



Housing Authority of the City of San Buenaventura

11122 Snapdragon Street, Suite 100, Ventura, CA 93004

Phone (805) 647- 5990 · Fax (805) 647- 4691

TDD# English 1-800-735-2929 Spanish 1-800-855-3000

Website: www.hacityventura.org



Housing Authority of the City of San Buenaventura (HACSB) LEASING PROCESS

Thank you for your interest in the **Housing Choice Voucher (HCV) Program, also known as Section 8**. We appreciate and understand the importance of caring landlords participating in our program. The HACSB strives to maintain a cooperative partnership with all landlords recognizing it is critical to the success of our program. Please do not hesitate to contact our office if you have a question about the program or with the completion of the **REQUEST FOR TENANCY APPROVAL** also known as **THE PINK PACKET**.

What is the "Request for Tenancy Approval"

Once our HCV department determines the family eligible for participation and if eligible, they are issued a "voucher". The participant family is provided with a packet of written information, which contains the "Request for Tenancy Approval". Often referred to as the RFTA, this is the paperwork given to a prospective Landlord once the Landlord has determined they will accept the Applicant as a Tenant. The basic function of this paperwork is to notify the Housing Authority(HA), in writing, to begin the Lease-Up process. An inspection will not take place until the HA has received the RFTA.

STEP 1:

- Packet must be returned fully completed and signed in all places
- Return with copies of ***proposed lease or monthly rental agreement*** and completed rental application.

STEP 2:

- After approval by a caseworker, and rent reasonable has been determined, you will be contacted for an inspection to take place within 7 - 10 working days
- The Housing Authority's Inspector must receive access from and be accompanied by the owner/agent for the duration of a move in inspection
- It is in your best interest to **review the checklist** to ensure compliance with regulations. Staff is available to discuss any areas that may be in question before scheduling the site visit.

STEP 3:

- After unit passes inspection, your tenant may move in
- You will be notified of tenant's portion of rent
- Housing Assistance Payment contract will be prepared for Owner signature
- Payment of subsidy will be processed within 2 weeks of returned, signed contract

STEP 4:

- Monthly Housing Assistance Payments (HAP) payments continue to owner as long as the family continues to meet eligibility criteria and the housing unit qualifies under the program.

SPECIALIST: _____ **DIRECT PHONE:** _____

OFFICE PHONE: 805-647-5990 FAX 805-647-4691



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Request for Tenancy Approval/Basic Information

Instructions: Complete & sign on all required pages. Attach copies of Rental Application and Proposed Lease Agreement.

Tenant Name _____ Phone # _____

Rental Address _____ City/Zip _____

Number of bedrooms _____ Number of Bathrooms _____ Proposed Monthly Rent _____

Security Deposit _____ Length of Lease _____ month to month _____ 6 month _____ year

Owner Name _____ Phone # _____

Owner Address _____ City/Zip _____

Owner/Agent Email _____ Fax # _____

Upon approval of this request, a move-in inspection must be completed. Please indicate a name and phone number for the party we can arrange this with: _____

We, the undersigned parties, have agreed to a lease or month-to-month rental agreement in compliance with conditions set forth in the Section 8 regulations. The final contract rent must meet reasonable-rent standards, as determined by the Housing Authority.

Owner/Agent Date
04/12 DC

Tenant Date

Draft

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

<p>9. Structure Type</p> <p><input type="checkbox"/> Single Family Detached (one family under one roof)</p> <p><input type="checkbox"/> Semi-Detached (duplex, attached on one side)</p> <p><input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)</p> <p><input type="checkbox"/> Low-rise apartment building (4 stories or fewer)</p> <p><input type="checkbox"/> High-rise apartment building (5+ stories)</p> <p><input type="checkbox"/> Manufactured Home (mobile home)</p>	<p>10. If this unit is subsidized, indicate type of subsidy:</p> <p><input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)</p> <p><input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME</p> <p><input type="checkbox"/> Section 236 (insured or uninsured)</p> <p><input type="checkbox"/> Section 515 Rural Development</p> <p><input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- 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)



Rent Reasonableness / Unit Information Form

No Housing Assistance Payment Contract (HAP) can be approved until the PHA has determined that the rent for the unit is reasonable. The purpose of the rent reasonableness test is to ensure that a fair rent is paid for each unit rented under the Housing Choice Voucher program.

HUD regulations define a reasonable rent as one that does not exceed the rent charged for comparable unassisted units in the same market area. HUD also requires that owners not charge more for assisted units than for comparable units on the premises. The PHA uses the following factors to determine reasonable rent: age, location, unit size (including number of rooms and square footage). Type of unit (e.g. House, Condo, Apartment, Townhouse, Duplex, etc.).

The following information is required for accurate rent reasonableness determination on your unit:

LANDLORD CONTACT INFORMATION

First Name: _____
 Last Name: _____
 Company: _____
 Email: _____
 Primary Telephone #: (____) _____
 Alternate Telephone #: (____) _____
 FAX Telephone #: (____) _____

APPLICANT / RESIDENT INFORMATION

Applicant/Resident Name: _____

TRANSACTION TYPE (check one)

Move-in Rent Increase

PROPERTY LOCATION

Unit Address: _____

Unit / Apt. #: _____

City: _____

State: _____ Zip: _____

PROPERTY INFORMATION

Proposed Contract Rent: \$ _____	# Bedrooms _____ # Bathrooms _____ # ½ Bathrooms _____	Sq. Footage _____ Yr. Built _____	Date Available: _____ / _____ / _____	Lift <input type="checkbox"/> Yes <input type="checkbox"/> No Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Type: (Check One) <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Villa <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Row House <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4Plex				

AMENITIES AND ACCESSIBILITY:

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security Systems	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer	Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Furnace <input type="checkbox"/> None	Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave	Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included <input type="checkbox"/> Fenced Yard	
Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included	Utilities: (Electric Paid By) <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Heating Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> Window / Wall <input type="checkbox"/> None	Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ _____	

Has your unit been recently upgraded? Yes No

List Upgrades: _____



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Criminal Activity:

Criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the tenant's household or any guest or other person under the tenant's control shall not be the cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threaten victim of that domestic violence, dating violence, or stalking.

However, the Housing Authority may terminate assistance and/or the landlord/manager/owner may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members of others without terminating the assistance of or evicting victimized lawful occupants. In addition, the Housing Authority and/or the landlord/manager/owner is required to honor any court orders regarding the rights of access to or control of the property.

Certification of Domestic Violence:

The Housing Authority and/or a landlord/manager/owner may require a resident to provide written certification of his or her status as a victim of domestic violence, dating violence or stalking, to obtain the protections afforded by the Act. The landlord/manager/owner, however, is not required to demand a certification from the resident.

If the Housing Authority terminates assistance, a resident who claims that the termination directly relates to domestic violence, dating violence or stalking, must provide written certification to the Housing Authority that he or she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the termination of assistance are bona fide incidents of actual or threatened abuse. The resident must provide such written certification within 14 business days after the resident received notification from the Housing Authority that the resident's assistance is being terminated, or within 14 business days after the resident otherwise receives a request for written certification by the Housing Authority.

If the landlord/manager/owner requests a certification, it shall inform the resident of the date the response must be returned, which shall not be less than 14 business days from the date the certification is requested. The landlord/manager/owner also shall state in its correspondence with the tenant the date on which the period for providing the certification begins to run.

The resident may comply with the written certification requirement by completing form HUD-50066, a copy of which is attached, or in lieu of that form, by providing authorized documentation concerning the domestic violence, dating violence or stalking at issue, in accordance with the instructions provided on form HUD-50066.

All information provided to the Housing Authority and/or the landlord/manager/owner relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence, shall be retained in confidence and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

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**NOTICE TO HOUSING CHOICE VOUCHER PROGRAM
LANDLORDS/OWNERS/MANAGERS, RESIDENTS, AND APPLICANTS
REGARDING VIOLENCE AGAINST WOMEN ACT**

The Congress of the United States passed the Violence Against Women and Department of Justice Reauthorization Act of 2005 (the "VAWA"), and President Bush signed it into law effective January 2006. This law affects resident selection, lease provisions that deal with termination and eviction, the termination of assistance or eviction provisions in the HAP contract, the Tenancy Addendum, and the resident's relationship with the Housing Authority and the landlord/manager/owner.

The Department of Housing and Urban Development (HUD), unfortunately, has not yet issued a revised HAP Contract incorporating the terms of VAWA. Until HUD does so, please review and adopt the legal requirements and restrictions set forth in VAWA, a summary of which is contained in this Notice. In addition, attached is the "certification form" created by HUD, which Applicants and Residents may use in accordance with VAWA. Please be advised that the Housing Authority does not give legal advice to owners, applicants, or residents (program participants). Consult your attorney with questions. Additional information can also be found at:

<http://www.gpoaccess.gov/plaws/index.html> or <http://thomas.loc.gov/bss/d109/d109laws.html>

Selection of Participants and Tenants:

The fact that an applicant for program assistance or a lease applicant is or has been the victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance, or denial of admission to the program if they are otherwise qualified.

Termination of Assistance and/or Eviction:

An incident or incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

The VAWA however does not limit the Housing Authority or landlord/manager/owner from terminating assistance or evicting for other good cause related to the incident or incidents of domestic violence, provided that the victim is not held "to a more demanding standard than other tenants in determining whether to evict or terminate."

In addition, the VAWA does not prohibit the termination of assistance or eviction if the Housing Authority and/or the landlord/manager/owner can demonstrate an "actual and imminent threat" to other tenants or those employed at or providing service to the property if that tenant's assistance is not terminated or if that tenant is not evicted.

Any other federal state or local law that provides greater protections to victims of domestic violence, dating violence, or stalking is not superseded by the VAWA provisions.

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RESTRICTIONS FOR RENTING TO FAMILY MEMBERS
OWNERS/LANDLORDS/AGENTS

24 CFR Part 982.306

Effective June 17, 1998, Section 8 Housing Choice Voucher participants may no longer lease from family members except in cases for making reasonable accommodations for those participants with disabilities.

The definition of family members is as follows:

1. parent of any family member of participant's family
2. child of any member of the participant's family
3. grandparent of any member of the participant's family
4. grandchild of any member of the participant's family
5. brother or sister of any member of the participant's family

The definition of disabled participants is as follows:

24 CFR 913.102 A disabled person who is under disability as defined in section 223 of the Social Security Act (42 U.S.C. 423) or who has a developmental disability as defined in section 120(7) of the Developmental Disabilities Assistance and Bill of Rights act (42 U.S.C. 6001 (7)).

This regulation applies to all new move-ins or transfers.

Under penalty of perjury under state, federal and local laws:

I understand the above requirement that a participant in the Section 8 Housing Choice Voucher Program may not lease from a family member unless it is for reasonable accommodations for persons with disabilities. The Housing Authority has my permission to verify the legal ownership of any property to be subsidized under this federally, funded program.

Tenant's Signature

Date

Landlord's Signature

Date

Draft



Housing Authority
of the
City of San Buenaventura
Jeffrey Lambert, Chief Executive Officer



RENTAL REFERENCE POLICY

The Housing Authority of the City of San Buenaventura (HACSB) has no liability or responsibility to the owner or other persons for the family's behavior or suitability for tenancy. The owner is responsible for screening and selection of the family to occupy the owner's unit.

The HACSB will not screen applicants for family behavior or suitability for tenancy.

The HACSB must provide the owner with the family's current and prior address (as shown in the HACSB records); and the name and address (if known to the HACSB) of the landlord at the family's current and prior address.

The HACSB will provide additional screening information in the HACSB's possession about the family, to the owner upon request. Additional information may include but not limited to the following for all members included in the household:

- Any record of late or unpaid rental payment documented in the client file, including 3 day notices to pay rent or quit.
- Any record of damage above "normal" wear and tear documented in the file by housing inspector or verification submitted by the owner. Including photographs.
- Any record of unlawful detainer or evictions notices for lease violations documented in the file
- Any information pertaining to the current or previous tenancy as it relates to lease or tenancy addendum compliance

The HACSB PHA will give the same types of information to all families and to all owners. In cases involving a victim of domestic violence, dating violence, or stalking, owner's rights and obligations under the Violence Against Women Act (VAWA) apply.

I acknowledge I have read this and may ask the HCSB any questions for clarification.

Participant Signature	Tenant Printed Name	Date
Owners Signature	Owner Printed Name	Date

Draft

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Housing Authority
of the
City of San Buenaventura

Jeffrey Lambert, Chief Executive Officer



To: _____
RE: RENTAL REFERENCE POLICY/TENANT SCREENING

The following Housing Choice Voucher Program participant _____
has submitted an Owner's packet with a Request for Lease Approval for the unit located at _____
_____. The following
information is being provided in accordance with the HACSB's Rental Reference Policy.

Family's Current Address: _____
Landlord/Owner Name: _____
Landlord/Owner Address: _____

Family's Prior Address: _____
Landlord/Owner Name: _____
Landlord/Owner Address: _____

Please contact _____ Housing Specialist, 805-647-5990
ext. _____ or by email at _____@hacityventura.org to request
additional information.

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Section 8 Voucher Program Owner Responsibilities

There are several things that should be taken into consideration by prospective owners before they enter into a Section 8 Housing Assistance Payments contract. Please read the following information carefully.

References and Screening: It is an owner's responsibility to screen prospective tenants and obtain references from previous owners as to housekeeping and rent paying habits. The Housing Authority merely certifies a program participant's eligibility to receive assistance under Section 8 (This does include a criminal background check).

Moving in before lease approval and inspections: Although the lease may not have been approved by the Housing Authority, a family may move in prior to inspection. In this event, any arrangements for occupancy are strictly between you and the tenant. In other words, the Housing Authority does not take any responsibility for rent or conditions of occupancy until the unit has been inspected and approved.

Transfer and Clearance: If a family was previously under lease in the Section 8 program and is transferring from one unit to another, the new unit must go through the inspection and lease approval process. In addition, a clearance form must be signed by the previous owner indicating the family vacated not owing money for unpaid rent or other charges. The new lease will not be approved until the tenant and Housing Authority have complied with the contractual obligations to the previous owner.

Evictions: In order to be considered valid, any notice of intent to terminate tenancy issued to a program tenant, must be in accordance with section (8) of the Section 8 tenancy addendum and Section 8 Hap contract and California State Law.

Rent Reasonableness Certification: The proposed rental amount for this Section 8 contract does not exceed that which is charged to private Sector tenants in any comparable unit owned by me.

Liability: I hereby certify I have no outstanding State or local real estate taxes, fines or assessments on any property that is owned by me, completely or partially. I understand that participation in any drug related or violent criminal activity is grounds for denial of program participation.

Please sign where indicated acknowledging that you have read and understand the above information. If you have any question, please call the Housing Authority at (805) 647-5990.

Owner

Date

Draft



Section 8 Landlord Certification

RE: _____
Street Address of Assisted Unit City/Town State Zip Code

Ownership to 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 that the unit continues to comply with Housing Quality Standards.

Reporting Vacancies to the Housing Authority

I understand that should the assisted unit become vacant, I am responsible to notify the Housing Authority, **IN WRITING**, within 10 days.

Computer Matching Consent

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

Administrative and Criminal Action 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.

The security deposit is to be determined by the landlord in accordance with State law or current deposit policy for non-subsidized units. The tenant portion of the contract rent will be determined by the Housing Authority, and it is illegal to charge any additional amounts for rent and any other item not specified in the lease which have not been specifically approved by the Housing Authority.

Owner

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.



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

Lead Warning Statement

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

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint or lead-based paint hazard (check one below)

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

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 one 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 housing (list documents below) _____

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*

Agent's Acknowledgement (initial)

_____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(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.

Lessor Date

Lessor Date

Lessee (Tenant) Date

Lessee (Tenant) Date

Agent Date

Agent Date



Basic Minimum Requirements of Housing Quality Standards (HQS)

Smoke Alarms– one per hallway and each level in addition to one in each sleeping room and Carbon Monoxide Detectors (when gas appliances are in unit), one per floor level and within 10 feet from bedrooms. Special Requirements for hearing/sight impaired

General Requirements

All utilities MUST be ON at the time of inspection.

The unit must not have any of the following defects:

- Infestation of cockroaches, bed bugs, rats or any other pests
- Broken windows
- Leaky roof
- Large holes in walls, flooring or ceilings
- Weak or dangerous stairs or handrails
- Windows accessible from the outside that do not lock
- Outside doors that do not lock
- Electrical safety hazards, including cracked/broken or missing cover plates
- Defective plumbing that constitutes a health hazard
- Structural health or safety hazards
- Inadequate heating equipment
- Poor ventilation or air circulation
- Defected paint surfaces

Further Room Requirements

Kitchen:

- Sink with hot and cold running water
- Space for storage and preparation of food
- **WORKING STOVE, OVEN AND REFRIGERATOR MUST BE IN UNIT AT INSPECTION**
(Microwave acceptable in limited circumstances)
- At least one permanent light fixture and one electrical outlet

Bathroom:

- Flush Toilet in enclosed room
- Tub or shower
- At least one permanent light fixture
- Proper ventilation

Living Room or Bedroom:

- At least one window (that can open)
- At least one permanent light fixture and one electrical outlet OR two electrical outlets.

Hot Water Heater:

- Must have temperature relief valve and discharge line of appropriate material (Copper or Galvanized Piping)
- Earthquake straps

I have read and understand all owner responsibilities and Housing Quality Standard requirements.

Owner

Date



Summary of Responsibilities

Owner/Landlord

—————→ **Must:** ←————

- Screen potential tenant(s) for history and suitability
- Provide prospective tenant with completed lease, signed by both parties, including owner packet materials.
- Maintain property; define division of responsibilities for tenant maintenance and repair
- Collect the appropriate amount of rent
- Copy all notices to the Housing Authority
- Notify Housing Authority of any vacancy within 10 days

—————→ **Must Not:** ←————

- Be delinquent on any Ventura County property taxes
- Participate in any drug related or violent criminal activity

Family

—————→ **Must:** ←————

- Use unit as only place of residence
- Report any change in income and/or household composition within 10 days
- Request Housing Authority approval prior to the addition of additional household members (apart from the birth of a natural child)
- Abide by all Section 8 Housing Choice Voucher Responsibilities of the Family

—————→ **Must Not:** ←————

- Commit serious or repeated violations of the lease, including damage to property, failure to pay rent in timely manner and maintain utility services designated by the lease
- Engage in drug or violence related crimes
- Defraud the Section 8 Housing Choice Voucher program via the provisions of false, incomplete or inaccurate information.
- Threaten or cause harm to any Housing Authority employee.

Housing Authority

—————→ **Must:** ←————

- Certify tenant eligibility for benefits
- Approve leases and units (inspections)
- Pay timely assistance payments to owners
- Monitor compliance with regulations
- Give owner's family's current and prior address and landlord
- Offer information regarding any known drug trafficking history or affiliation

—————→ **Must Not:** ←————

- Select or screen your tenant
- Manage your property
- Engage in any discriminatory practices

Due to the confidential nature of the required information requested, on the two sheets following this page, landlord may elect to submit this documentation to the appropriate caseworker separately.

Plus submit to the attention of the caseworker, referenced on the attached business card.

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CONFIDENTIAL - INTERNAL USE ONLY



Housing Authority of the City of San Buenaventura

11122 Snapdragon Street, Suite 100, Ventura, CA 93004
Phone (805) 647- 5990 · Fax (805) 647- 4691
TDD# English 1-800-735-2929 Spanish 1-800-855-3000
Website: www.hacityventura.org



DIRECT DEPOSIT NOTIFICATION AND AUTHORIZATION

Attention Housing Choice Voucher Landlords:

In an effort to streamline our rental subsidy payment process and reduce program administration costs, and increase landlord satisfaction, the Housing Authority of the City of San Buenaventura has implemented a Mandatory electronic direct deposit of Housing Assistance Payments (HAP) will be distributed through “direct deposit” into the checking or savings account of your choice.

The benefits include but are not limited to;

- Secure and timely deposits directly to your designated account
- No lost or stolen checks, which can delay re-issuance due to stop payment process
- Can save time on trips to the bank and avoid long lines at tellers and ATMs
- View details of your account. (You will receive monthly a copy of your statement)

In order to implement direct deposit, you need to fill out the direct deposit authorization form included with this notice and ATTACH a copy of a VOIDED preprinted personalized check or a deposit slip if your payment will be deposited into a savings account. Deposit slips may only be used for savings account deposits. Please be sure the deposit slip includes the bank routing number which can be obtained from the bank.

Please be sure to include your email.

IMPORTANT NOTICE

**Due to the sensitivity of this requested information, you may mail or hand deliver the attached forms directly to the Housing Authority Snapdragon Office. Subsidy payments cannot be processed until the Direct Deposit Authorization and W-9 forms are received by this office.
Mail to: 11122 Snapdragon Street, Suite 100, Ventura CA 93004**

If you have any questions regarding direct deposit, please contact KATHLEEN POINDEXTER (805) 648-5008 ext. 2233

Thank you,
Accounting Department

Owner’s Name (signature)

Tenant’s Name (Print)

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Direct Deposit Authorization Form

Owner Information:

Name:

_____ **First Name, Middle Initial, Last Name**

Address:

City, State Zip

Telephone #:

Owner e-mail address:

(required to receive remittance advice information)

Tenants Unit

address:

Tenants

Name:

*****Please note that if you are currently a direct deposit participant there is no need to complete a new form. The only time a new form is needed is if you are changing bank accounts or if you are a new participant.*

Place voided check here:

Large rectangular area for placing a voided check, overlaid with a large 'Draft' watermark.

In signing this form, you authorize your payments to be sent to your financial institution and deposited to the designated account. **A remittance advice will be emailed with a valid email address.**

Owner Signature

Date

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HOUSING AUTHORITY OF THE CITY OF SAN BUENAVENTURA

Section 8 Housing Choice Voucher Program

STATEMENT OF PROPERTY OWNERSHIP / AUTHORIZATION

Tenant Name: _____

Property Address: _____

Part One – Declaration of Ownership

I/We declare that the recorded property owners of the above-captioned property are:

Name: _____

Address: _____

Phone # _____ Email Address: _____

Part Two – Authorized Agent Information

The following individual / agency (Manager, Management Company, Realtor, etc.) is authorized to act on my behalf concerning the above-captioned property.

Name / Title: _____

Address: _____

Phone # _____ Email Address: _____

Part Three – Rent Payment Instruction

The monthly Housing Assistance Payment (HAP) check is payable as follows:

Payee: _____

Address: _____

Taxpayer ID Number (payee and tax payer ID must match) _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or Agency of the United States as to any matter within its jurisdiction.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____

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