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. 07/31/2022)

Public reporting burden for this collection of information is estimated to average .08 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. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant 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 assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)		
COAC					
3. Requested Beginning Date of Lease	**4. Number of Bedrooms**	**5. Year Constructed**	**6. Proposed Rent**	**7. Security Deposit Amt.**	**8. Date Unit Available for Inspection**

9. Type of House/Apartment

- ☐ High Rise
- ☐ Low-Rise
- ☐ Manufactured Home
- ☐ Row House/Townhouse
- ☐ Semi-Detached
- ☐ Single Family Detached

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

- ☐ Section 202
- ☐ Section 221 (d)(3)(BMIR)
- ☐ Home
- ☐ Tax Credit
- ☐ Section 236 (insured or noninsured)
- ☐ Section 515 Rural Development
- ☐ Other (Describe Other Subsidy, Including Any State or Local Subsidy)_____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an " O". The tenant shall provide or pay for the utilities and 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	☐ Natural Gas ☐ Electric ☐ Bottle Gas ☐ Heat Pump ☐ Oil ☐ Other	
Cooking	☐ Natural Gas ☐ Electric ☐ Bottle Gas ☐ Heat Pump ☐ Oil ☐ Other	
Water Heating	☐ Natural Gas ☐ Electric ☐ Bottle Gas ☐ Heat Pump ☐ Oil ☐ Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner's Certifications.

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

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

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

c. Check one of the following:

_____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

_____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

_____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own 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 as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

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

Tenant ID MO-2024-02

Lead Warning Statement

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

Owner's Disclosure

(a) Presence of lead-based paint hazards (please check one box below):

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

_____

_____

_____

☐ Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to owner (please check one below):

☐ Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (please list documents provided below).

_____

_____

_____

☐ Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment

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

(d) Tenant has received the pamphlet *Protect your Family from Lead in your Home* from the Housing Agency.

Housing Agency's Acknowledgment

(e) Housing Agency has informed the tenant of the owner's obligations under 42U.S.C.4852(d) and is aware of agency's responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by those signing this document is true and accurate.

Signatures

Housing Agency Representative	**Tenant**	**Owner**
Print or Type Name of HA	Print or Type Name of Tenant	Print or Type Name of Owner
Signature	Signature	Signature
Print or Type Name and Title of Signatory	Date	Print or Type Name and Title of Signatory
Date		Date

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Housing Survey

Housing Choice Voucher Program

Please complete all of the information about the housing unit listed below.

Unit Location

Building Name (optional) _____

Street Address _____ Apt # _____

City, State, ZIP _____ _____ _____

Management and Owner Information

Managment Information

Managed By ☐ Owner ☐ Management Company

Mgr Name _____

Mgr Phone _____

Is the Owner / Manager On-Site? ☐ Yes ☐ No

Owner Information

Owner Name _____

Owner Address _____

_____

City _____

State _____ ZIP _____

Unit Size, Cost and Utilities Provided

Size of Unit

Number of Bedrooms _____

Number of Bathrooms _____

Square Footage ☐ Above Average ☐ Average ☐ Below Average

Lease Information

Current Rent $ _____

Date Rented _____

Unit is assisted under a Federal, State or local government program or the rent and rent increases are restricted by law or court action. ☐ Yes ☐ No

Owner Paid Utilities

Check all utilities that are included in the rent

☐ Heat ☐ Water Heat ☐ Water ☐ Trash Collection ☐ Refrigerator
☐ Cooking ☐ Other Electric ☐ Sewer ☐ Air Conditioning ☐ Range

Types of Utilities Used

The unit is heated with:

☐ Natural Gas ☐ Bottle Gas
☐ Electric ☐ Heat Pump

The stove uses:

☐ Natural Gas ☐ Bottle Gas ☐ Oi
☐ Electric ☐ Heat Pump ☐ Ot

The hot water is heated with:

☐ Natural Gas ☐ Bottle Gas ☐ Oi
☐ Electric ☐ Heat Pump ☐ Ot

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Housing Survey

Housing Choice Voucher Program

Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- ☐ High Rise
- ☐ Low-Rise
- ☐ Manufactured Home
- ☐ Row House/Townhouse
- ☐ Semi-Detached
- ☐ Single Family Detached

Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- ☐ Above Average
- ☐ Average
- ☐ Below Average

Age

Estimated year of construction or last major renovation _____

Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- ☐ Hearing
- ☐ Sight
- ☐ Mobility
- ☐ Other

Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- ☐ Balcony, patio, deck, porch
- ☐ Driveway
- ☐ Exceptional size relative to needs of family
- ☐ Garage or parking facilities
- ☐ Good maintenance of building exterior
- ☐ Good upkeep of grounds
- ☐ High quality floors or wall coverings
- ☐ Large yard
- ☐ Other forms of weatherization
- ☐ Screen doors or windows
- ☐ Storm windows and doors
- ☐ Working fireplace

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief.

Name _____ Signature _____ Date _____

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ihcda

Indiana Housing & Community Development Authority

Section 8 Rental Voucher and Certificate Programs: Restriction on Leasing to Relatives

Pursuant to CFR 982.306 PHA disapproval of owner, the PHA must not approve a unit 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.

CERTIFICATION: The owner (which includes a principal or other interested party), certifies that they are not a parent, child, grandparent, grandchild, sister, brother of _____ and/or any member of their family.

_____

Owner/Agent Name

_____

Owner/Agent Street Address

_____ _____ _____

City State Zip Code

_____

Owner/Agent Telephone Number

_____

Owner/Agent E-Mail

_____ _____

Owner/Agent Signature Date

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Indiana Housing & Community Development Authority

Certificate of Ownership

Name of Tenant
Unit Address (number and street, city, state Zip code)

This is to certify that _____,
(Name as it appears on deed)

of _____, a
(Address, city, state ZIP code)

_____
(Individual(s), corporation, partnership, sole proprietorship)

is the owner of the unit located at the above address. The Social Security number or Federal tax ID number is: _____.

Telephone number: _____. E-mail address: _____.

Listed below are the names and titles of all persons authorized to execute leases and contracts, and to otherwise deal with the unit:

NAME OF AUTHORIZED PERSON	TITLE

The owner hereby designates _____, telephone number: _____,
(Name of designee)

_____ to
(Street address, city, state ZIP code)

act as their agent in the rental and collection of rents for said unit.

This is to certify that the above information is correct and accurate. The above information and authorization shall remain in effect until changed by written notice by the undersigned to

Date (month, day, year)	Printed name of owner
Signature of owner	Signature of co-owner

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

VENDOR INFORMATION

Name _____
(as it appears on your bank account)

Address _____ SSN# or EIN# _____

City _____ State _____ Zip _____

Financial Institution Information

(PLEASE ATTACH A VOIDED CHECK)

Financial Institution Name _____

Routing Transit # _____

Branch _____ Account # _____

Address _____ Account is a Checking ☐ Savings ☐

Bank Telephone (_____) _____ -- _____

Authorization

I hereby authorize Northwest Indiana Community Action Corp. to (1) initiate credit/deposits in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the account listed above designated in the depository listed above, and, (2) if necessary, to initiate debit entries or adjustments ***solely to correct any credit error*** *resulting from a deposit/credit entry that was made under this authorization. This authority is to remain in full force and effect until written notice from me has been received by the company in such manner as to afford reasonable time to act on it.*

Date _____ Signature _____

**Send completed form with voided check to accountspayable@CoAction.care*