

STOP!!!YOU MUST READ Pgs. 1 and 2

Before Continuing

Request for Tenancy Approval (RFTA) Process

ALL DOCUMENTS SUBMITTED TO HCV ARE PROCESSED 5 to 7 BUSINESS DAYS FROM THE DATE RECEIVED.

1. The RFTA must be completed by all parties before it is returned to this office.

Please note Incomplete RFTA's will not be accepted.

2. The owner of the property must provide proof of ownership and an unexecuted blank copy of the potential lease. All of the requested forms must be current, list the name of the owner, and the physical property on the form. Acceptable forms of documentation are:

- Property Tax Receipt
- Mortgage Statement
- Insurance statement

All of the aforementioned documents must be currently dated. Please note, if the owner is using a management company, a copy of the "Management Agreement" between the owner and Management Company must also be provided. Please note current proof of ownership must be submitted with each RFTA, even if you are a current landlord and have submitted the documentation on the same unit previously.

NO Exceptions.

3. The participant must submit the Intent to Vacate Form, prior to the RFTA being submitted and/or can be submitted with the RFTA. The intent to vacate form must be filled out by the participant and the participant's current landlord. This only applies to participants who are already on the voucher program. **The RFTA will not be processed if all of the items listed through 1-3 are not turned into this office. Incomplete documentation will delay this process.**
4. Once the RFTA is approved, the HCV Department will contact the owner and the participant via phone to inform both parties of the estimated rent shares. The RFTA will be submitted to McCright inspectors, Auburn Housing Authority's inspection company. McCright inspectors will contact the landlord to schedule an inspection.

RTA Checklist: Documents that must be submitted with the RTA.

1. Owner proof of ownership-must list the owner's name and the actual physical property address.
2. Management Agreement-This only applies to owners who have hired a management company only.
3. Voided Check if you are new landlord to the program and/or if you are an existing owner but banking account changed.
4. Blank copy of unexecuted lease agreement-the lease agreement must be filled out completely but not signed by either the landlord or tenant.
5. Intent to Vacate Form-This only applies to participants who are moving from one unit to another. This form may be submitted prior to the RFTA being submitted or with the RFTA. However, if it is not the RFTA will not be processed until the intent to vacate form is received.

Important Notice Section

The Auburn Housing Authority (AHA) **does not** recommend the tenant moves into the property before the unit has passed inspection. AHA will not be responsible for their share of rent until the unit has passed inspection and until the HAP contract documents are signed after the inspection has passed. If the tenant moves in before the unit passes, the tenant is responsible for the rent.

The deadline for AHA to receive and process new HAP contracts turned into this office is the 22nd of each month. New Contracts turned in after the 22nd will not have payments processed until after the second full month of occupancy. HAP is paid monthly. A participant/tenant can be in the unit for 2 full months before HAP is paid.

Example: A completed HAP contract received on January 23rd will not have a check processed until March. At that time, all payments will be made in full.

To better help you understand this process below is an order of events that must be followed before HAP is paid.

1. RTA submitted
2. RTA processed
3. Inspection scheduled (if rent approved)- AHA forwards unit information to inspection company to inspect
4. Owner/Landlord and participant are contacted and given estimated rent shares
5. Unit inspected. If unit passes inspection participant may move in. Participant or Owner/landlord must notify HCV in writing of participant's move in date.
6. HAP contract documents are mailed or emailed

If you have any questions about this process please contact the HCV Department at (334) 821-2262.

Thank you for partnering with AHA in providing decent, safe, and sanitary housing to low income families. We look forward to serving you.

HCV Department

Page 2 of 2

Updated 6/7/2017

Request for Tenancy Approval
using Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 09/30/2017)

ic 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, ering 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 ond 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 mation 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 l 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 stigations 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 It 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)		
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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
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9. Type of House/Apartment

Single Family Detached ☐ Semi-Detached / Row House ☐ Manufactured Home ☐ Garden / Walkup ☐ Elevator / High-Rise ☐

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

Section 202 ☐ Section 221(d)(3)(BMIR) ☐ Section 236 (Insured or noninsured) ☐ Section 515 Rural Development ☐

Home ☐ Tax Credit ☐

Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

Utilities and Appliances

11. 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 appliances provided by the owner.

	Specify fuel type	Provided by	Paid by
12. Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
13. Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
14. Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
15. Sewer Electric			
16. Sewer			
17. Trash			
18. Trash Collection			
19. Air Conditioning			
20. Refrigerator			
21. Stove/Microwave			
22. Other (specify)			

Owner's Certifications.

The program regulation requires the PHA to certify that the rent charged the housing choice voucher tenant is not more than the rent charged for comparable unassisted 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

The owner (including a principal or other interested party) is not the tenant, 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)

Housing Voucher Program Unit

PROPERTY OWNER: _____

MAIL ADDRESS: _____

PROPERTY ADDRESS: _____

YEAR UNIT WAS BUILT: _____

TYPE OF UNIT: Single Family Dwelling _____
 Apartment _____ Ground level _____ Upstairs _____
 Mobile Home _____

TOTAL SQUARE FOOTAGE: _____

NUMBER OF BEDROOMS: Efficiency _____ 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____ 5 BR _____

NUMBER OF BATHS: Full _____ Half _____

HANDICAP ACCESSIBILITY: Yes _____ (Please describe) No _____

LOCATION: Residential neighborhood _____ Rural _____

NEAREST SHOPPING: 1 - 3 Miles _____ 3 - 5 Miles _____ 5 - 7 Miles _____ 7+ Miles _____

UNIT AMENITIES:

Heat & Air: Central _____ Window Units _____ Furnace _____ Space Heaters _____ None _____
Floor Covering: Carpet (wall to wall) _____ Other: _____
Window Covering: Drapes _____ Blinds _____ Shades _____ None _____
Dishwasher _____ Range _____ Refrigerator _____ Microwave _____ Garbage Disposal _____
Washing Machine _____ Clothes Dryer _____ Hook-ups Only _____ Cable TV Hookup _____

OTHER AMENITIES:

Central laundry _____ Playground _____ Garage _____ Private Driveway _____ On site parking _____
Grounds maintenance _____ On site management _____ Pets Allowed _____

UTILITIES INCLUDED IN RENT: None _____ Gas _____ Electric _____
 Water _____ Sewage _____ Garbage _____

ESTIMATED UNIT RENT: _____

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

Lead Warning Statement

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

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

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

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

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

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

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

Auburn Housing Authority
931 Booker Street
Auburn, AL 36832
Phone (334)821-2262 Fax (334)821-2264

SECTION 8 LANDLORD CERTIFICATION

Unit address: _____

Ownership of Assisted Unit

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

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

I understand that the amount of security deposit must be comparable to fair market practice and that the tenant's portion of the contract rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand that should the assisted unit become vacant, I am responsible to notify the Housing Authority immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Section 8 program with other Federal and State agencies.

Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, complete or inaccurate information is punishable under Federal or State Criminal law.

Landlord and/or Agent Signature	Date
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WARNING -- Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

W-9

Form
Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

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)

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 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.

Social security number

or

Employer identification number

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

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).

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 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

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.

Note. 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.

Definition of a U.S. person. 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).

Special rules for partnerships. 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,

Auburn Housing Authority

Direct Deposit Form

Housing Choice Voucher (formerly Section 8) Program
931 Booker Street Auburn, AL 36832

Phone: 334-821-2262 Fax: 334-821-2264

Form Updated 6/7/2016

Ownership Information

Property Owner Name: _____ Home Phone #: _____

Mailing Address: _____ Fax #: _____

Property Owner Email Address: _____

Managing Agent of Property: _____ Phone #: _____

Mailing Address: _____ Fax #: _____

Managing Agent Email Address: _____

Tax Identification #/SS #: _____ Tax ID/SS # Refers to: ___ Owner ___ Agent

Please note that the party receiving the monthly payment will be the party responsible for receipt of the
1099

Banking Account Information

Bank Name:		Banking Information refers to: <input type="checkbox"/> Property Owner <input type="checkbox"/> Managing Agent
Bank Address:		
Bank Phone:		
Name as if appears on account:		
Electronic Routing #:		
Account #:		
Check only one:	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

Complete and Attach a Voided Check (Not A Deposit Slip)

I certify the aforementioned information is correct. I understand that future housing assistance payments will be deposited electronically into this account. I agree to notify AHA promptly should this information change. I also agree if monies are erroneously deposited into my account that should not have been AHA has the right to recoup those funds from my account.

Owner Signature

Date

This Form MUST BE Notarized by Property Owner if Managing Agent is designated as payee

NOTARY

SWORN TO and SUBSCRIBED Before me this _____ day of _____, 20____.

My Commission Expires _____

SEAL

Notary Public

Auburn Housing Authority

For landlord use only. Please keep for your records.

Pre-Inspection Checklist

This checklist is to help the unit pass The Housing Quality Standards (HQS) inspection. Most of the items below are items that consistently fail HQS during our inspection. This checklist does not cover all possible situations incurred during an inspection.

General Requirements

- Front and rear exterior exit doors must seal, lock and work properly.
- Good air tight doors and windows
- At least one screen per window per room.
- Windows designed to open must operate properly.
- All windows must have permanently attached working locks.
- Windowpanes must not be cracked or broken.
- All switches, receptacles and light fixtures must be working.
- All 3 prong electrical outlets must be grounded as required by code.
- No loose light fixtures.
- All electrical outlet covers must not be cracked or missing.
- Light fixtures must have globe covers if so designed.
- No cable lines, extension cords or gas lines that can be a tripping hazard.
- No exposed or frayed electrical wiring.
- No plumbing leaks.
- All staircases leading to living/sleeping areas must meet city code requirements.
- All walls and ceilings must be clean with no holes or large cracks.
- No loose, peeling, chipped, flaking, or cracked paint or interior or exterior surfaces.
- No evidence of roaches, mice, etc.
- Carpet and floors must be clean.
- All floors must be in finished state.
- Out buildings and garages must be in good shape and repair.
- No tripping hazards caused by permanently installed floor covering (carpet, tile and or vinyl)
- Bathrooms must have a window that opens or a powered vent fan.
- Faucets and or plumbing must not leak.

Kitchen

- Appliances must be in place, clean and working properly at the time of the inspection.
- All burners on the stove must be operable.
- All knobs on the stove must be intact and operable.
- The refrigerator gaskets must be sealed properly not allowing air to escape.
- Gas service line for range must have shutoff valve.

Auburn Housing Authority

For landlord use only. Please keep for your records.

- Handrails are required when 4 or more steps (risers) are present. This applies to interior and exterior.
- Protective railings are required when porches, balconies, and stoops are 30" or more above ground level.
- Manufactured homes must have proper tie downs devices and must be visible to the inspector.
- Empty slots in the breaker box must have covers.
- If a property was constructed prior to 1978, it may contain Lead-Based Paint.
- All utilities must be on during the inspection.
- All fences and gates must be in good repair.

**Authorization for the Release of Information/
 Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)
 and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014
 exp. 1/31/2014

I/HA requesting release of information; (Cross out space if none)
 Full address, name of contact person, and date)

Auburn Housing Authority
 931 Booker Street
 Auburn, AL 36832

Sharon Tolbert

I/HA requesting release of information: (Cross out space if none)
 (Full address, name of contact person, and date)

N/A

Authority: Section 904 of the Stewart B. McKinney Homeless
 Assistance Amendments Act of 1988, as amended by Section 903
 of the Housing and Community Development Act of 1992 and
 Section 3003 of the Omnibus Budget Reconciliation Act of 1993.
 This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1)
 HUD and the Housing Agency/Authority (HA) to request verifi-
 cation of salary and wages from current or previous employers; (2)
 HUD and the HA to request wage and unemployment compensa-
 tion claim information from the state agency responsible for
 keeping that information; (3) HUD to request certain tax return
 information from the U.S. Social Security Administration and the
 U.S. Internal Revenue Service. The law also requires independent
 verification of income information. Therefore, HUD or the HA
 may request information from financial institutions to verify your
 eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD
 and the above-named HA to request income information from the
 sources listed on the form. HUD and the HA need this information
 to verify your household's income, in order to ensure that you are
 eligible for assisted housing benefits and that these benefits are set
 at the correct level. HUD and the HA may participate in computer
 matching programs with these sources in order to verify your
 eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect
 the income information it obtains in accordance with the Privacy
 Act of 1974, 5 U.S.C. 552a. HUD may disclose information
 other than tax return information) for certain routine uses, such as
 to other government agencies for law enforcement purposes, to
 federal agencies for employment suitability purposes and to HAs
 for the purpose of determining housing assistance. The HA is also
 required to protect the income information it obtains in accordance
 with any applicable State privacy law. HUD and HA employees
 may be subject to penalties for unauthorized disclosures or im-
 proper uses of the income information that is obtained based on the
 consent form. **Private owners may not request or receive
 information authorized by this form.**

Who Must Sign the Consent Form: Each member of your
 household who is 18 years of age or older must sign the consent
 form. Additional signatures must be obtained from new adult
 members joining the household or whenever members of the
 household become 18 years of age.

Persons who apply for or receive assistance under the following
 programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent
 form may result in the denial of eligibility or termination of
 assisted housing benefits, or both. Denial of eligibility or termi-
 nation of benefits is subject to the HA's grievance procedures and
 Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is
 limited to wages and unemployment compensation I have re-
 ceived during period(s) within the last 5 years when I have
 received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is
 limited to the wage and self employment information and pay-
 ments of retirement income as referenced at Section 6103(l)(7)(A)
 of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is
 limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and
 former employers concerning salary and wages and (b) financial
 institutions concerning unearned income (i.e., interest and divi-
 dends). I understand that income information obtained from these
 sources will be used to verify information that I provide in
 determining eligibility for assisted housing programs and the level
 of benefits. Therefore, this consent form only authorizes release
 directly from employers and financial institutions of information
 regarding any period(s) within the last 5 years when I have
 received assisted housing benefits.

PLEASE NOTE: This form only applies to current assisted HCV participants ONLY. The current landlord and participant must fill out this form.

Auburn Housing Authority
Housing Choice Voucher Program
931 Booker Street
Auburn, AL 36832
Phone (334) 821-2262 Fax (334) 821-2264

NOTICE TO VACATE

I, _____ hereby give notice I will vacate the premises located
Participant/Tenant Name

at _____
ADDRESS CITY ZIP CODE

I will return all keys to the Owner/Property Manager and all furniture and personal belongings will be removed from the unit on _____
DATE

My Forwarding Address is: _____
ADDRESS CITY ZIP CODE

Telephone Number: _____

Participants who want to move must vacate the unit in compliance with the lease, provided by the Owner and/or Property Manager which may require a 30 or 60 day notice. The participant must be in good standing with no lease violations; damages or unpaid rent before a voucher is issued. Auburn Housing Authority (AHA) will not pay any rent or utility assistance after the vacate date. If you choose to remain in the unit, you must notify this office in writing of your change to remain in the unit. If your vacate date changes you will be required to refill out this form with the new vacate date.

Participant Signature: _____ DATE: _____

NOTICE TO LANDLORD: Before signing this section we strongly urge you to inspect your rental unit and resolve any matters of unpaid rent and/or damages beyond normal wear and tear.

If you find damages beyond normal wear and tear during your inspection you must provide your tenant with an itemized cost list of repairs and subtract the security deposit. Notice should be sent to the tenant at his/her last known address. i.e.: your rental unit as soon as possible. If the move out balance is provided to this office after the participant has moved out of your unit and has already moved into another unit the participant will be given until their annual recertification, which is typically one year, to pay the balance owed to you. This is to ensure the new landlord's; one year lease is fulfilled.

We encourage you and your tenant to resolve this matter by making a written agreement acknowledging responsibility for any damage and or unpaid rent.

Please note: March 2014 the Alabama Legislature changed the Alabama Landlord-Tenant Law. Landlords have up to 60 days after the end of the lease to refund a security deposit to the tenant instead of 35 days. However; to ensure the participant is not issued a voucher to seek housing we ask you provide the list of itemized damages to the HCV Department within 10 business days from the date the participant moves out.

By signing below as the Owner/Property Manager, I certify my tenant is in good standing. I have inspected the unit and there were no obvious damages to my unit. Please make a copy of this form before submitting it to the HCV Department.

Owner/Property Manager: _____ Date: _____
(Signature Required)

Print Name: _____ Telephone Number: _____

This form must be signed by all parties in the presence of each other on the same date.