

Owner/Landlord Packet



121 Pallet Drive - Harvey, LA 70058 - 504.342.4475 - www.jphsdd.org

Housing Choice Voucher (HCV) Program

This packet should be submitted within **10 calendar days** of the receipt of the Request for Tenancy Approval.

Incomplete packets may result in processing delays.

Please visit our office or contact us at

504-342-4475 for assistance in completing this packet.

**Housing Services Development
District of Jefferson Parish
Housing Choice Voucher Program**

121 Pallet Drive

Harvey, LA 70058

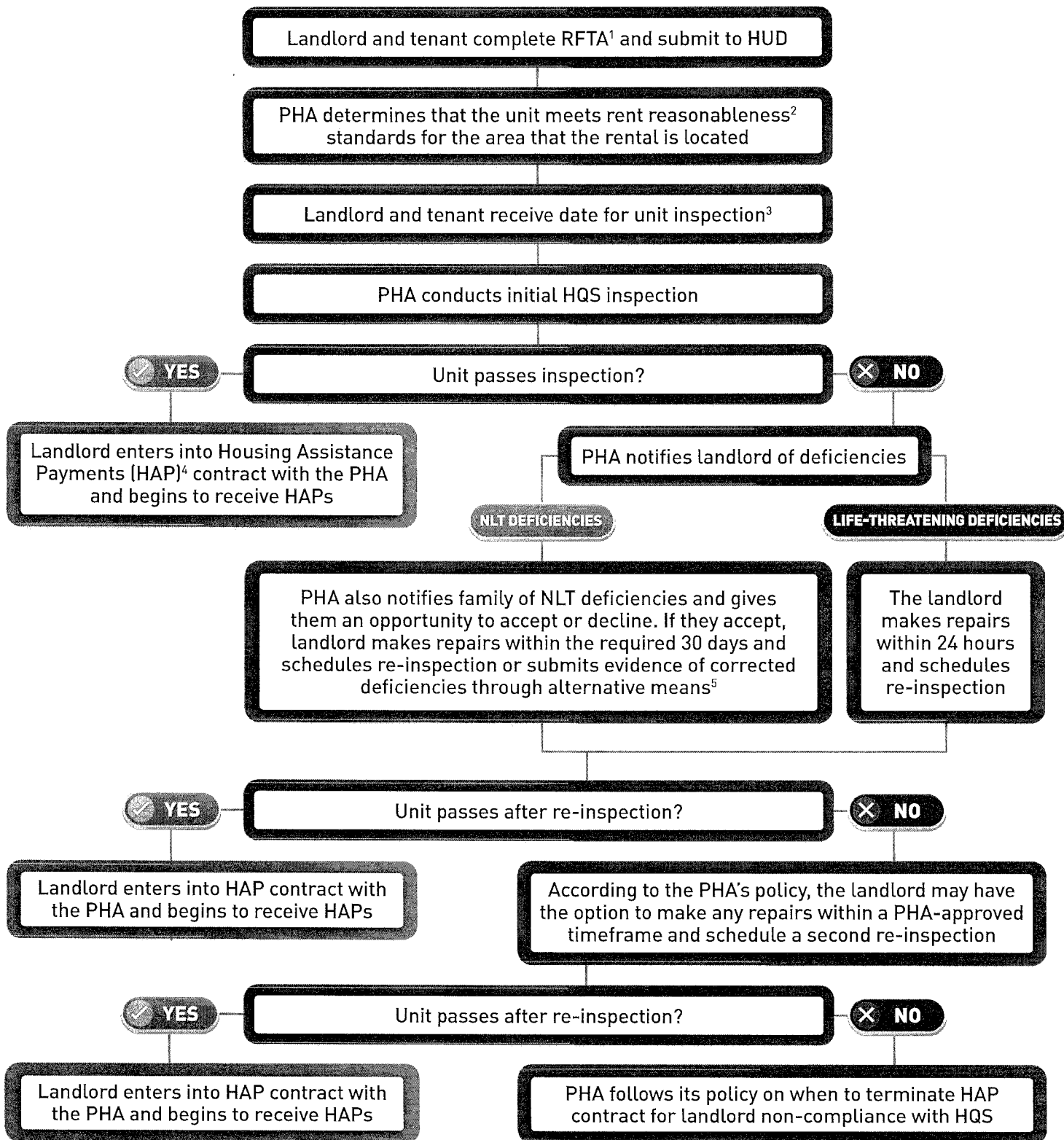
Main Office: (504) 342-4475

EMAIL: landlordcare@jphsdd.org

Housing Quality Standards (HQS) Initial Inspection Flowchart

Initial Inspections

When the family finds a unit that they wish to occupy and reaches an agreement with the landlord over the lease terms, the PHA must inspect the dwelling and determine that the unit meets Housing Quality Standards (HQS). Landlords may want to review HUD's list of [Frequently Asked Questions](#) about HQS. Landlords may also want to contact their PHA(s), as they may be able to find useful information such as common HQS non-life-threatening (NLT) and life-threatening deficiencies.



Endnotes

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

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

In addition, the PHA must not approve:

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

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

³ Per 24 CFR 982.305(b)(2), PHAs with 1,250 or fewer budgeted housing choice voucher units must send notice of the inspection to the family and owner within 15 calendar days after the family and owner submit the RFTA. The 15-day clock is suspended during any period when the unit is not available for inspection. PHAs with more than 1,250 budgeted housing choice voucher units must make the notice to family and owner within a reasonable time after the family and owner submit the RFTA.

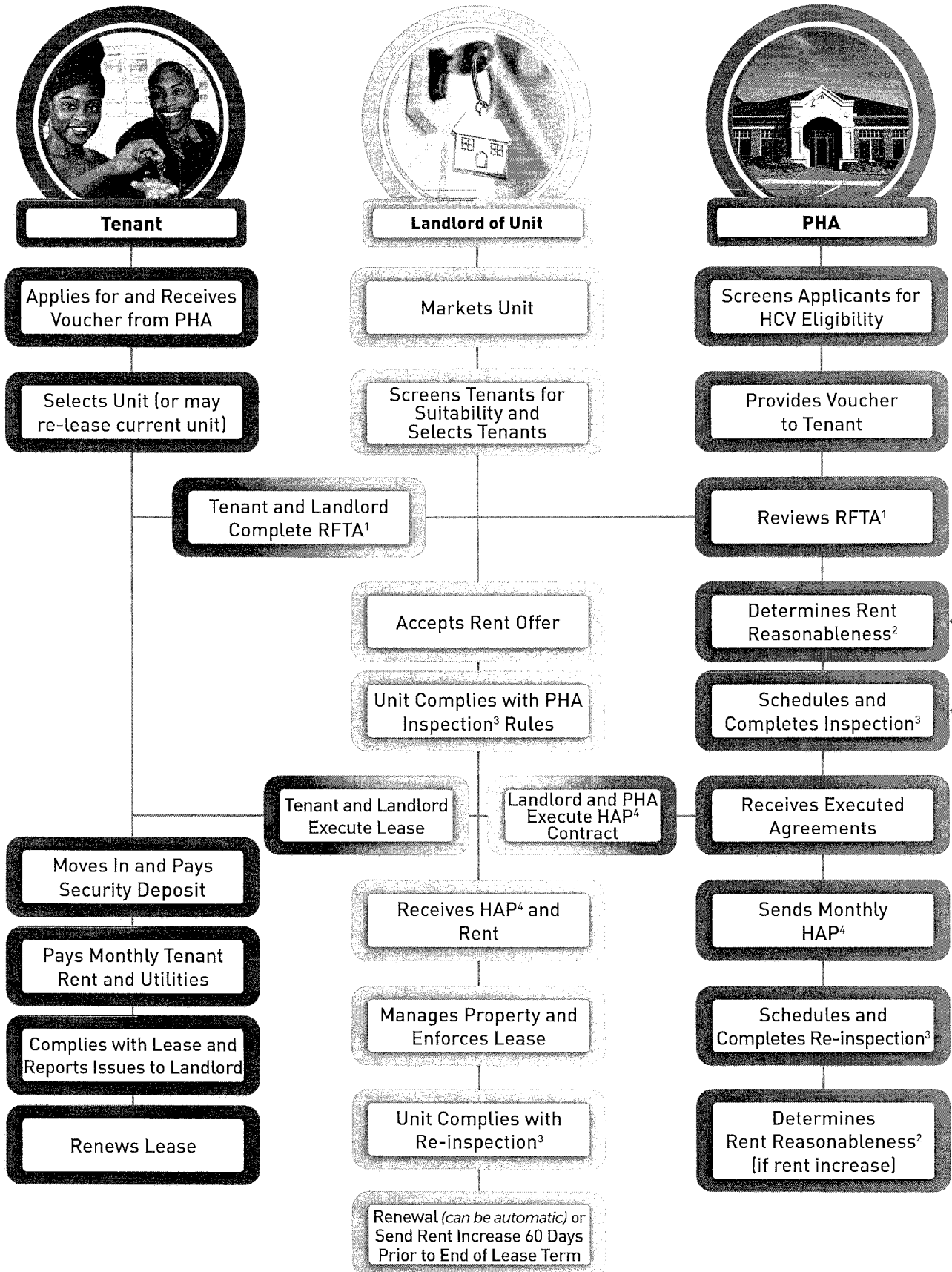
⁴ Housing Assistance Payment (HAP): is the monthly assistance payment by a PHA, which is defined in 24 CFR 982.4 to include: (1) A payment to the owner for rent to the owner under the family's lease; and (2) An additional payment to the family if the total assistance payment exceeds the rent to owner.

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

⁵ The PHA may adopt policies that allow landlords to demonstrate corrected deficiencies through alternative means such as by sending photographic evidence of the correction to the PHA. More information is available in PIH Notice 2013-17.

Housing Choice Voucher Program

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



Endnotes

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

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- If the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This restriction against PHA approval of a unit only applies at the time a family initially receives tenant-based assistance for occupancy of a particular unit, but does not apply to PHA approval of a new tenancy with continued tenant-based assistance in the same unit.
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³ Inspections: PHA must inspect the unit leased to a family prior to the initial of the lease, at least biennially during assisted occupancy (triennially for rural PHAs), and at other times as needed, to determine if the unit meets the HQS.

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

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



INTERESTED IN BECOMING A HOUSING CHOICE VOUCHER (HCV) LANDLORD?

The role of the landlord in the HCV program is to lease decent, safe, and sanitary housing to a tenant at a reasonable rent. The housing unit must pass the program's housing quality standards (HQS) and be maintained up to those standards as long as the owner receives housing assistance payments (HAPs).

1. CONTACT YOUR LOCAL PUBLIC HOUSING AUTHORITY (PHA)

Landlords who would like to rent to voucher holders should contact their local PHA(s). The PHA may provide you details on the local process and the method for posting your vacant units. The PHA may also share locally used websites or platforms for advertising available rental units. Use the following link to find your local PHA's contact information: https://www.hud.gov/program_offices/public_indian_housing/pha/contacts.

2. SELECT A TENANT

The PHA admits eligible families to its HCV program. Select and approve one of these voucher holders based on your own rental criteria, then fill out the voucher holder's Request for Tenancy Approval form. The PHA must determine that the proposed rent is reasonable compared to similar units in the marketplace and not higher than those paid by unassisted tenants on the premises.

3. MAKE SURE HOUSING MEETS MINIMUM STANDARDS

An inspector will conduct an HQS inspection. All housing units with HCV tenants must meet the following thirteen (13) HQS performance requirements both at commencement of assisted occupancy and throughout the assisted tenancy:

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

4. SIGN LEASE AND HAP CONTRACT, AND START RECEIVING PAYMENTS

Once you and the tenant sign a lease and you submit the signed lease to your local PHA, you will receive a HAP contract from the PHA to sign. Once the HAP contract between you and the PHA is executed, you will begin to receive monthly HAPs from the PHA and the remainder of the rent payment from the tenant.

Resources

https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/landlord

Dear Owner/Landlord,

Thank you for your interest in enrolling as a vendor with the Housing Services Development District of Jefferson Parish (HSDD).

Should you consider leasing an available unit to a participating family, you will find the Request for Tenancy Approval (RTA) and other information that is required to be supplied, along with a copy of your proposed lease. Upon receipt, you will be contacted by our Inspection team to schedule a time and date for the Housing Quality Standard (HQS) Inspection to take place at the property.

Please be advised that all utilities must be operable in the unit on the date of the scheduled inspection or it will result in a Fail. Utilities may be transferred or terminated in your name prior to the family moving in.

The requested rent is subject to the housing authority's approval based on a review of comparable, unsubsidized units in the area. Consequently, the approved rent amount may be different than what you are requesting. Any security deposit you require should be in line with industry standards.

The enclosed Housing Quality Standard (HQS) checklist is a brief overview of items that will be inspected. Once the inspection has passed and the rent has been approved, the housing specialist will give the approval for the family to move in. Next, you will be contacted for signing of the Housing Assistance Payment (HAP) Contract. This will be executed between the owner and the housing authority. HAP payments are prorated, if a HAP contract is executed after the 1st of the month. HAP payments are processed and released at the beginning of each month. At the time of initial lease up, the family's monthly portion to you, will be a min of 30%, but up to 40% of their monthly Adjusted Gross Income. Tenant's rent portion will be your responsibility to collect from them directly.

The Housing Authority of Jefferson Parish (HAJP) has no liability or responsibility for the family's behavior or suitability for tenancy. It is solely owner's responsibility to screen and select prospective tenants for tenancy of your unit. If a written request is submitted, and if known, HAJP will provide the family's current/prior address, name/contact for the previous owner.

Welcome to the Housing Services Development District of Jefferson Parish Housing Choice Voucher Program!

We are thrilled to have you join the thousands of owners in Jefferson Parish providing decent, safe, and sanitary units to low-income families. In order to approve you as an owner, we must collect some information from you.

IF YOU ARE A “NEW” OWNER OR MANAGEMENT (OR THERE HAS BEEN A CHANGE) :

Below is a list of documents that must be completed and submitted for review:

- 1) Proof of Ownership (current tax bill from Jefferson parish or Recorded copy of Cash Sale, if the property was acquired within the last 6 months).
- 2) Management Authorization, if applicable
- 3) Property Owner Certification
- 4) Social Security Card (if an individual will be taxed) for ALL OWNERS (if more than one owner)
- 5) IRS EIN Award Letter (if LLC/Corp will be taxed)
- 6) Authorization for Direct Deposit (include a Voided check or direct deposit form from banking institution
- 7) Completed IRS -W9 Form
- 8) Photo ID for ALL OWNERS (if more than one owner)

IF YOU ARE AN EXISTING OWNER SUBMITTING A NEW UNIT :

1. Proof of ownership
- 2 . Provide fully filled out Request for Tenancy (RTA)

Submission Instructions

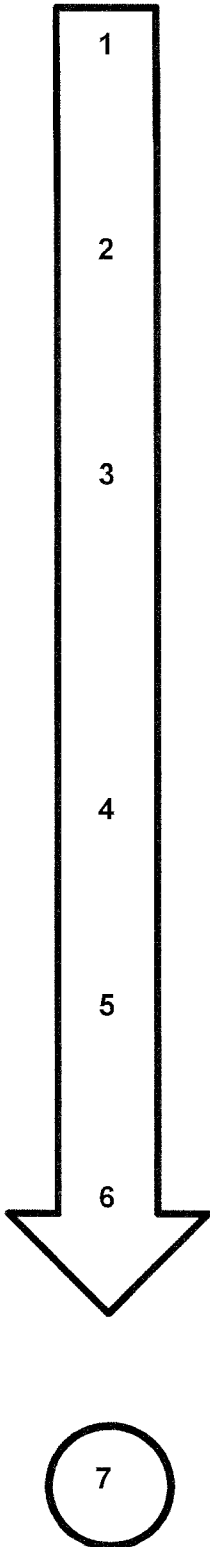
Carefully review the package and ensure all sections have been completely and accurately filled out. **Incomplete packages will result in processing delays.** Submit this completed package through any of the following convenient ways:

1) Email to: landlordcare@jphsdd.org

**2) By mail to the HSDD Program Office located at:
Housing Services Development District of
Jefferson Parish Housing Choice Voucher Program
121 Paillet Drive
Harvey, LA 70058**

Processing Timeframes

Below are estimated time frames for the Move Process that initiates with submission of a complete RFTA Packet and Owner documents. Contact our Customer Service Call Center at **504-342-4475** for assistance with completing this packet.



1

RFTA Submission **Must be submitted on or before the expiration date of the family's voucher**

Owner or Voucher Holder submits a complete RTA packet to HSDD

- Submit your RTA packet by mail to the **Housing Services Development District of Jefferson Parish** Office located at: **121 Pallet Drive, Harvey, LA 70058**

2

RTA Processing **Estimated Time frame [from receipt of RTA]: 7 Business Days**

Information in the RTA packet is reviewed to determine unit, owner, and payee eligibility.

- HSDD reviews ownership, taxes, foreclosure filings, and if debts are owed to any PHA
- HSDD reviews homestead exemption, HOA approval, property management agreement and/or authorized agent(s).
- New Owners are required to be approved prior to inspection being requested.

3

HQS Inspection **Estimated Time frame [from RTA Processing]: 3 Business Days**

The Inspections department will contact owner to schedule an initial inspection

Inspections will conduct an assessment of the unit according to the federal Housing Quality Standards (HQS)

- The Owner will receive a call to confirm the date and time of the inspection
- **The unit must be vacant, have utilities, and move in ready**
- If the unit does not pass, HSDD will grant time to complete the repairs.
- If the unit **does not pass the re-inspection**, HSDD will cancel the RTA for that unit
- If the unit **does pass**, HSDD will conduct a rent reasonableness and tenant affordability review.
- HSDD strongly discourages allowing a family to move into a unit prior to receiving approval (inclusive of the contract rent amount and a "Pass" HQS inspection. If the family moves in without HSDD approval, they will be responsible for the full amount of the rent.

4

Determining Rent/Affordability Estimated Time frame [before scheduling an inspection]: 3 Business Days

HSDD will review the rent requested by the owner and compare it to like unassisted units in the

- building or neighborhood
- HSDD will evaluate the family's income to ensure affordability of the unit (based on 30% -40% of income)

5

HAJP may approve the owner's requested rent amount or may offer a lower amount

Unit Approval **Estimated Time frame [from rent determination date]: 2 Business Days**

- HSDD awaits the owner's acceptance of the rent offer
- If the rent offer is not accepted within 3 - 5 business days, HSDD may cancel the RTA for that unit.
- If rent offer is accepted, HSDD will move forward with scheduling the move-in inspection.

6

HAP Contract Execution **Estimated Time frame [from rent acceptance date]: 7 Business Days**

- HSDD will coordinate the execution of the Housing Assistance Payment (HAP) contract and request a copy of the lease agreement to identify who is responsible for the utilities and who is supplying the appliances.
- HSDD will execute a Housing Assistance Payment Contract (HAP) with the owner. **THE OWNER IS REQUIRED TO EXECUTE A LEASE WITH THE TENANT, IN THE FORM AND MANNER USED TO EXECUTE LEASES WITH NON-ASSISTED (NON-SECTION 8) TENANTS.** The lease will be reviewed by HSDD.
- HSDD receives a copy of the lease which **MUST** match the HAP contract beginning and end date, which will be entered for a minimum of 12 months.

7

7-45 Calendar Days

Housing Assistance Payments for the first month may be prorated based on the move in date
Housing Assistance Payments will be issued **via direct deposit only**; HASDD HAS ONE MONTHLY CHECK RUN.

COMPLETE PAGES 7-12
ONLY IF “NEW” OWNER OR
MANAGEMENT COMPANY,
OR IF THERE HAS BEEN A RECENT
CHANGE

AFFIDAVIT OF OWNERSHIP

Date: _____

Dear Property Owner or Manager:

The Housing Services Development District of Jefferson Parish (HSDD) conducts an owner screening for all Request for Transfer of Housing Assistance Payments (HAP) Contracts and Requests for Tenancy Approvals (RTAs) submitted. The legal Owner(s) must complete the appropriate sections of the attached forms. Failure to do so may result in the denial of the request. If the property will be managed by an entity other than the owner please complete the Management Authorization form.

Please complete the appropriate section for your Ownership Type in full and submit the completed documents to the HSDD Housing Choice Voucher program office. If we are unable to substantiate any items indicated, the owner will be contacted and asked to provide verification of their selections on the affidavit.

PROPERTY INFORMATION

Parcel ID:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Property Street Address

Property City, State ZIP Code

PROPERTY STATUS

<i>Please check correct response below:</i>	YES	NO
All real estate taxes and assessments are paid in full. Current and previous years must be paid.		
This Property is free of State and Federal tax liens. <i>(Taxes must be in the owner's name.)</i>		
This Property is free of judgments, liens, claims, and litigation.		
Does this Property have a homeownership exemption?		

Types of Ownership:

- Individual/Sole Proprietor Ownership: Complete Only Section A
 - Business Ownership: Complete Only Section B
 - Court Appointed Receiver Ownership: Complete Only Section C
 - Trust Ownership Complete Only Section D
-

Section A: INDIVIDUAL/SOLE PROPRIETOR OWNERSHIP

Social Security Number (SSN) must match the owner name on file with the Social Security Administration.

Property Owner Name (to be used for tax purposes)

Phone Number

Property Owner Mailing Address

City, State ZIP Code

Email

Owner SSN:

(must match Part 1 of IRS W-9 Form if receiving HAP)

Section B: BUSINESS OWNERSHIP (Select the type of Business Ownership in accordance with tax status)

PARTNERSHIP CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY

COMPANY TRUST / ESTATE SINGLE MEMBER LLC

Business Tax ID#/EIN issued by the IRS:

(Must match Part 1 of IRS W-9 For if receiving HAP)

Business Name

Street Address

City, State ZIP Code

Email

Business Phone Number

Names and Titles of Partners, Shareholders or Members

Name

Title

Name

Title

Name

Title

Name

Title

I certify that the company listed above is active and in good standing with the state of incorporation.

Authorized Agent PRINTED NAME

SIGNATURE

Title

Section C: COURT APPOINTED RECEIVER WITH AUTHORITY TO CONTRACT, LEASE AND ACCEPT RENT

Receiver Name (to be used for tax purposes)

Phone Number

Mailing Address

City, State ZIP Code

Is this a foreclosure? Yes _____ No _____

Email

Receiver SSN:

(must match Part 1 of IRS W-9 Form if receiving HAP)

Or

Business Tax ID#/EIN issued by the IRS:

(must match Part 1 of IRS W-9 if receiving HAP)

Case Number

Date Entered

Section D: TRUST AGREEMENTS – AFFIANT MUST HAVE POWER OF DIRECTION TO CONTRACT, LEASE AND ACCEPT RENT FOR PROPERTY HELD IN TRUST.

Name (to be used for tax purposes)

Phone Number

Mailing Address

City, State ZIP Code

Email

SSN:

(must match Part 1 of IRS W-9 Form if receiving HAP)

Or

Business Tax ID#/EIN issued by the IRS

(must match Part 1 of IRS W-9 Form if receiving HAP)

Trust Agreement Number

Name of Trustee with Power of Direction

AFFIANT'S (PROPERTY OWNER) SIGNATURE

Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both.

Owners and Management Agents who violate this law may also be debarred from future participation in the Housing Authority of Jefferson Parish (HAJP) Housing Choice Voucher Program.

Affiant's (Property Owner) Signature

Affiant's (Property Owner) Name

Date

MANAGEMENT AUTHORIZATION

I _____, Owner of the property located at: _____
authorize _____ to manage the above property. I authorize the manager/management company to
conduct the following business with the Housing Services Development District of Jefferson Parish (HSDD), effective _____:

Please check all those that apply (Please include):

Authorization to receive Housing Assistance Payment
(Social Security Number or Business Tax ID#/EIN issued by the IRS is required and must match Part 1 of IRS W9 form
for the party that will receive payment.)

**Act as an Owner Representative to conduct – business with HSDD which may include, but is no
limited to submitting rent increase requests, present for inspections and attend meetings.**

**Authorization to execute Housing Assistance Payment Contract, Request for Tenancy Approval (RTA)
and all other required documentation requested by Housing Services Development District of Jefferson Parish
(HSDD)**

Owner certifies legal ownership of the property or legal entity which owns the property and has assigned the above responsibilities
to the managing party listed below.

*Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and
fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may
be subject to penalties that include fines and/or imprisonment.*

LEGAL Owner Name (print)

Management Company Name (print)

LEGAL Owner (signature)

Date

Management Company Authorized Agent (PRINT)

Date

Owner Address

Management Company Authorized Agent (Signature)

Owner City, State, Zip

Manager Address

Owner Phone

Manager City/State

Zip

Manager Phone

Manager other Phone

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the Housing Services Development District of Jefferson Parish and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error. This authorization will remain in effect unless revoked in writing to the Housing Services Development District of Jefferson Parish Finance Department. Account changes must be reported to the Housing Services Development District of Jefferson Parish Finance Department by the 20th of the current month, for the change to be effective the 1st of the following month.

TYPE OF TRANSACTION (Check One): NEW CHANGE CANCEL
LANDLORD/OWNER TYPE (Check One): NEW EXISTING

PAYEES NAME: _____

PAYEES MAILING ADDRESS: _____

PHONE NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION MAILING ADDRESS: _____

FINANCIAL INSTITUTION PHONE: _____

ACCOUNT TYPE: CHECKING SAVINGS

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION ACCOUNT NUMBER: _____

PAYEE SIGNATURE: _____ **DATE:** _____

ATTACH A DIRECT DEPOSIT FORM FROM FINANCIAL INSTITUTION OR A VOIDED BLANK CHECK and SUBMIT THIS FORM TO:
HOUSING SERVICES DEVELOPMENT DISTRICT
OF JEFFERSON PARISH ATTN: Housing
Choice Voucher Program 121 PAILET DR
HARVEY, LA 70058

Attachments Included (CHECK ALL THAT APPLY):

BLANK CHECK OR FINANCIAL INSTITUTION DIRECT DEPOSIT FORM

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <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.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

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

TAX IDENTIFICATION

Housing Services Development District of Jefferson Parish will check the Jefferson Parish Property Assessor's Office website to determine legal ownership and if current and previous year property tax are PAID. HSDD will only enter into a contractual relationship with the legal owner of a qualified unit. No tenancy will be approved without acceptable documentation of legal ownership.

Please also submit the following:

Please note:

- Be sure to sign and date the form
- Don't forget to select your tax classification

For an individual ownership, please include both:

- A copy of your Social Security card AND
- A copy of your state-issued photo ID

For a company or business (e.g. LLC) providing an EIN, please include:

- A copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
 - If needed, please call the IRS at 800-829-0115 to request an additional copy of the letter
-

PROPERTY OWNER CERTIFICATION FORM

Property Owner Name: _____

Unit Address: _____

Parcel ID: _____

Please initial to the right of each item below, certifying that you have read, understand, and agree to the terms of participation in the Housing Choice Voucher (HCV) Program.

OWNERSHIP OF ASSISTED UNIT _____

I certify that I am the legal owner and/or authorized agent for the above-referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

PROOF OF OWNERSHIP _____

I understand that prior to approval of the HAP Contract by HAJP; I must submit and/or update the HCV Program's Affidavit of Ownership, listing the names and current addresses of all individuals having an ownership interest in the property, regardless of the legal entity that may hold title. I further understand that HAJP must be notified in writing of any changes in ownership or property management within 5 days prior to the action taking place.

UNIT PROPERTY TAXES _____

I understand the status of a unit's property taxes will be checked against public records. A unit found to be delinquent in the payment of property taxes will not be eligible for lease under the HCV Program until the taxes have been paid in full. Proof of payment will be required.

PROHIBITION ON LEASING TO RELATIVES _____

I certify that no member of the tenant family is the spouse, domestic partner, parent, child, grandparent, grandchild, sister or brother of the property owner, any principal, or the authorized agent without HAJP's prior approval of a Reasonable Accommodation.

HOUSING QUALITY STANDARDS (HQS) COMPLIANCE _____

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with HQS. I understand that I (or my representative) am solely responsible for the coordination of, and must be present for, initial inspection(s). I also understand that I have an equal responsibility with the HCV participant for ensuring that all subsequent HAJP inspections of the unit under contract take place.

INSPECTION FAIL RATE _____

I understand that the goal is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk-through and an owner accompanying the HAJP inspector on inspection day. Non-compliance could lead to denial of the RTA, suspension of the owner from the Program and/or HAP Contract termination.

LEAD-BASED PAINT VIOLATIONS _____

I understand that lead orders issued by the Department of Public Health are a violation of HQS. Units with outstanding lead orders will not be eligible for lease under the HCV Program, and units are subject to cross-referencing during the term of the assisted tenancy. Proof of closed orders must be submitted.

TERMS OF THE LEASE _____

I certify that the terms of the lease that I use for voucher holders, including the length of the lease, which shall not exceed one year, adhere to the normal standards for market rate leases in Jefferson Parish.

RENT REASONABLENESS _____

I understand that any tenant transfers, new tenant move-ins or rental increases may not exceed the reasonable rent as most recently determined or re-determined by HAJP.

DIRECT DEPOSIT _____

I understand that all property owners will be required to utilize direct deposit of Housing Assistance Payments.

TENANT RENT COLLECTION REQUIREMENT _____

I understand that it is my responsibility to collect the tenant's portion of the rent and that failure to collect the tenant's portion of the

rent on a timely basis will be considered a program violation.

PROHIBITION OF SIDE PAYMENTS _____

I understand that the tenant's portion of the Contract Rent and any other agreements must be approved by HAJP and that the property owner is not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by HAJP.

UNAUTHORIZED PERSONS _____

I understand it is a Program violation to allow anyone not approved by HAJP and listed as a tenant on the HAP Contract to reside in the assisted unit or to be listed on the Lease Agreement.

VACANCIES _____

I understand that should the assisted unit become vacant, I am responsible for notifying HAJP immediately. I understand that relocating tenants to other units requires HAJP's prior consent. Death of an assisted tenant who is the sole household member immediately terminates the HAP Contract.

VAWA REQUIREMENTS _____

I understand that under HUD's mandated Violence Against Women Act, HAJP may terminate my HAP Contract and allow a family to transfer. HAJP would provide me with 30 days' notice of contract termination.

CODE OF CONDUCT _____

I understand that it is a Program violation to threaten or engage in, or allow staff to threaten or engage in, abusive or violent behavior or criminal activity toward HAJP staff or its contractor. Abusive or violent behavior includes verbal as well as physical actions. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may also be considered abusive or violent behavior. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.

Property Owner/Affiant Signature: _____ **Date:** _____

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent 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.

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within **14 business days**, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

Submission Instructions

Complete ownership information must be received within **10 calendar days** of the Request for Tenancy Approval being submitted. **Ownership applications that remain incomplete past 10 days may result in the unit being rejected until a new request is submitted by the family.**

Carefully review the package and ensure all questions and sections have been completely and accurately filled out. Incomplete packages may result in processing delays. Submit this completed package through any of the following convenient ways:

1. EMAIL to: landlordcare@jphsdd.org
2. By mail to the Housing Services Development District of Jefferson Parish
Housing Choice Voucher Program
121 Paillet Drive
Harvey, LA 70058