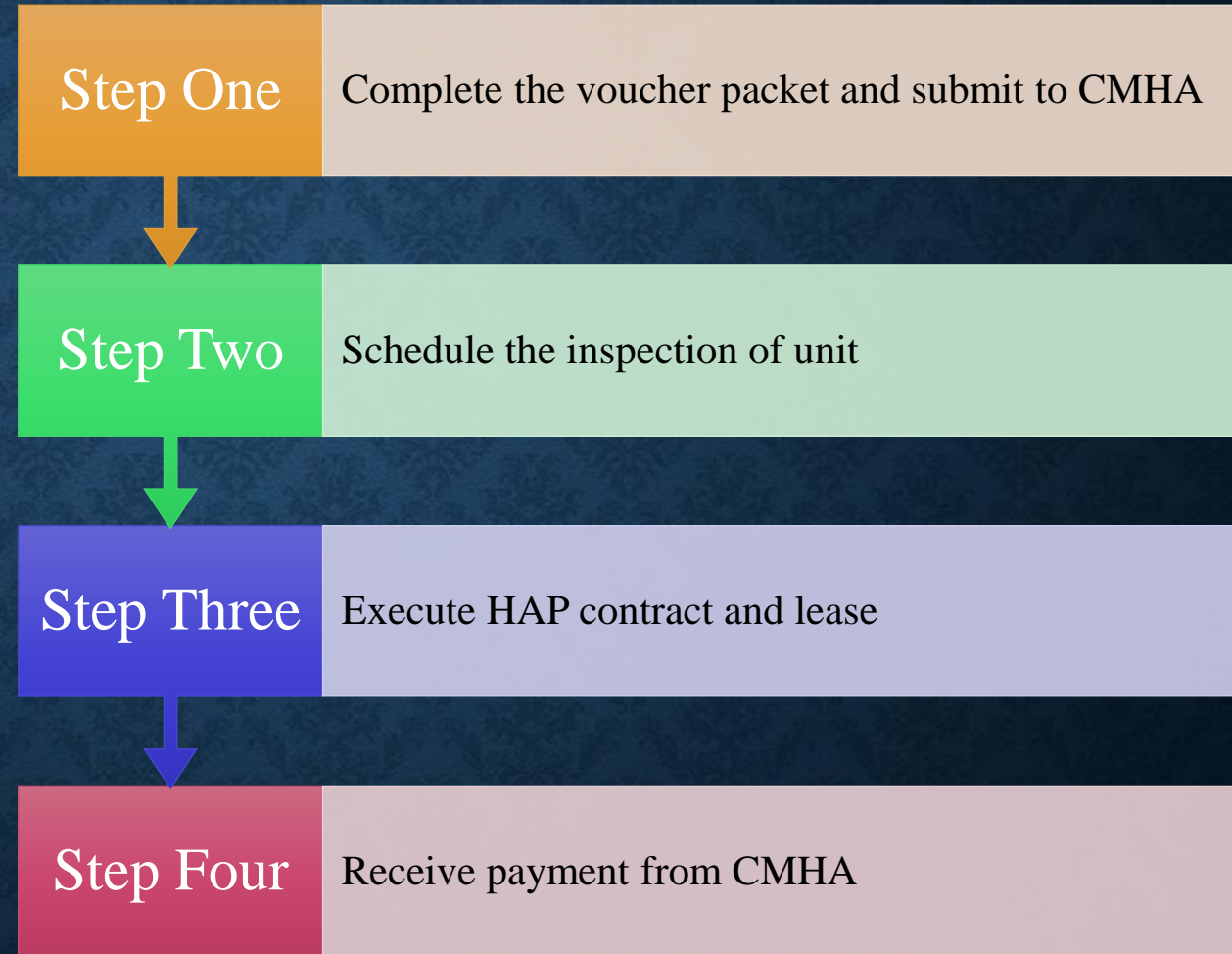


**GOSECTION8.COM**

CMHA has partnered with [www.Gosection8.com](http://www.Gosection8.com), which provides a platform to view and list rental properties online. Listings are available to potential HCV tenants seeking apartment units, duplexes, single-family homes or townhomes in the private market. If you have any questions regarding registering, creating or viewing property listings, please contact the GoSection8 toll-free help line at 1-866-466-7328.



# HOUSING CHOICE VOUCHER PROCESS







# STEP 1

Step One

Complete the voucher packet and submit to CMHA





# VOUCHER PACKET

The voucher packet contains the following documents:

- The Voucher (HUD Form 52667)
- CMHA's Rent Burden Calculation sheet that shows how the voucher amount was determined
- The Request for Tenancy Approval (RfTA)
- Lead-Based Paint Disclosure Form (LBPD)
- Landlord/Tenant Utility Affidavit
- Vendor information/contact form



# VOUCHER (HUD 52646)

## Voucher Number

1. Unit Size

2. Issue Date

3. Expiration Date – 90 Days

4. Extension Date – Up to 30 Days

5. Name of Head of Household

6. Signature of Head of Household – Date Next to Signature

7. Name of PHA

8. Name and Title of PHA Official

9. Signature of PHA Official – Date Next to Signature

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read <b>entire</b> document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert <b>unit size</b> in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size
2. <b>Date Voucher Issued (mm/dd/yyyy)</b> Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. <b>Date Voucher Expires (mm/dd/yyyy)</b> Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. <b>Date Extension Expires (if applicable)(mm/dd/yyyy)</b> (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

### I. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

### 2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.



# THE RENT BURDEN TEST

- The Rent Burden Test Family HAP & Rent Calculation Form identifies the family's:
  - Monthly Adjusted Income (MAI)
  - Total Tenant Payment (TTP)
  - Payment Standard for Their Voucher
  - Maximum Gross Rent for Their Voucher
- Box B, Box C, Box D will be completed by CMHA when the RfTA is submitted

## RENT BURDEN TEST FAMILY HAP & RENT CALCULATION FORM

Housing Choice Voucher Department

Family Name: MR. AMERICA Client #: 123456 Voucher Size: 3  
 Monthly Adjusted Income (MAI): \$ 1394 Total Tenant Payment (TTP): 418

Payment Standards Effective December 1, 2020								
SRO	STUDIO	1BR	2BR	3BR	4BR	5BR	6BR	7BR
SR0	0 Br	1Br	2Br	3Br	4Br	5Br	6 Br	7 Br
508	717	827	1031	1298	1468	1,680	1,932	2,222

### Rent Burden Test

Box A Subsidy Standard for <u>3</u> BR: <u>1298</u>	Box B Owner Contract Rent: \$ <u>1100</u>
MAI Times 10% <u>139</u>	Utility Allowance: \$ <u>135</u>
Maximum Gross Rent Allowed: <u>1437</u>	Gross Rent: \$ <u>1235</u>

You must use the Voucher subsidy amount for unit bedroom size if less than the Voucher bedroom size. If the Gross rent (Box B) exceeds the Maximum Gross Rent (Box A), the unit cannot be approved.

### CALCULATING HAP AND FAMILY RENT TO OWNER

If the Gross Rent (Box B) is less than the applicable Voucher Subsidy Standard (Box A), you must use the Gross Rent as the Payment Standard in order to correctly calculate the amount of the Voucher Subsidy and Family Rent to Owner.

If the Unit's Gross Rent is less than the Voucher Subsidy Amount, use Box C.

If the Unit's Gross Rent is greater than the Voucher Subsidy Amount, use box D.

Box C Total Tenant Payment (TTP): <u>418</u>	Box D Gross Rent _____ minus
Minus Utility Allowances: <u>135</u>	Subsidy Standard _____ = _____
Equals Family Rent to Owner: <u>283</u>	Add Total Tenant Payment: + _____
	Equals Family Total Expense: _____
	Less Utilities: _____
	Equals Family Rent to Owner _____

IMPORTANT NOTICE: ALL RENTS ARE SUBJECT TO CMHA APPROVAL!



# UTILITY ALLOWANCE SHEET

Each utility allowance form has a corresponding unit type that matches the original RfTA form.

- Duplex – Double – Townhouse
- Single Family or Mobile Home
- Garden – Flat – High-Rise

		HUD-52667 COLUMBUS METROPOLITAN HOUSING AUTHORITY SECTION 8 PROGRAMS DEPARTMENT UTILITY ALLOWANCES FOR TENANT-PAID UTILITIES HOUSING CHOICE VOUCHER AND SHELTER CARE PROGRAMS						
LOCALITY:		Unit Type: Garden - Flat - High Rise					DATE	
COLUMBUS, OHIO							1/01/20	
		MONTHLY DOLLAR ALLOWANCES						
UTILITY OR SERVICE		0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	
<b>HEATING</b>								
Natural Gas		35	36	38	39	42	43	
Electric		21	25	29	33	38	42	
Fuel Oil		0	0	0	0	0	0	
Propane		61	72	82	93	104	114	
<b>AIR CONDITIONING</b>								
		2	4	7	9	11	14	
<b>COOKING</b>								
Natural Gas		1	2	2	3	3	4	
Electric		5	7	9	11	13	14	
Fuel Oil		0	0	0	0	0	0	
Propane		10	13	16	19	22	26	
<b>OTHER ELECTRIC</b>								
		32	41	49	59	67	76	
<b>WATER HEATING</b>								
Natural Gas		3	5	8	10	13	16	
Electric		8	17	27	36	45	55	
Fuel Oil		0	0	0	0	0	0	
Propane		18	36	54	72	91	109	
<b>WATER</b>								
In - City of Columbus		32	32	49	67	85	102	
Out - Suburban*		37	37	57	78	99	120	
<b>SEWER</b>								
In - City of Columbus		11	11	16	22	28	34	
Out - Suburban*		12	12	19	26	33	40	
<b>TRASH COLLECTION *</b>								
		16	16	16	16	16	16	
<b>REFRIGERATOR</b>								
		7	7	7	7	7	7	
<b>RANGE</b>								
		7	7	7	7	7	7	
<b>ACTUAL FAMILY ALLOWANCES</b> (To be used by the family to complete allowance. Complete below for actual unit rented)							<b>UTILITY OR SERVICE</b>	<b>PER MONTH</b>
NAME OF FAMILY							HEATING	
ADDRESS OF UNIT							AIR CONDITIONING	
NUMBER OF BEDROOMS							COOKING	
							OTHER ELECTRIC	
							WATER HEATING	
							WATER	
							SEWER	
							TRASH COLLECTION	
							REFRIGERATOR	
							RANGE	
							<b>TOTAL</b>	
*SUBURBAN COMMUNITIES: Bexley, Blacklick, Canal Winchester, Dublin, Gahanna, Galloway, Grandview, Grove City, Groveport, Hilliard, Lockbourne, New Albany, Reynoldsburg, Upper Arlington, Westerville, Whitehall, and Worthington.								



RfTA

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

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)

# PAYMENT STANDARDS

- The Housing Choice Voucher Payment Standard is the most the Housing Authority can pay to help a family with rent.
- The payment standard is the maximum subsidy the Housing Authority can provide toward the contract rent (rent plus utility allowance for utilities, stove or refrigerator paid or provided by the tenant).
- The Housing Authority must use the **SMALLER** of the number of bedrooms in the rental unit or the number of bedrooms on the voucher to determine the payment standard for your unit.

SRO	OBD	1BD	2BD	3BD	4BD	5BD	6BD	7BD
558	789	910	1134	1428	1615	1680	1932	2222



# LEAD-BASED PAINT DISCLOSURE

- Make sure the form is filled out completely.
- Lessor = Landlord
- Lessee = Tenant

THIS FORM MUST BE COMPLETED AND ATTACHED TO THE REQUEST FOR TENANCY APPROVAL FORM

## 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 (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 records or reports 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 provided by the signatory is true and accurate.

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





# LANDLORD/TENANT UTILITY BILLING AFFIDAVIT

- By this affidavit, the landlord and tenant certify that the utilities that are the responsibility of the tenant will be transferred into their name within 30 days of move-in.
- The form must be signed and dated by the Head of Household and the Owner.



## Housing Choice Voucher (HCV)

### Landlord/Tenant Utility Billing Affidavit

Re:

\_\_\_\_\_  
Street Address of Assisted Unit

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

1. All utilities that are the tenant's responsibility must be billed in the name of the tenant or the tenant's assigned designee within 30 days of the move in date.
2. If the utility bill is unable to be transferred out of the name of the landlord or owner or is unable to be billed by a third party then the tenant may not be responsible for the utility charges on the request for tenancy approval form (HUD form-52517).
3. Landlord acknowledges that all utilities being charged to the tenant will be billed directly by the utility provider or a third-party utility billing service provider in the name of the tenant or the tenants assigned designee.
4. The Landlord may not be the third-party billing company.
5. Failure to have the utilities on as described above can result in the abatement of rent, termination of assistance or the cancelation of a contract at the sole discretion of CMHA.

\_\_\_\_\_  
Signature of Tenant (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

**THIS FORM MUST BE SIGNED AND RETURNED WITH THE REQUEST FOR TENANCY APPROVAL FORM IN ORDER FOR THE MOVE IN PACKET TO BE ACCEPTED AT THE IN-TAKE DEPARTMENT. FAILURE TO COMPLETE THIS FORM WILL RESULT IN A DELAY IN PROCESSING THE MOVE IN PAPERWORK.**



# VENDOR/PROPERTY MANAGEMENT INFORMATION FORM

- Must be completed by landlord.
- CMHA will use this info to create your vendor number, and it will serve as our contact info for you.

## Vendor and Property Management Information

### To be completed by New Vendors:

Is the unit listed on the Franklin County Auditor Website? YES or NO (if yes please complete below)

Who is listed as the owner on the Franklin County Auditor website? \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### To be completed by Existing Vendors:

Vendor ID (required): \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is there a Property Management Agreement or authorized agent contracted for the unit? YES or NO (if yes please complete below)

Property Management Company: \_\_\_\_\_

Property Management Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**\*\*To obtain a vendor ID, new vendors must complete an IRS Form W-9. A letter will be mailed via USPS to the address provided by the vendor. Please be advised that payment on the Housing Assistance Payment Contract (HAP Contract) may be delayed if the IRS Form W-9 is not received by the Intake Department. Please submit the IRS Form W-9 via mail, fax, or e-mail. Attn: Intake Department – Mail: 880 E. 11th Avenue, Columbus, OH 43211, Fax to 614-294-2684, or E-mail [hcvlandlord@cmhanet.com](mailto:hcvlandlord@cmhanet.com)**

**\*\*Vendors with a Property Management Agreement, Power of Attorney or guardianship documentation are required to submit verification to CMHA. Initial payment on the HAP Contract may be delayed until all documentation is received. Please submit mail, fax, or e-mail. Attn: Intake Department – Mail: 880 E. 11th Avenue, Columbus, OH 43211, Fax to 614-294-2684, or e-mail [hcvlandlord@cmhanet.com](mailto:hcvlandlord@cmhanet.com)**

**\*\*Please do not submit personal and company sensitive information with the tenant for privacy concerns. (example: IRS Form W-9 requires social security number or EIN).**



# YOUR LEASE

Lease must be filled out with landlord information	Rental amount
All occupants must be listed on the lease	Location to make rental payment
Unit address – city, state and ZIP code	Security deposit
Term of lease	Utility responsibility – all utilities must be documented
Beginning and end date of lease	Stove and refrigerator responsibility – who provides?
Notice to Vacate/Renewal Terms	<b>DO NOT SIGN THE LEASE</b> (The unit must pass inspection before execution.)



## COMMON MISTAKES WITH STEP 1

- Not all documents in the voucher packet were submitted
- Not all documents submitted were filled out completely
- Documents were completed incorrectly
- Excessive time spent going back and forth during document review



## TO SUBMIT A UNIT

Submit to  
[intake@cmhanet.com](mailto:intake@cmhanet.com)

CMHA Dropbox

located at 880 E. 11<sup>th</sup> Ave.  
Columbus, Ohio 43211



# STEP 2

Step Two

Schedule the inspection of unit





## INSPECTION OF UNIT

- CMHA's third-party contractor typically schedules inspections approximately five calendar days from receipt of the RfTA.
- The unit must be ready for inspection at time of RfTA.
- The unit is inspected to ensure that it meets federally mandated Housing Quality Standards ("HQS").
- The landlord is notified of inspection results and given fixed amounts of time to correct any deficiencies.
- CMHA makes every effort to reinspect within five calendar days of notification by the landlord that repairs are complete.



# HOUSING QUALITY STANDARDS

- Housing Quality Standards (HQS) are minimum property standards that have been established by HUD.
- CMHA is required to enforce these federal property standards to ensure that all HCV-assisted properties are decent, safe and sanitary.
- We apply these property standards in a fair and consistent manner.





# PROPERTY CONDITIONS

## Exterior Conditions

- Check for missing or insecure railings
- Private access to the unit must be provided

## Utilities

- All utilities must be on for HQS inspections

## Electricity

- Missing or cracked cover plates; damaged outlets present an electrical hazard
- Nonworking outlets
- Exposed fuses on breaker box connections

## Ceilings and Walls

- Sagging
- Holes



# PROPERTY CONDITIONS

## Doors

- Door locks must be present and securely fastened to the door
- Lock striker plate must work and be securely fastened to the doorframe

## Windows

- Windows should not be nailed shut
- Window locks must be present and in good repair
- Windows must be capable of opening and remaining open without props
- Units will be required to have screens on one exterior window per room, if the window is capable of being opened

## Health and Safety

- All units must have at least one operable smoke detector on each level

## Heating and Plumbing

- Check for adequate heat (at least 68 degrees)
- The water heater must be equipped with both a temperature-pressure relief valve and discharge line down to approximately 4-6 inches from the floor



# PROPERTY CONDITIONS

## **Sinks, Showers and Tubs**

- Unit must be connected to a system that will deliver hot and cold running water
- Clogged drains must be cleared
- Check for other defects, broken toilet seats and seriously cracked or damaged surfaces

## **Floors**

- Floors must be free from tripping hazards, structural hazards or any other hazardous features, including ingress of vermin

## **Stove**

- Top burners should be present and working
- An oven must be present and working

## **Refrigerator**

- The refrigerator must be adequate in size relative to the needs of the family
- Should be capable of maintaining a temperature low enough to keep food from spoiling over a reasonable period



# LEAD-BASED PAINT

## Interior Lead-Based Paint

- All surfaces, including, frames, trim, banisters, railings, porches, overhangs, gutters, garages, window wells, casings, ledges, etc., on the entire building must have peeling paint and resultant debris removed

## Lead-Based Paint Testing

- CMHA will reimburse landlords up to \$150 for lead dust wipe tests; please email [inspections@cmhanet.com](mailto:inspections@cmhanet.com) if you have questions on filing a reimbursement claim



## COMMON FAIL ITEMS ON INSPECTIONS

While there are several reasons a unit can fail the inspection, a few are highlighted below:

- Severely cracked or broken windowpanes
- Roof leaks
- Hazardous steps or flooring
- Screens missing from operable windows
- Lack of handrails on steps or porches

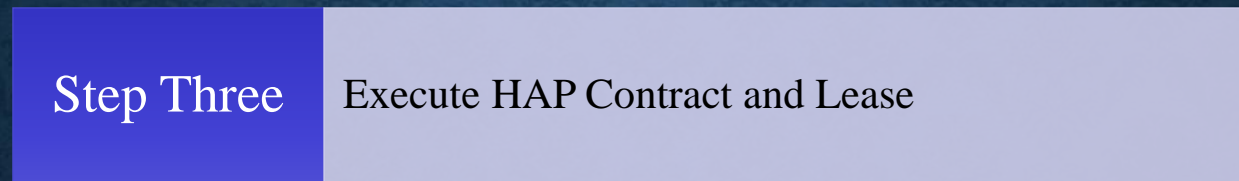


## COMMON MISTAKES WITH STEP 2

- The owner allowed the participant to move in prior to the inspection
- The property was not in move-in ready condition when the RfTA was submitted
- Failed items were not corrected after the inspection



# STEP 3





## EXECUTION OF HAP CONTRACT AND LEASE

- The Landlord and Tenant sign and complete Lease Agreement
- CMHA reviews the Lease and prepares and submits the HAP Contract for execution by the Landlord
- Upon receipt of the executed HAP Contract from the Landlord, CMHA will initiate housing subsidy payments



# TENANCY ADDENDUM

- The Tenancy Addendum is part of the HAP contract and the lease agreement and sets forth:
  - The tenancy requirements for the HCV program
  - The composition of the household as approved by CMHA
  - Provides the tenant the right to enforce the tenancy addendum against the owner
  - The terms of the tenancy addendum shall prevail over any other provisions of the lease

## TENANCY ADDENDUM Section 8 Tenant-Based Assistance Housing Choice Voucher Program (To be attached to Tenant Lease)

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

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

The Tenancy Addendum is part of the HAP contract and lease. Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collection, reviewing and reporting the data. The information is being collected as required by 24 CFR 982.451 which in part states the PHA must pay the housing assistance payment promptly. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless there is a valid OMB number. Assurances of confidentiality are not provided under this section.

HUD is committed to protecting the privacy of an individual's 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.

### 1. Section 8 Voucher Program

- a. The owner is leasing the contract unit to the tenant for occupancy by the tenant's family with assistance for a tenancy under the Section 8 housing choice voucher program (voucher program) of the United States Department of Housing and Urban Development (HUD).
- b. The owner has entered into a Housing Assistance Payments Contract (HAP contract) with the PHA under the voucher program. Under the HAP contract, the PHA will make housing assistance payments to the owner to assist the tenant in leasing the unit from the owner.

### 2. Lease

- a. The owner has given the PHA a copy of the lease, including any revisions agreed by the owner and the tenant. The owner certifies that the terms of the lease are in accordance with all provisions of the HAP contract and that the lease includes the tenancy addendum.
- b. The tenant shall have the right to enforce the tenancy addendum against the owner. If there is any conflict between the tenancy addendum and any other provisions of the lease, the language of the tenancy addendum shall control.

### 3. Use of Contract Unit

- a. During the lease term, the family will reside in the contract unit with assistance under the voucher program.
- b. The composition of the household must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. Other persons may not be added to the household without prior written approval of the owner and the PHA.
- c. The contract unit may only be used for residence by the PHA-approved household members. The unit must be the family's only residence. Members of the household may engage in legal profit making activities incidental to primary use of the unit for residence by members of the family.
- d. The tenant may not sublease or let the unit.
- e. The tenant may not assign the lease or transfer the unit.

### 4. Rent to Owner

- a. The initial rent to owner may not exceed the amount approved by the PHA in accordance with HUD requirements.
- b. Changes in the rent to owner shall be determined by the provisions of the lease. However, the owner may not raise the rent during the initial term of the lease.
- c. During the term of the lease (including the initial term of the lease and any extension term), the rent to owner may at no time exceed:

- (1) The reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements, or
- (2) Rent charged by the owner for comparable unassisted units in the premises.

### 5. Family Payment to Owner

- a. The family is responsible for paying the owner any portion of the rent to owner that is not covered by the PHA housing assistance payment.
- b. Each month, the PHA will make a housing assistance payment to the owner on behalf of the family in accordance with the HAP contract. The amount of the monthly housing assistance payment will be determined by the PHA in accordance with HUD requirements for a tenancy under the Section 8 voucher program.
- c. The monthly housing assistance payment shall be credited against the monthly rent to owner for the contract unit.
- d. The tenant is not responsible for paying the portion of rent to owner covered by the PHA housing assistance payment under the HAP contract between the owner and the PHA. A PHA failure to pay the housing assistance payment to the owner is not a violation of the lease. The owner may not terminate the tenancy for nonpayment of the PHA housing assistance payment.
- e. The owner may not charge or accept, from the family or from any other source, any payment for rent of the unit in addition to the rent to owner. Rent to owner includes all housing services, maintenance, utilities and appliances to be provided and paid by the owner in accordance with the lease.
- f. The owner must immediately return any excess rent payment to the tenant.

### 6. Other Fees and Charges

- a. Rent to owner does not include cost of any meals or supportive services or furniture which may be provided by the owner.
- b. The owner may not require the tenant or family members to pay charges for any meals or supportive services or furniture which may be provided by the owner. Nonpayment of any such charges is not grounds for termination of tenancy.
- c. The owner may not charge the tenant extra amounts for items customarily included in rent to owner in the locality, or provided at no additional cost to unsubsidized tenants in the premises.



# AUTHORIZATION AGREEMENT FOR ACH PAYMENT

CMHA has partnered with U.S. Bank to provide HCV assistance payments electronically. With this service, you will enjoy benefits such as:

- Select how to receive your payment
  - Deposited directly into your bank account
  - Prepaid debit card
- Access online remittance data to view, print, save or download detailed payment information
- Receive your payment in a way that is fast, “green,” secure and easy
- To sign up for electronic payments, please complete the form and return it to CMHA



COLUMBUS METROPOLITAN HOUSING AUTHORITY  
COMMUNITY. COMMITMENT. COLLABORATION.

## Authorization Agreement for ACH Payments

Please type or clearly print all requested information and return the form to CMHA.

Please allow time for processing your enrollment. ACH Enrollment is subject to internal deadlines that have been established for issuing bi-monthly payments.

**Please do not send banking information. You will provide this information during online registration.**

Landlord ID # (L) \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Street Address

City State Zip

Property Contact Name \_\_\_\_\_

Property Contact Phone number \_\_\_\_\_

Property Contact E-mail address \_\_\_\_\_

**(An e-mail address is required for bank website enrollment)**

Payment Type Preference Bank Deposit \_\_\_\_\_ Prepaid Debit Card \_\_\_\_\_

### Authorization and Acknowledgement

1. I hereby authorize the Columbus Metropolitan Housing Authority (CMHA) and its agents, including financial institutions, to deposit payments by electronic funds transfer (ACH).
2. I acknowledge that CMHA has the right to modify the terms of service provided by this electronic banking system at any time without advanced notice or obtaining my permission.

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Printed name Date



# W-9

The property owner must complete all required sections, sign, date and submit back to CMHA for processing

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**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) ▶ \_\_\_\_\_

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:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions 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](http://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-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.

Cat. No. 10231X    Form **W-9** (Rev. 10-2018)



## **LANDLORD INCENTIVE PROGRAM**

- CMHA will provide up to \$750 in security deposit payments directly to landlords for leasing up new units in the Housing Choice Voucher Program on or after April 1, 2021.
- CMHA will provide each landlord a vacancy payment of up to \$750 for each unit leased up on or after April 1, 2021.
- CMHA had allocated \$1.5 million for the program, and it will end at the sooner of the expenditure of the funds or Aug. 31, 2021.



## COMMON MISTAKES WITH STEP 3

- Delay in signing the contract and lease
- Owner did not enter their banking information on the banking website
- Owner has not supplied CMHA with a completed W-9
- Tax Identification Number (TIN) matching (use TIN that owns the parcel)



# STEP 4

Step Four

Receive payment from CMHA



## FIRST PAYMENT FROM CMHA

- Every effort is made to make the first payment for a new contract as soon as possible.
- A letter will be mailed and emailed detailing when the contract is ready.
- Contracts cannot be processed if owners have not signed the housing assistance payment contract.
- The contract may be signed via electronic signature.
- Our goal is to make the first payment within 30 days of the effective date of the contract.



## ONGOING PAYMENTS

- CMHA processes payment batches bimonthly
  - First of the month
  - Mid-month





## COMMON MISTAKES WITH STEP 4

- The owner's banking information has changed, and it was not updated on the banking website
- The owner made a change to how they would like to be paid and didn't save the change prior to exiting the page



## AVERAGE DAYS TO LEASE UP

- 86% of all CMHA participants lease up with a unit within 30 days of the voucher being issued to them.
- When a participant takes longer to lease up, it could be a result of:
  - Rescheduling inspections due to previously failed inspections
  - Attributable to common mistakes identified previously



## COMMON MISTAKES WITH LEASE UP

- Not all documents in the voucher packet were submitted.
- Lease was signed prematurely.
- The owner allowed the participant to move in prior to the inspection.
- Owner did not enter their banking info on the banking website.
- The owner's banking information has changed and it was not updated on the banking website.



# ONGOING LANDLORD RESPONSIBILITIES

1

**Maintain premises  
in accordance with  
HQS**

2

**Allow biennial and  
special inspections**

3

**Complete required  
repairs within  
mandated time  
frames**



## RELATIONSHIPS WITHIN THE PROGRAM

- CMHA and participant/tenant
- CMHA and landlord
- Landlord and tenant
- It is in all parties' interest to succeed



## COMMUNITY RELATIONS DEPARTMENT

- Our community relations department that is a one-stop shop for landlord questions and answers.
- [hcvlandlord@cmhanet.com](mailto:hcvlandlord@cmhanet.com) or 614-340-4331



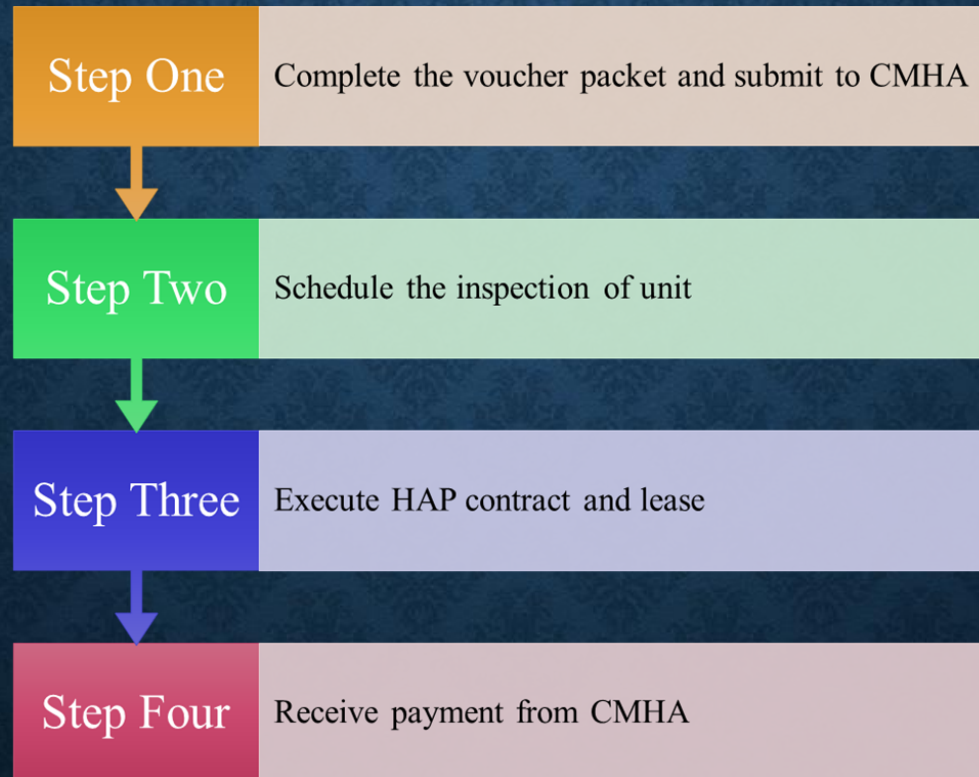
# FAMILY OBLIGATIONS

This isn't just about landlord obligations; participants have 21 obligations that they are held to. Some examples:

- Maintain the unit in decent condition
- Pay the tenant share of rent
- Not participate in illegal drug or criminal activity
- Not commit fraud, bribery or any other corrupt or criminal act in connection with the program
- Not sublease or sublet the unit or assign the unit
- Further participation for the family is contingent on abiding by these obligations



# THE FOUR STEPS







# RESOURCES AVAILABLE

- CMHA Community Relations Department
  - “One-stop shop” for all landlord questions/services
  - Virtual landlord training sessions
  - [HCVLANDLORD@cmhanet.com](mailto:HCVLANDLORD@cmhanet.com)
- [WWW.CMHANET.COM](http://WWW.CMHANET.COM)
  - Inspection checklists, HQS quick tips and reference guide, payment standards
- HUD Housing Choice Voucher guidebook
  - [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/guidebook](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/guidebook)
- Sample HAP contract
  - <https://www.hud.gov/sites/documents/52641.PDF>



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# THANK YOU

- We look forward to partnering with you
- Please contact me with questions or comments
  - [jcdavis@cmhanet.com](mailto:jcdavis@cmhanet.com)

