

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) ***Copy of voided check for direct deposit***
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 (when approved)** – 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, McCright, 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. McCright- 978-355-1317

If you have any questions regarding this paperwork, please call 978-256-7425 x 12 for the Leasing Manager, Audrey Keenan, or email: Audrey@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. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			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"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <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/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner's Certifications

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

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

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

c. Check one of the following:

- ☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's 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 if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

EMAIL: _____

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	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. See also *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
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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"/> Cable	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Heat pump	<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"/> 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: _____



10 Wilson Street
Chelmsford, Massachusetts 01824 -3160
Phone: 978-256-7425 Fax: 978-256-7098

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



10 Wilson Street
Chelmsford, Massachusetts 01824 –3160
Phone: 978-256-7425 Fax: 978-256-7098

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.



10 Wilson Street
Chelmsford, Massachusetts 01824 –3160

Phone: 978-256-7425 Fax: 978-256-7098

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

Leased Housing

ACH / EFT Authorization & Change Form

Purpose: Use this form to **request enrollment in ACH/EFT** for payments from the Chelmsford Housing Authority or to **request changes** to existing ACH/EFT banking information.

***Required Attachments:** A **voided check** *and* a **bank verification letter on financial institution letterhead** must be attached. Forms without required attachments will not be processed.

Vendor / Landlord Information

- Legal Name (as registered with IRS): _____
- DBA (if applicable): _____
- Tax ID (EIN/SSN – last 4 digits only): _____
- Vendor/Landlord ID (if known): _____
- Contact Name: _____
- Email Address: _____
- Phone Number: _____
- Mailing Address: _____
- City: _____ State: _____ ZIP: _____

Request Type (check one)

- ☐ New ACH/EFT Enrollment
- ☐ Change to Existing ACH/EFT Information
- ☐ Cancel ACH/EFT Enrollment

Effective Date Requested: _____

Banking Information (Attach Voided Check & Bank Letter)

- Financial Institution Name: _____
- Bank Address: _____
- Account Holder Name (must match legal name): _____
- Routing Number (9 digits): _____
- Account Number: _____
- Account Type: ☐ Checking ☐ Savings

Note: CHA will only accept U.S. domestic ACH accounts. Prepaid cards and foreign accounts are not permitted.

Remittance Advice (Optional)

If different from the email above, indicate where ACH remittance advice should be sent: - **Email for Remittance Advice:** _____

Authorization & Certification

I authorize the Chelmsford Housing Authority to initiate **credit entries** to the bank account indicated above and, if necessary, **debit entries** to correct erroneous credits. I certify that I am an authorized signer on the account listed and that the information provided is accurate and complete.

I understand that: - ACH enrollment or changes may require **up to two (2) payment cycles** to take effect. - CHA is not responsible for fees assessed by my financial institution. - It is my responsibility to notify CHA promptly of any changes to banking information.

Authorized Signature

- Printed Name: _____
 - Title: _____
 - Signature: _____
 - Date: _____
-

For CHA Use Only

- Date Received: _____
 - Reviewed By: _____
 - Verified Attachments: ☐ Voided Check ☐ Bank Letter
 - Entered By / Date: _____
 - Effective Date: _____
-

Submission Instructions

Submit the completed form and required attachments via **secure email** or **mail** to the Chelmsford Housing Authority Accounts Payable Department.

Security Notice: Do not send full Tax ID or full bank account details via unsecured email unless instructed by CHA.

