

STOP! YOU MUST READ

Before Continuing

Request for Tenancy Approval (RFTA) Process

Completed RFTA'S received by the close of business day will be processed the following business day. However if the RFTA is incomplete, the processing time will be delayed until the completed RFTA is 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 proof of ownership.

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. Currently assisted participants/tenants 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 1-2 and 3 if it applies to you, 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.

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

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 your 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 the participant's 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. Landlord and participant are contacted and given estimated rent shares and rent amount
4. Inspection scheduled- AHA forwards unit information to inspection company to inspect
5. Unit inspected. If unit passes inspection participant may move in.
6. Owner and participant may enter into a lease once all of the aforementioned has occurred.
7. Participant or landlord must notify HCV in writing of participant's move in date.
8. HAP contract documents are mailed or emailed to landlord
9. Landlord signs HAP contract, return to AHA with executed lease signed between landlord and participant/tenant

10. Participant/tenant moved into AHA's system. HAP is paid to the landlord. (Please refer to important note section regarding when HAP is paid)

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

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. 09/30/2017)

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) Auburn Housing Authority 931 Booker Street Auburn, AL 36832			2. Address of Unit (street address, apartment number, city, State & zip code)			
---	--	--	---	--	--	--

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

☐ 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) _____

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 appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
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		
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		
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		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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)

Housing Voucher Program Unit

PROPERTY OWNER: _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____

YEAR UNIT WAS BUILT: _____

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

UNIT 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 is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

Landlord and/or Agent Signature	Date

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.

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 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.

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 it 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

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.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Auburn Housing Authority

For landlord use only. Please keep for your records.

Pre-Inspection Checklist

The below checklist is provided as a courtesy to HCV landlords to help the unit pass The Housing Quality Standards (HQS) inspection. Most of the items below are items that consistently fail HQS inspections. This checklist is not inclusive and does not cover all HQS deficiencies.

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.

Pre-Inspection Checklist

- Disposal wiring must be secured with proper connection.
- All drawers designed to open and close must open properly.
- All cabinets designed to open must open and close properly.

Bedrooms

- At least 1 window must open for egress and ventilation.
- Windows designed to open must operate properly.
- Bedrooms must have built in closet.

Heating & Cooling Systems

- All gas heating sources must be vented and working safely.
- All units must contain a thermostatically controlled primary heat source.
- All heating systems must be able to provide adequate heat either directly or indirectly to each room. If present, the air conditioning system must provide adequate cooling to each room.
- The heating and or A/C system must be in safe and proper operating condition.
- Gas furnace closets must have upper cumulative and lower combustion air vents.
- Gas space heaters (vented or un-vented) are not allowed.

Hot Water Tanks

- Temperature and pressure relief release valve on hot water tanks must be present

Miscellaneous

- On each level of the dwelling unit including basements, but excluding spaces and unfinished attics, at least 1 battery-operated or hard-wired smoke detector in proper operating condition must be present.
- The smoke detector must be installed near sleeping areas.
- All owner supplied amenities (dishwashers, disposals, ceiling fans, overhead door openers attic fans, central air conditioning, etc.) in place at the time of the initial inspection must be in proper working order and maintained by the owner. If they become inoperable they must be repaired or replaced. They cannot be removed.
- Detached garages, storages buildings and basements located the property cannot be used by owners for storage. (Applies to single-family properties only).
- Properties without separately metered utilities (water, gas, or electric) must be leased as all bills paid by owner for specific utility or utilities that are not separately metered.

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 visual 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.