



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160

DAVID J. HEDISON
Executive Director

KELLY SANTOS
Leased Housing Director

Dear Landlord:

Thank you for your interest in the **Section Eight Program**. Our office provides rental assistance to participants who are eligible for our program. In order to determine if your unit is affordable for our participant to lease it is necessary for you to submit and complete the following forms:

1. **Request for Tenancy Approval** (attached)
2. **Proof of Ownership** – A copy of the deed, tax bill or water bill for the property you will be renting. This information must match your W-9 information to verify ownership.
3. **W-9 form** - The purpose of the W-9 is to gather a payee's correct tax information and must be completed in order to issue rental assistance payments. (attached)
4. **Rent Reasonableness** - Your unit must meet the Rent Reasonable requirement. This requirement is to ensure that the rent charged to our tenant is not more than the rent charged for other unassisted comparable units and is reasonable for the area(attached)
5. **Leasing to Relatives** (attached)
6. **Owner certification** (attached)
7. **Lead Certificate or Lead Compliance Certificate** –For units built before 1978 and only for pregnant women & children under the age of six (6) years old who will reside in the unit. (attached)
8. **Lease Agreement** – the lease must be a standard form used by the owner, must comply with state and local law and must apply to unassisted tenants in the same property. At signing, a HUD tenancy addendum will be attached to the tenant's lease.

Upon receipt of all above information your request for tenancy approval will be reviewed. Our agency will determine the family's eligibility for this unit to ensure the tenant share of the rent meets program requirements and does not exceed 40% of their gross adjusted income.

If this request has met our pre-approval your unit will then require a Housing Quality Standard Inspection (HQS) as a final step. This is to ensure it meets the State Sanitary Code. Our inspection company, PHI Inspections, will be contacting you to set up a date and time to see your unit. The total process can take up to 2 weeks to review from the time this form is received . If approved, a move-in date cannot be confirmed until the unit "passes" inspection.

If you have any questions regarding this paperwork, please call 978-256-7425 x 11 for the Leasing Manager, Cici Aronie, or email: cici@chelmsfordha.com.

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.

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) <div style="text-align:center">CHELMSFORD HOUSING AUTHORITY</div>			2. Address of Unit (street address, apartment number, city, State & zip code) <div style="text-align:right">Approx. Sq. Ft: _____</div>			
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 <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise						
10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit <input type="checkbox"/> Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____						

11. Utilities and Appliances

The owner shall provide or pay for the utilities 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.

OWNER

Print or Type Name of Owner/Owner Representative

Signature

Business Address

Telephone Number

Date (mm/dd/yyyy)

TENANT

Print or Type Name of Household Head

Signature (Household Head)

Present Address of Family (street address, apartment no., city, State, & zip code)

Telephone Number

Date (mm/dd/yyyy)

Landlord email: _____

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.

Note. If the account is in more than one name, see the chart on page 4 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).

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,

Rent Reasonableness

Approval of an apartment for tenancy ensures not only that the rent is affordable for the tenant but also that the requested rent is **reasonable** for the type of unit it is and the area it is in. We compare units and rents in the area with the information you provide below in order to make the determination of "rent reasonableness". We also rely on our inspection company to provide additional information the unit is inspected. The more information you provide in this form, the more accurately we will be able to assess your apartment.

Property Location

Address: _____

Unit #: _____

City: _____ State: _____ Zip: _____

Owner Information:

Name: _____

Company: _____

Email: _____

Phone: _____

Property Information

Property Type (check one)

☐ Single Family ☐ High-rise ☐ Garden / Condo

☐ 2-3 Family ☐ Multi-family ☐ Row-house

Handicapped Accessible: ☐ Yes ☐ No

of Bedrooms: _____

of Bathrooms: _____

Sq. Ft: _____ Year Built: _____

Lead based Paint? ☐ Yes ☐ No

Description of Accessibility: _____

Amenities (check each that applies)

Indoor:	Kitchen	Heat Type	Laundry Type:	Community
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Baseboard	<input type="checkbox"/> W/D hook-ups	<input type="checkbox"/> Community Room
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Stove	<input type="checkbox"/> Central	<input type="checkbox"/> Washer	<input type="checkbox"/> Fitness Room
<input type="checkbox"/> Storage	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Space	<input type="checkbox"/> Dryer	<input type="checkbox"/> Elevator
<input type="checkbox"/> Security	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Radiator	<input type="checkbox"/> Coin-op laundry	<input type="checkbox"/> Age Restricted
<input type="checkbox"/> Furnished	<input type="checkbox"/> Microwave	<input type="checkbox"/> Boiler	<input type="checkbox"/> Washer/Dryer	

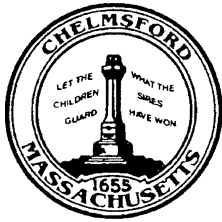
Exterior	Outdoor	Parking
<input type="checkbox"/> Balcony	<input type="checkbox"/> Lawn Area	# of Spaces: _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Assigned
<input type="checkbox"/> Patio	<input type="checkbox"/> Fenced in yard	<input type="checkbox"/> Unassigned
<input type="checkbox"/> Porch	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Carport
<input type="checkbox"/> Basement	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Garage
		<input type="checkbox"/> Driveway
		<input type="checkbox"/> Street
		<input type="checkbox"/> None

Utilities

Unit Electricity	Heating	Water / Sewer	Hot Water Heating	Cooking Fuel Type	A/C
	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil		<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	<input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> None
Paid by <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Paid by <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Paid by <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner

Landlord Signature: _____

Date: _____



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160
Phone: 978-256-7425 Fax: 978-256-1895

DAVID J. HEDISON
Executive Director

HUD'S RULES AND REGULATIONS 24 CFR 982.307 **RESTRICTIONS ON LEASING TO RELATIVES**

The Chelmsford Housing Authority 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.

PROPERTY/OWNER CERTIFICATION:

1. I, _____, the owner of this property located at _____, hereby certify that I am not a relative of Ms/Mr _____.

Signed under the pains and penalties of perjury

Signature of Owner

Date

.....

2. I, _____, the owner of the property located at _____, hereby certify that I am a relative of Ms/Mr _____. I would like to request an exception to the above rule for the following reasons:

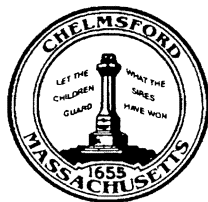
_____ the family's household has one or more person(s) with disabilities.

_____ the family's household has one or more elderly person(s).

Signed under the pains and penalties of perjury

Signature of Owner

Date



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Phone: 978-256-7425 Fax: 978-256-1895

DAVID J. HEDISON
Executive Director

LANDLORD CERTIFICATION

RE:

Street Address of Assisted Unit

City/Town

State

Zip Code

OWNERSHIP OF ASSISTED UNIT

I certify that I am the legal owner or the legally designated agent for the above reference unit, and that the prospective tenant has no ownership 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 Chelmsford 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 tenant's portion of the contract rent is determined by the Housing Authority, and that it is illegal to charge any additional amount for rent, which has not been specifically approved by the Chelmsford Housing Authority.

REPORTING VACANCIES TO THE CHELMSFORD HOUSING AUTHORITY

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

ADMINISTRATIVE AND CRIMINAL ACTIONS FOR INTENTIONAL VIOLATIONS

I understand that failure to comply with the terms and responsibilities of the Housing Assistant Payments Contract is grounds for termination of participation in the Section 8 Housing Choice Voucher Program. I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature of Landlord/Agent

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 false or fraudulent statements.



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Phone: 978-256-7425 Fax: 978-256-1895

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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-1979 housing, lessors must disclose the presence of known 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 ((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 are present 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).
- (ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement (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*.
- (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



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DAVID J. HEDISON
Executive Director

WANT YOUR RENT PAYMENT SOONER?

The Chelmsford Housing Authority is now offering the convenience of direct deposits for your monthly rent payments. This option allows for you to receive your payment directly into your bank account instead of waiting for your check to arrive in the mail.

If you are interested in receiving your payments directly into your bank account, it is necessary for you to complete the enclosed Authorization Agreement. You **must** include a copy of a voided check from your financial institution. Please be aware that direct deposit requests will not be processed without a voided check. A photocopy of a voided check is acceptable. (Please do not send in a deposit ticket in lieu of a voided check.)

To take advantage of this new payment option, please mail the enclosed form to us at your earliest convenience. If you do not wish to take advantage of our Direct Deposit Program there is no need for you to respond to this letter. We will continue to send your HAP payment via the U.S. Postal Service.

Please list below your tenant(s) names so that we may easily reference them to you.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

If you have any questions at all please contact a member of the Section 8 Department.

Please allow up to 30 days for your Direct Deposit Form to be verified and processed. (There will not be an interruption of payment).

TEL# 978-256-7425 TDD# 978-256-7425 FAX# 978-256-1895

www.chelmsfordha.com



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10 Wilson Street
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DAVID J. HEDISON
Executive Director

Authorization Agreement **Direct Deposit (ACH Credits)**

I (we) hereby authorize The Chelmsford Housing Authority, hereinafter called CHA, to initiate credit entries on a monthly basis. If necessary, to initiate debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Should a debit entry be necessary, written notification will be mailed prior to such action.

BANK NAME & BRANCH ADDRESS: _____

ACCOUNT TYPE (check one): _____Checking _____Savings

ACCOUNT NUMBER: _____ *Please attach a voided check below*

This authorization is to remain in full force and effect until CHA has received written notification from me (or either of us) of its termination in such time and manner as to afford CHA and DEPOSITORY, a reasonable opportunity to act on it.

NAME(S) or Business/Company Name : _____
(Please Print)

SIGNATURE(S): _____

PHONE # _____ DATE: _____

*****Please attach a voided check to this form*****

Dear Owners/Managers:

Chelmsford Housing Authority is proud to announce a new online service.

You will be able to review Housing Assistance Payments issued for your tenants on line 24 hours a day every day of the week.



- Check your account to see how much rent CHA paid on their behalf
- Check your account to see past payments (up to 17 months prior.)
- Check your account to see when the payment was made to your account

How will this work?

The website is www.hmsforweb.com/pal. You will be required to register and set up a user account. CHA will not have access to this information and the information is secure. After you have registered, you can log in anytime, day or night, to check your payment history and print out individual payment information.

E Mail Address required:

You will need an email address to complete the online registration. If you do not have an account, you can sign up at various sites for free email accounts (www.hotmail.com; www.gmail.com; www.msn.com; www.yahoo.com). Once you have an email account and have registered, you can sign up for email notifications when a payment has been processed by CHA. (Remember to allow 2-3 bank business days to see your payment in your account.)

Problems:

If you have problems with the HMSforWEB site, you can email support@hmsforweb.com for assistance. (Remember you must have an email account.)

If you have a problem with the amount CHA paid, you will need to contact Chelmsford Housing Authority directly at 978-256-7425 ext. 14.