

Official use only

Last Name	Program	Type	Month
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MERCER COUNTY HOUSING AUTHORITY

80 Jefferson Avenue, Sharon, PA 16146
(Tel) 724-342-4000 (Fax:) 724-704-7308

Dear Landlord/Owner,

Hello! My name is Cheryl D. Artis, Section 8 Coordinator. I want to thank you for considering the Mercer County Housing Authority Section 8 Program. I want you to be aware of a few things before you begin filling out this packet.

Please Be Aware

1. The Mercer County Housing Authority determines the contract rent. Please contact our office so you know exactly what the contract rent will be before you proceed any further.
2. We will not accept this packet if it is not filled out entirely.
3. We will not schedule an inspection until this packet is received by Section 8 Office.
4. We cannot pay for any days a tenant is living in the unit before the date it passes an inspection.

Our Advice

1. We advise all tenants not to furnish a security deposit until a unit passes an inspection.
2. We advise all tenants not to sign a lease until a unit passes an inspection.
3. We advise all landlords not to let a tenant move into a unit until it passes an inspection.

The Process

1. The Section 8 Office receives this completed packet from a landlord.
2. MCHA schedules a Housing Quality Standards inspection.
3. The unit passes the HQS inspection.
4. The Landlord/Owner provides us with proof of ownership of the property, and proof of property taxes paid for the current year.
5. The Landlord/Owner provides us with a copy of a signed lease. The Section 8 Department will provide you with the exact beginning and end date for the lease.

We hope this will clear up any questions and eliminate any problems that may arise. Don't hesitate to call me if you have any questions. I can be reached by calling (724) 342-4014.

Sincerely,

Cheryl D. Artis
Section 8 Coordinator

NOTICE TO LANDLORDS

Effective Date of Lease and Contract

If all landlord paperwork is completed (including an unexecuted lease) before the 1st of the month and the unit passes inspection, the Initial Contract will be effective on the 1st of the following month.

Leases

The landlord must supply the initial lease. The lease must be for one year. It is recommended that the Landlord provide the lease each year afterwards. If no lease is supplied, tenancy contact will be on a month-to-month basis. All leases must contain the terms that are consistent with state and local laws and that apply generally to unassisted units. The lease must include:

- The names of the owner and tenant
- Unit address
- Term of lease (initial leases must be for 1 year with start date the same date as the Housing Assistance Payment Contract.
- Amount of monthly rent to owner
- Specification of what utilities and appliances are to be supplied to the tenant

A copy of the lease must be supplied to the Section 8 Department.

Tenancy Addendum

The attached Tenancy Addendum will be given to your tenant to attach to his or her lease and will become part of the lease.

HAP Payments

All paperwork needs to be turned in by the 1st day of the month so that the unit can be inspected. If there are any fails, the repairs must be done and the unit re-inspected by the end of the current months in order for MCHA to go into contract for the following month. The Section 8 Department has the first 5 working days of the month, to direct deposit or postmark payments to landlords.

Utilities

If the Landlord chooses to pay utilities, the Landlord must pay the entire bill. The tenant cannot be required to pay for any of the particular utility payment. The tenant cannot split utility payment with other tenants. If there is not a separate metering of the utility, the Landlord must pay for that utility.

*****Please read, sign and return the enclosed forms*****

MERCER COUNTY HOUSING AUTHORITY

80 Jefferson Ave. Sharon, PA 16146
Tel: 724-342-4000 Fax: 724-342-4029

Dear Landlord

We are obligated to compare each assisted unit to an unassisted unit for our Rent Reasonableness comparison, in our Section 8 Existing Program. If you have any homes that **are not being assisted by the Housing Authority**, please complete the items listed on the enclosed form.

It would be very helpful and greatly appreciated if you would complete and return this form, to our office, as soon as possible.

Should you have any questions on how to complete the Rent Reasonableness survey, please contact me office, (724)342-4014. Thank you for your cooperation.

Sincerely,

MERCER COUNTY HOUSING AUTHORITY

Cheryl D. Artis
Section 8 Coordinator

DATE: _____

Rent Reasonableness

Unit Address:

Current Rent Charged \$ _____

Please circle unit type and bedroom size:

Unit Type: Single Family / Apartment

Duplex / Mobile Home

Bedroom Size: One - Two - Three - Four

Square Footage of Unit: _____

Year Constructed: _____

Amenities	Yes	No
Balcony, Patio, Deck, Porch		
Dishwasher		
Large Yard		
Garage		
Off Street Parking		
Storm windows or doors		
Carpeting / Quality flooring		
Air Conditioning		

HANDICAP ACCESSIBLE:

Yes _____ No _____

OWNER NAME & ADDRESS:

OWNER PHONE NUMBER:

Other Amenities (Specify):

Utilities Provided by Landlord:

Gas - Electric - Water - Sewage - Trash - Range - Refrigerator

Housing Services or Maintenance provided by landlord (Please Specify):

Restriction on Lease to Relatives

Effective June 17, 1998, the U.S. Department of Housing and Urban Development enacted the Final Rule Regarding leasing to relatives. This rule requires the housing authority to disallow approval of lease if the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the Tenant Family that is seeking to rent the unit. The MCHA may approve the lease if the MCHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.

I certify that as the owner, principal or other interested party; I am not related to the proposed tenant in accordance with these regulations.

I am / I am not (circle one) related to the prospective tenant:

Signature of Landlord

Date

Signature of Tenant

Date

U.S. Department of Housing and Urban Development
Section 8 Housing Assistance Payments Program

Owner's Assurance of Non-discrimination

In compliance with executive order 11063 and with title VIII of the Civil Rights Act of 1968

I certify that I and/or anyone authorized to act for me shall comply with the provisions of Executive Order 11063 and of Title VIII of the Civil Rights Act of 1968, as amended. Neither I nor anyone authorized to act for me shall, in the selection of families, in the provision of services, or in any other manner, discriminate against any person on the grounds of race, color, creed, religion or national origin.

Owner's Mailing Address and Zip Code

Signature of Owner

Date

Social Security No. or Tax ID

Landlord Tax Certification

The Mercer County Housing Authority under federal Regulation 982.306© has the discretion to deny lease approval from an owner if the owner has not paid local real estate taxes (school, borough or county) and municipal provided utilities.

To be in compliance the Landlord must sign the certification that all taxes and municipal provided utilities are paid and no delinquents.

Signature of Landlord

Date

Certification By Owner/Landlord
Regarding Federally Subsidized Projects

Is the unit located in a federally subsidized project covered by one or more of the following programs?

Answer yes or no:

- _____ Section 221 (d)(3)
- _____ Section 236 - (Insured or Non-insured HUD Programs)
- _____ Section 202 - (HUD program)
- _____ Section 515 (Farmer's Home Loan Administration FmHA Program)

I hereby certify that I am the Landlord/Owner of the unit to be leased.

Namely: _____

(Address of Unit)

and that the above information concerning that unit is accurate.

Landlord Address: _____

Signature of Landlord

Date

Section 8 Landlord Certification

Ownership of Assisted Unit

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

Approved Resident of Assisted Unit

I understand that eh 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 housing authority determines the tenant's portion of the contract rent. Security deposits are determined by the owner/landlord. The housing authority does not help pay the security deposit. I must not charge the tenant any additional amounts for rent which has not been specifically approved by the housing authority.

Report 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.

Administrative and Criminal Actions for Intention Violations

I understand that failure to comply with the terms and responsibility of the Housing Assistance Payment Contract is ground for termination of participation in the Section 8 Program. I know that if I willingly falsify material facts, I will be violation of State and Federal criminal law.

Signature of Landlord

Date

Warning – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent reporting.

Landlord Information

Name: _____

Address: _____

SSN or EIN: _____

Gender Male / Female

Race

- White
- Black
- American Indian/Alaskan
- Other: Specify _____

Ethnicity (check one)

- Hispanic
- Non Hispanic

Signature of Landlord

Date

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

Lead Warning Statement- Housing build 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 woman. Before renting a pre-1978 built home, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

_____ (Initial) Presence of lead-based paint or lead-based paint hazards (check on below):

(check one)

- Known lead-based pain and/or lead based paint hazards are present in the unit (explain below)
- Lessor has no knowledge of lead-based paint and/or hazards in the unit.

_____ (Initial) Records and reports available to the lessor (check on below):

- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and /or lead-based paint hazards in the unit. (list documents below):
- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the unit.

Lessee's Acknowledge (initial)

_____ Lessee has received copies of all information listed above.

_____ Lessee has received the pamphlet "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME."

Agent's Acknowledgement (agent for owner only)

_____ 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 provided by the signatory is true and accurate.

Landlord/Owner Date

Tenant Date

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

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SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

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. 9/30/2010)

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.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			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)