

# Newport News Redevelopment and Housing Authority

## Housing Choice Voucher (Section 8) Briefing



# What is the Housing Choice Voucher Program?

- The Housing Choice Voucher Program (formerly known as the Section 8 program) is a Federal government rental assistance program. This housing assistance is tenant based. Eligible applicants receive a Voucher to present to participating landlords.
- The Department of Housing and Urban Development, Newport News Redevelopment & Housing Authority (NNRHA), the Landlord and the assisted family each have different roles and responsibilities. It is important, as you step into your new role as a Section 8 participant, that you understand the rules and regulations that govern your successful participation in the program.
- Your eligibility as a Section 8 participant does not guarantee your acceptance by a landlord. You will be required to pay application fees and a security deposit.
- Careful consideration should be given to the choice you make. Decent, safe, affordable housing should be at the forefront of your mind when searching for housing.

# How does Housing Choice Voucher (HCV) rental assistance work?

- Families can select housing within a neighborhood of their choice from a landlord willing to participate in the program. There are approximately 2800+ families receiving assistance with NNRHA.
- Rent subsidies allow participants to pay approximately 30% of their adjusted gross income towards the approved contract rent while NNRHA makes up the difference not to exceed their family subsidy amount.
- **To allow the family more choice HUD permits the family to contribute up to 40% of their adjusted gross income, but the family bears the cost of the rent above their 30%.**

# Portability

- The Housing Choice Voucher is tenant based assistance that can be used anywhere in the United States, Puerto Rico, the Virgin Islands and Guam if there is a Housing Authority or local agency that administers the Housing Choice Voucher (Section 8) program.

# Portability continued

- A Housing Choice Voucher (Section 8) approved applicant may exercise their right to port their Voucher to another jurisdiction with their first leasing only if they were a Newport News resident when they applied for Section 8 in Newport News.
- If you were not a Newport News resident when you applied for the program, you must lease in Newport News for one year before you are eligible to port to another jurisdiction.

# Relationships and Responsibilities

- The Department of Housing and Urban Development provides funding through a Annual Contributions Contract to the Housing Authority.
- The Housing Authority has a contractual agreement with the family – Voucher
- The family has a contractual agreement with the owner – Lease
- The owner has a contractual agreement with the Housing Authority – Housing Assistance Payment (HAP) contract.



# Roles and Responsibilities of NNRHA

- Review applications to determine eligibility for the HCV program
  - Income Limits
  - Criminal Background
  - Life time Sex Offender Registry
  - Debt owed for prior housing assistance
  - Not on NNRHA banned list

Issue Housing Choice Voucher and move packet

Review Request For Tenancy Approval

Determine reasonable rent for unit offered

Inspect and certify that the unit selected by participants meets HUD

Housing Quality Standards (HQS)

Determine and pay rent obligation



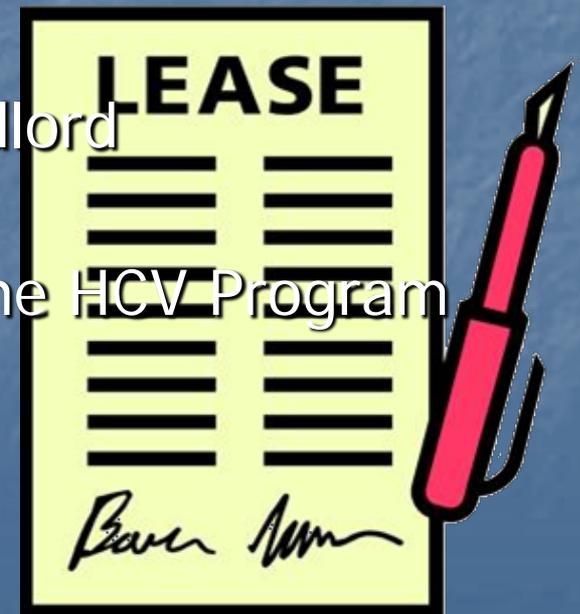
# Roles and Responsibilities of Landlord

- Comply with all fair housing requirements
- Perform proper tenant screening
- Select family
- Complete the Request For Tenancy Approval, Owner/Agent Information form, W-9 form and Direct Deposit Form
- After contract rent has been determined and unit has passed inspection, execute a lease that incorporates the HUD lease addendum
- Sign the HAP contract
- Enforce the lease
- Perform all maintenance to insure that the unit remains in compliance with HQS



# Roles and Responsibilities of Participants

- Supply any information that the Housing Authority or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- Locate suitable housing
- Enter into a lease agreement with landlord
- Comply with all lease terms
- Abide by all family obligations under the HCV Program



# Leasing Outside of High Poverty Areas

- If you are currently leasing in a high poverty area, your Housing Choice Voucher (Section 8) assistance may provide you the opportunity to move out of a high poverty area.
- Areas outside a high poverty census tract will usually have more extensive and reliable transportation services, a greater variety of shopping opportunities and in general more amenities.

# Initial Lease Up Packages

- The move-in process begins when the family returns the Request For Tenancy Approval (RFTA).
- The documents in this packet must be completed by the landlord and the tenant in its entirety.
  - RFTA
  - Lead based paint disclosure form
  - Unit Information form
  - Owner/Agent Information form
  - W-9 Form
  - Direct Deposit form
- ❖ NOTE: Paperwork may be personally hand carried back to the office, or emailed or faxed by the prospective landlord/owner/agent. Participant should review paperwork to insure that the unit, rent and security deposit are the same as the agreed upon amounts. The RFTA will also tell you when the unit is scheduled to be ready for inspection and when the lease is projected to begin.

**Voucher**  
Housing Choice Voucher Program

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

OMB No. 2577-0169  
(exp. 9/30/2012)

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 this 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 this 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 **entire** 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</b> (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	
3. <b>Date Voucher Expires</b> (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 8 of this form.)	3. Expiration Date (mm/dd/yyyy)	
4. <b>Date Extension Expires</b> (if applicable) (mm/dd/yyyy) (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)

**1. 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 Voucher

- Vouchers are issued according to the number of bedrooms for which a family qualifies.
- NNRHA subsidizes families using a 2 persons per bedroom subsidy. The number of bedrooms for which your family qualifies, does not address sleeping arrangements, only subsidy.

# The voucher continued

- It may be possible to lease a unit with more bedrooms than your voucher size.
- The Section 8 program requires the participant to contribute 30% of their adjusted gross income minus a utility allowance (if applicable) toward the contract rent. Utility allowance credits are based on the lower of your voucher size or the number of bedrooms in the unit.
- The only restriction in leasing the size unit of your choice is that you must not be required to contribute more than 40% of your adjusted gross income toward your rent and utility obligation.

# The voucher continued

- Vouchers are issued for an initial 60 day period.
- You must have been approved for a specific unit and return the Request for Tenancy Approval to the Section 8 office no later than the expiration date on your voucher.
- Extensions are only granted for extreme circumstances beyond your control or as a reasonable accommodation for a disability.

# How to qualify for a unit

- The more family income you have on Section 8, the more choices available to you. Even though, you can lease a unit where your contribution is 40%, you must be careful in insuring that you can afford that choice because it increases the amount you have to pay, not the amount of assistance from the Housing Authority.

**SUBSIDY ESTIMATE**

<b>Tenant</b>		

**TENANT INCOME:**

<b>1</b>	<b>EMPLOYMENT</b>		
	<b>OTHER</b>		\$7,900
<b>2</b>	<b>SSI</b>		
<b>3</b>	<b>SOCIAL SECURITY</b>		
<b>4</b>	<b>CHILD SUPPORT</b>		
<b>5</b>	<b>EXPENSES (0 INCOME FORM)</b>		
<b>15</b>	<b>ANNUAL INCOME</b>		\$7,900
<b>7</b>	<b>LESS DEDUCTIONS</b>		
<b>8</b>	<b>-DEPENDENTS</b>	2	\$960
<b>9</b>	<b>-CHILD CARE EXPENSES/MED. EXPENSE</b>		
<b>10</b>	<b>-DISABLED/HANDICAPPED</b>		\$0
<b>11</b>	<b>NET INCOME</b>		\$6,940
<b>12</b>	<b>MONTHLY NET INCOME</b>		\$578
<b>13</b>	<b>30% OF NET INCOME (TTP)</b>		\$174
<b>14</b>	<b>40% OF NET INCOME-***MUST EXCEED LINE G BELOW</b>		\$231

TTP MUST BE AT LEAST \$50

<b>15</b>	<b>VOUCHER SIZE/PMT STANDARD</b>	2	\$1,149
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<b>16</b>	<b>CONTRACT RENT</b>	<b>A</b>	\$1,075	<b>MAXIMUM RENT YOU QUALIFY FOR</b>
<b>17</b>	<b>UTILITY ALLOWANCE</b>	<b>B</b>	\$125	
<b>18</b>	<b>GROSS RENT: A+B</b>	<b>C</b>	\$1,200	
<b>19</b>	<b>LOWER OF PMT STANDARD OR GROSS RENT</b>	<b>D</b>	\$1,149	
<b>20</b>	<b>TTP</b>	<b>E</b>	\$174	
<b>21</b>	<b>TOTAL HAP :D-E (IF E IS LARGER, PUT 0)</b>	<b>F</b>	\$976	
<b>22</b>	<b>TOTAL FAMILY SHARE : C-F</b>	<b>G</b>	\$226	
<b>23</b>	<b>HAP TO OWNER (LOWER OF A OR F)</b>	<b>H</b>	\$976	
<b>24</b>	<b>TENANT RENT TO OWNER : A-H</b>	<b>I</b>	\$100	
<b>25</b>	<b>UTILITY REINBURSEMENT: F-H</b>	<b>J</b>	\$0	

**THIS IS AN ESTIMATE ONLY. THE MAXIMUM RENT GIVEN IS TO ASSIST YOU IN YOUR SEARCH FOR AFFORDABLE HOUSING. IF YOU SELECT A UNIT DIFFERENT THAT WHAT THIS WORKSHEET REPRESENTS, YOU MUST CONTACT YOUR ASSIGNED COORDINATOR RENT APPROVAL IS CONTINGENT UPON NNRHA APPROVAL, RENT REASONABLENESS TEST, AND INCOME ELIGIBILITY. ANY CHANGES IN THE UTILITY ALLOWANCE USED HERE WILL HAVE AN IMPACT ON THE MAXIMUM AMOUNT OF RENT YOU MAY SEARCH FOR.**

**Apartments  
water and sewer included**

## SUBSIDY ESTIMATE

<b>Tenant</b>		

**TENANT INCOME:**

<b>1</b>	EMPLOYMENT		
	OTHER		\$7,900
<b>2</b>	SSI		
<b>3</b>	SOCIAL SECURITY		
<b>4</b>	CHILD SUPPORT		
<b>5</b>	EXPENSES (0 INCOME FORM)		
<b>15</b>	<b>ANNUAL INCOME</b>		\$7,900
<b>7</b>	<b>LESS DEDUCTIONS</b>		
<b>8</b>	-DEPENDENTS	2	\$960
<b>9</b>	-CHILD CARE EXPENSES/MED. EXPENSE		
<b>10</b>	-DISABLED/HANDICAPPED		\$0
<b>11</b>	<b>NET INCOME</b>		\$6,940
<b>12</b>	<b>MONTHLY NET INCOME</b>		\$578
<b>13</b>	30% OF NET INCOME (TTP)		\$174
<b>14</b>	40% OF NET INCOME-****MUST EXCEED LINE G BELOW		\$231

TTP MUST BE AT LEAST \$50

<b>15</b>	VOUCHER SIZE/PMT STANDARD	2	\$1,149
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<b>16</b>	CONTRACT RENT	A	\$990	
<b>17</b>	UTILITY ALLOWANCE	B	\$210	<b>MAXIMUM RENT YOU QUALIFY FOR</b>
<b>18</b>	GROSS RENT: A+B	C	\$1,200	
<b>19</b>	LOWER OF PMT STANDARD OR GROSS RENT	D	\$1,149	
<b>20</b>	TTP	E	\$174	
<b>21</b>	TOTAL HAP :D-E (IF E IS LARGER, PUT 0)	F	\$976	
<b>22</b>	TOTAL FAMILY SHARE : C-F	G	\$226	
<b>23</b>	HAP TO OWNER (LOWER OF A OR F)	H	\$976	
<b>24</b>	TENANT RENT TO OWNER : A-H	I	\$15	
<b>25</b>	UTILITY REIMBURSEMENT: F-H	J	\$0	

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**Apartments  
you pay water and sewer**

## SUBSIDY ESTIMATE

Tenant		

**TENANT INCOME:**

1	EMPLOYMENT		
	OTHER		\$7,900
2	SSI		
3	SOCIAL SECURITY		
4	CHILD SUPPORT		
5	EXPENSES (0 INCOME FORM)		
15	<b>ANNUAL INCOME</b>		<b>\$7,900</b>
7	<b>LESS DEDUCTIONS</b>		
8	-DEPENDENTS	2	\$960
9	-CHILD CARE EXPENSES/MED. EXPENSE		
10	-DISABLED/HANDICAPPED		\$0
11	<b>NET INCOME</b>		<b>\$6,940</b>
12	<b>MONTHLY NET INCOME</b>		<b>\$578</b>
13	30% OF NET INCOME (TTP)		\$174
14	<b>40% OF NET INCOME-***MUST EXCEED LINE G BELOW</b>		<b>\$231</b>

TTP MUST BE AT LEAST \$50

15	VOUCHER SIZE/PMT STANDARD	2	\$1,149
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16	CONTRACT RENT	A	\$945	
17	UTILITY ALLOWANCE	B	\$259	<b>MAXIMUM RENT YOU QUALIFY FOR</b>
18	GROSS RENT: A+B	C	\$1,204	
19	LOWER OF PMT STANDARD OR GROSS RENT	D	\$1,149	
20	TTP	E	\$174	
21	TOTAL HAP :D-E (IF E IS LARGER, PUT 0)	F	\$976	
22	TOTAL FAMILY SHARE : C-F	G	\$229	
23	HAP TO OWNER (LOWER OF A OR F)	H	\$945	
24	TENANT RENT TO OWNER : A-H	I	\$0	
25	UTILITY REIMBURSEMENT: F-H	J	\$31	

**THIS IS AN ESTIMATE ONLY. THE MAXIMUM RENT GIVEN IS TO ASSIST YOU IN YOUR SEARCH FOR AFFORDABLE HOUSING. IF YOU SELECT A UNIT DIFFERENT THAT WHAT THIS WORKSHEET REPRESENTS, YOU MUST CONTACT YOUR ASSIGNED COORDINATOR RENT APPROVAL IS CONTINGENT UPON NNRHA APPROVAL, RENT REASONABLENESS TEST, AND INCOME ELIGIBILITY. ANY CHANGES IN THE UTILITY ALLOWANCE USED HERE WILL HAVE AN IMPACT ON THE MAXIMUM AMOUNT OF RENT YOU MAY SEARCH FOR.**

Townhouse

## SUBSIDY ESTIMATE

<b>Tenant</b>		

**TENANT INCOME:**

<b>1</b>	EMPLOYMENT		
	OTHER		\$7,900
<b>2</b>	SSI		
<b>3</b>	SOCIAL SECURITY		
<b>4</b>	CHILD SUPPORT		
<b>5</b>	EXPENSES (0 INCOME FORM)		
<b>15</b>	ANNUAL INCOME		\$7,900
<b>7</b>	LESS DEDUCTIONS		
<b>8</b>	-DEPENDENTS	2	\$960
<b>9</b>	-CHILD CARE EXPENSES/MED. EXPENSE		
<b>10</b>	-DISABLED/HANDICAPPED		\$0
<b>11</b>	NET INCOME		\$6,940
<b>12</b>	MONTHLY NET INCOME		\$578
<b>13</b>	30% OF NET INCOME (TTP)		\$174
<b>14</b>	40% OF NET INCOME-***MUST EXCEED LINE G BELOW		\$281

TTP MUST BE AT LEAST \$50

<b>15</b>	VOUCHER SIZE/PMT STANDARD	2	\$1,149
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<b>16</b>	CONTRACT RENT	A	\$935	
<b>17</b>	UTILITY ALLOWANCE	B	\$268	
<b>18</b>	GROSS RENT: A+B	C	\$1,203	
<b>19</b>	LOWER OF PMT STANDARD OR GROSS RENT	D	\$1,149	
<b>20</b>	TTP	E	\$174	
<b>21</b>	TOTAL HAP :D-E (IF E IS LARGER, PUT 0)	F	\$976	
<b>22</b>	TOTAL FAMILY SHARE : C-F	G	\$228	
<b>23</b>	HAP TO OWNER (LOWER OF A OR F)	H	\$935	
<b>24</b>	TENANT RENT TO OWNER : A-H	I	\$0	
<b>25</b>	UTILITY REINBURSEMENT: F-H	J	\$41	

**MAXIMUM RENT YOU QUALIFY FOR**

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Single family house

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

### 11. Utilities and Appliances

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

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

Previous editions are obsolete

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HUD-52517 (7/2019)

### 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 <b>MONICA BLOODSAW</b>	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number (757) 550-5940	Date (mm/dd/yyyy)

Previous editions are obsolete

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HUD-52517 (7/2019)

# RFTA continued

- The RFTA contains important information that you need to know.
- It is advisable that you are fully aware of the content and that, if at all possible, you return it to the Section 8 office.
- By this hands on approach, you will know when we received it, the day it is expected to be ready for inspection, and the requested beginning lease date.

# Request for Tenancy Approval

- The Request for Tenancy Approval (RFTA) is the paperwork that the landlord signs once they have approved your application and the unit is ready to be inspected.
- The RFTA must be returned to the Section 8 office no later than the expiration date on your voucher

# Owner/Agent Information Form

NEWPORT NEWS REDEVELOPMENT AND HOUSING AUTHORITY  
DEPARTMENT OF PUBLIC AND ASSISTED HOUSING  
HOUSING CHOICE VOUCHER PROGRAM

DATE:

TO: Housing Choice Voucher Program Landlords/Agents/Managers/Owners

FROM: Newport News Redevelopment & Housing Authority

SUBJECT: IRS Requirements for Reporting of Rental Income

The Newport News Redevelopment and Housing Authority (NNRHA) is required by federal law to report rental income to the Internal Revenue Service (IRS). Rental income received for participation in the Housing Choice Voucher Rental Assistance Program must be reported for all property owners. To ensure NNRHA's compliance with this requirement, please complete the information below and return to our office within 5 business days with the attached W-9 form. Failure to return the required forms may result in suspension of Housing Assistance Payments.

1. Property address for unit placed on the Housing Choice Voucher Program :

2. Are you the Owner, Agent, Manager, or Corporation for the above referenced rental property:

Please check one:

( ) Owner ( ) Agent ( ) Manager ( ) Corporation

3. Owner Information: **YOU MUST COMPLETE ACTUAL PROPERTY OWNER INFORMATION**

a) Owner(s) name \_\_\_\_\_

b) Owner address \_\_\_\_\_

c) Owner SSN OR EIN# \_\_\_\_\_

4. Property Agent/Manager/Corporation Information:

a) ( ) N/A, there is no Agent, Manager, Corporation or other.

b) If there is an Agent, Manager, Corporation or other for the above rental property, check the appropriate title:

( ) Agent ( ) Manager ( ) Corporation ( ) Other \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ email : \_\_\_\_\_

5. Checks will be directly deposited into a qualified bank account. Should the ( ) Owner or ( ) Agent receive the payment? (If Agent is receiving the Housing Assistance Payment, the Agent will receive the 1099 also and will be responsible for sending a 1099 form to the owner.)

6. Is the Owner/Agent/Manager an employee of the Newport News Redevelopment? ( ) Yes ( ) No

7. Is the Owner/Agent/Manager an immediate family member of any member of the Housing Choice Voucher participant/applicant's household? ( ) Yes ( ) No If yes, please contact the HCV Assisted Housing Coordinator.

# W-9 form

Form <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	
<b>Part I Taxpayer Identification Number (TIN)</b>		
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 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 <i>How to get a TIN</i> on page 3.		Social security number
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		OR
		Employer identification number
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		
3. I am a U.S. citizen or other U.S. person (defined below).		
<b>Certification instructions.</b> 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 4.		
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
<b>General Instructions</b>		
Section references are to the Internal Revenue Code unless otherwise noted.		
<b>Purpose of Form</b>		
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),		
2. Certify that you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
<b>Note.</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are:		
• An individual who is a U.S. citizen or U.S. resident alien,		
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,		
• An estate (other than a foreign estate), or		
• A domestic trust (as defined in Regulations section 301.7701-7).		
<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
• The U.S. owner of a disregarded entity and not the entity,		

# Direct Deposit Form



## Newport News Redevelopment and Housing Authority

P.O. Box 797 Newport News, VA 23607  
(757) 928-3060 or FAX (757) 247-6707

### Direct Deposit Agreement Form For The HCV Program

#### Authorization Agreement

I hereby authorize the Newport News Redevelopment and Housing Authority to initiate automatic deposits to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Further, I authorize the Newport News Redevelopment and Housing Authority and the financial institution below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit error to my account.

This authorization will remain in effect until the Newport News Redevelopment and Housing Authority receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Newport News Redevelopment and Housing Authority Housing Choice Voucher Program Department.

Owner Tax ID (SS# or Employer Identification Number) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ email \_\_\_\_\_

#### Transaction Type

New Setup       Cancellation       Change in Account Information

#### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking       Savings

#### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

csp:032C13



# Rent Reasonableness Determination



- NNRHA must determine whether the full contract rent to the owner is a reasonable rent in comparison to rent for other comparable unassisted units.
- Required HUD criteria for determining the rent reasonableness of a unit:
  - Location
  - Unit size including the number of rooms and square footage of the rooms
  - Type of unit including construction type (e.g., single family, duplex, garden, low-rise, high-rise)
  - The quality of the unit including the quality of the original construction, maintenance and improvements made
  - Amenities, services and utilities included in the rent

# Initial Move- In Inspections

- Initial move inspections will be scheduled only after the rent is deemed reasonable and it is verified that the family portion for rent and utilities does not exceed 40% of the adjusted monthly income of the family.
- Families are not permitted to pay any additional amount over the approved reasonable contract rent.
- The unit must be inspected by NNRHA and pass inspection prior to occupancy by participant.
- For leasing in place rentals, a new lease must be executed for the day the unit passes inspection.



# Biennial Inspections

- Federal regulations require an inspection every two years.
- NNRHA reserves the right to inspect units more frequently if we determine it is warranted.
- There must be an adult (18 years of age or older) present for the inspection
- Pets (except service animals) are not allowed in the unit during the inspection.
- If any deficiencies are noted, the inspector will notify the owner and tenant in writing. Most deficiencies must be corrected in 30 days.
- Depending on the deficiency, the landlord may not be given 30 days to correct the deficiency (e.g. heating, cooling, hot water)
- Emergency (life-threatening) violations must be corrected within 24 hours of the inspection





# Biennial Inspections continued

- Landlords will be required to make all repairs in the unit even if the deficiency is caused by the Section 8 participant.
- This does not remove the obligation of the participant to take proper care of the unit.
- A landlord may request a reimbursement for repairs to deficiencies that are tenant caused.
- If the participant is held responsible for a deficiency (such as housekeeping) and does not bring it into compliance within 30 days, the Housing Authority is authorized to terminate the assistance for the participant and cancel the HAP contract. The lease automatically ends when the HAP contract is cancelled.

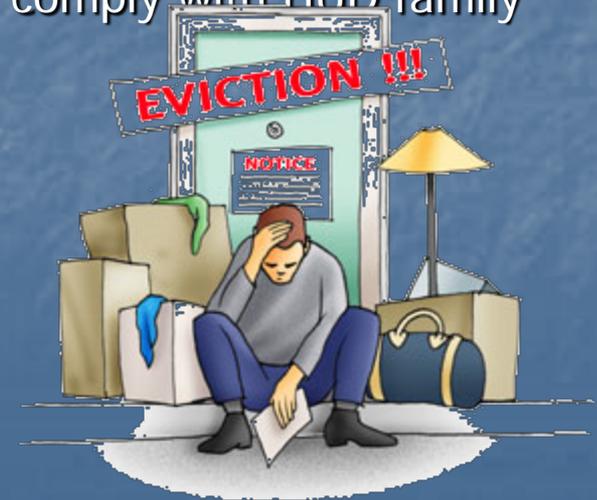
# Special Inspections



- NNRHA will conduct a special inspection if the participant has addressed the deficiency with the landlord, given the landlord a reasonable time to correct the problem and the landlord has been unwilling or unable to correct the deficiency.
- Failure to make timely repairs requested by the participant will be handled in the same manner as deficiencies are handled during biennial inspections.

# Terminations and Evictions

- Owners may terminate the lease for lease violations, violations of federal, state or local law that directly relate to the occupancy of use of the unit or premises, criminal activity or alcohol abuse. Eviction proceedings initiated by the landlord must be in compliance with state and local laws.
- Non-payment of NNRHA' s portion of the rent is not a lease violation.
- Owners may chose not to renew a lease after the initial 12 months.
- Participants may be terminated from the HCV program if they commit any serious or repeated violation of the lease or fail to comply with HUD family obligations and NNRHA policies.



# Family Obligations

## OBLIGATIONS OF THE FAMILY VOUCHERS

- A. When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Section 8 Rental Voucher Program.
- B. The family must:
1. Supply any information that the HA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
  2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
  3. Supply any information requested by the HA to verify that the family is living in the unit or information related to family absence from the unit.
  4. Promptly notify the HA in writing when the family is away from the unit for an extended period of time in accordance with HA policies.
  5. Allow the HA to inspect the unit at reasonable times after reasonable notice.
  6. Notify the HA and the owner in writing before moving out of the unit or terminating the lease.
  7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
  8. Promptly notify the HA in writing of the birth, adoption or court awarded custody of a child.
  9. Request HA written approval to add any other family member as an occupant of the unit.
  10. Promptly notify the HA in writing if any family member no longer lives in the unit.
  11. Give the HA a copy of any owner eviction notice.
  12. Pay utilities bill and provide and maintain appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or owner of a manufactured home leasing a manufactured home space).
  2. Commit any serious or repeated violation of the lease.
  3. Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
  4. Participate in illegal drug or violent criminal activity.
  5. Sublease or let the unit or assign the lease or transfer the unit.
  6. Receive Section 8 tenant-base program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
  7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
  8. Receive Section 8 tenant-base program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for family member who is a person with disabilities.
  9. Engage in illegal use of a controlled substance, or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

I understand that violation of any of these obligations is grounds for termination of housing assistance. I certify that I have received a copy and read/have had read to me the obligations of the family

_____ Head of Household	_____ Date	_____ Co-Head	_____ Date
_____ Other Adult Member	_____ Date	_____ Other Adult Member	_____ Date

# Fair Housing

La ley de igualdad en la vivienda en Virginia proporciona acceso a vivienda justa para todos, y es ilegal discriminar contra las clases protegidas:

Raza (cualquier raza)  
 Color (cualquier color)  
 Religión (cualquier religión o no religión)  
 Origen nacional (incluyendo nacionalidad)  
 Sexo (género)  
 Estado de Familia (presencia de niños debajo de 18 años en la familia o de mujer embarazada)  
 Incapacidad (física o mental)  
 Edad (55 años o más viejos)

¡Cada uno de nosotros es un miembro de clases protegidas, y las leyes de vivienda justa se aplican a todos!

Si usted siente que ha sido discriminado por cualquier razón, por favor llame a los números en esta volante, así usted sabe sus derechos y qué a hacer después.

## ¡Vivienda justa es para todos!

¿Qué clase de vivienda están implicadas?

Alquileres de casa o apartamento, ventas, avalúos, financiamiento de hipoteca, préstamos de la compra, financiado de nuevo, préstamos de las mejoras para el hogar, líneas de a equidad, dueños de una casa o seguro de apartamento, términos y condiciones de la ocupación residencial (costo, mantenimiento, uso de instalaciones, terminación), comodidades para personas incapacitadas.

¿Qué tipo de vivienda esta cubierta?

Cubre cualquier residencia: apartamentos, condos, hogares unifamiliares, hogares o casas móviles, tiempo compartido, dormitorios, tierra vacante para el uso residencial, abrigo (refugio, asilo), hoteles residenciales.

HCME puede ayudarle conociendo los hechos a planear los pasos siguientes o ayudarle a presentar una queja con HUD o la oficina de vivienda justa de Virginia.

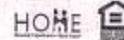
Usted puede contactar HOME al 757.215.0321 extensión 152

llame a la agencia de su estado o a la autoridad del gobierno local.

El Departamento de Vivienda Justa De Virginia al 1.888.551.3247

Departamento de Vivienda y Desarrollo Urbano de EE.UU. 1.888.799.2086 TTY: 215.656.3450

Este volante se produjo y se distribuyo en sociedad con su gobierno local, Hampton Roads Community Housing Resource Board, Departamento de Vivienda y Desarrollo Urbano de EE.UU., y Housing Opportunities Made Equal of Virginia, Inc.



The Virginia Fair Housing Law provides equal access to housing for everyone, and makes it illegal to discriminate based on:

Race (any race)  
 Color (any color)  
 Religion (any religion or no religion)  
 National origin (any nationality)  
 Sex (gender)  
 Familial status (presence of children under 18 in the family or pregnant women)  
 Handicap (disability)  
 Elderliness (55 years or older)

Each of us is a member of protected classes, and fair housing laws apply to us all.

If you feel you've been treated unfairly in a housing related activity because of any of the above reasons, please call one of the numbers listed, so you know your rights and what to do next.

## Fair Housing is for Everyone!

What are some of the housing related activities involved?

Houses or apartment rentals, sales, property appraisals, mortgage financing purchase loans, refinancing, home improvement loans, equity lines, home-owners or renters insurance, terms and conditions of residential occupancy (cost, maintenance, use of facilities, termination), accommodations for disabilities.

What type of housing is covered?

Any housing that is available for non-transient, residential use is covered: apartments, condos, single-family homes, mobile homes or lots, manufactured housing, timeshares, dormitories, vacant land for residential use, shelters, or residential hotels.

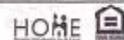
HOME can help you sort through the facts, figure out your next steps, or assist you in filing a complaint with HUD or the Virginia Fair Housing Office.

You can contact the fair housing organization, Housing Opportunities Made Equal of VA at 757.215.0321 ext. 119

You can also contact a governmental agency such as your local government or housing authority or...

The Virginia Fair Housing Office  
 1.888.551.3247  
 U.S. Dept. of Housing & Urban Development  
 1.888.799.2085 TTY: 215.656.3450

This flyer is produced and distributed through a partnership with your local government, the Hampton Roads Community Housing Resource Board, the U.S. Department of Housing and Urban Development, and Housing Opportunities Made Equal of Virginia, Inc.



# VAWA

## *Violence Against Women Act Notice for Managers and Owners*

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, stalking or sexual assault. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your obligations under VAWA.

### **Protections for Victims**

You cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence, stalking or sexual assault.

You cannot evict a tenant who is the victim of domestic violence, dating violence, stalking or sexual assault based on acts or threats of violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, stalking or sexual assault that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

### **Permissible Evictions**

You can evict a victim of domestic violence, dating violence, stalking or sexual assault if you can demonstrate that there is an *actual or imminent* (immediate) threat to other tenants or employees at the property if the victim is not evicted. Also, you may evict a victim for serious or repeated lease violations that are not related to the domestic violence, dating violence, stalking or sexual assault. You cannot hold a victim of domestic violence, dating violence, stalking or sexual assault to a more demanding standard than tenants who are not victims.

### **Removing the Abuser from the Household**

You may (bifurcate) split the lease to evict a tenant who has committed criminal acts of violence against affiliated individuals (spouse, parent, brother, sister, or child of that individual, or an individual to whom that individual stands in loco parentis, or any individual, tenant, or lawful occupant living in the household of that individual) while allowing the victim and other household members to stay in the unit. If you choose to remove the abuser, you may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, you must follow federal, state, and local eviction procedures.

### **Moving to Protect the VAWA victim**

If the Housing Authority has the appropriate documentation that the HCV participant needs to move to protect the health or safety of the family or family member because of a domestic violence incident, the Housing Authority may permit the participant family seeking protection under VAWA to move. Participant is obligated to have met their current rental obligations.

# Reasonable Accommodations



## REASONABLE ACCOMMODATIONS

It is a violation of the Fair Housing Act for any person to refuse to make a reasonable accommodation in rules, policies, practices, or services, when such accommodations may be necessary to afford a handicapped person equal opportunity to use and enjoy a dwelling unit, including public and common use areas.<sup>107</sup> This means that the manager of an apartment complex must allow an exception to a rule or policy if it would afford a disabled tenant an equal opportunity to use and enjoy an apartment at the complex. An accommodation that permits disabled tenants to experience the full benefit of tenancy must be made unless the accommodation imposes an undue financial or administrative burden on a housing provider or requires a fundamental alteration in the nature of its program.<sup>108</sup>

With regard to a disabled tenant or disabled applicant's reasonable accommodation request, the owner or manager of the apartment complex can request verification that the tenant or applicant is disabled and needs the requested accommodation to use and enjoy the apartment or community. However, the owner or manager cannot request information about the nature, extent, or severity of a person's disability. Furthermore, if after a disabled tenant makes a reasonable accommodation request, the housing provider delays responding to the request, after a reasonable amount of time, that delay may be construed as a failure to provide a reasonable accommodation.

# Reasonable Accommodations continued

- If you are a person with a disability and you require an accommodation, you should complete a request for a reasonable accommodation form.
- This form is made available at each recertification, but can be requested at any time.
- If an individual speaks a language other than English, NNRHA has resources to insure equal access for the successful participation in the Housing Choice Voucher (Section 8) program.

# Office Procedures/Program Requirements

- Increases in income must be reported within 10 days of new income.
- Interim change packages are found at the front desk and online at [NNRHA.com](http://NNRHA.com)
- You are assigned a Coordinator according to your last name. They receive phone calls between 8am and 10am and again between 4pm and 5pm. Please leave a message at other times and expect a return phone call within 24 hours.

# Office Procedures/Program Requirements continued

- Please speak with your Coordinator to get information on moving or porting procedures,
- Interim changes should be addressed to L. Jefferson at 757-928-6172 or [ljefferson@nnrha.org](mailto:ljefferson@nnrha.org).
- Your Coordinator's supervisor is L. Hitchcock. She may be reached a 757-928-6062 or [lhitchcock@nnrha.org](mailto:lhitchcock@nnrha.org).
- Most questions and concerns can be easily addressed with your Coordinator, but The Senior Coordinator – Ms. Hitchcock is available to address unresolved concerns. Please contact the front desk at 757-928-6060 if you feel you need to speak with the Program Manager.