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### INSTRUCTIONS FOR COMPLETING THE REQUEST FOR TENANCY APPROVAL (RTA) PACKET

Once you have selected a unit that you would like to rent and the Landlord has agreed to rent to you, the following steps must be followed in order that the unit may be inspected.

1. The prospective Landlord and you should go through the unit with the Inspection checklist and the "Good Place to Live" handbook to ensure that the unit will pass inspection. If there should be any repairs needed, they must be made before the Housing Quality Standards (HQS) Inspector conducts the inspection.
2. Request for Lease Approval Form – The prospective resident must complete the hi-lighted area exactly as it states. The prospective Landlord is responsible for completing the entire remaining form.
3. Lead-Based Paint Disclosure – Both the prospective Landlord and resident are responsible for completing this form in its entirety.
4. Right to conduct Landlord Reference – To be completed by the prospective Landlord.
5. W-9 Form – The Landlord is responsible for completing this form in its entirety for tax purposes. *If the Landlord is currently on our program this may be omitted.*
6. Direct Deposit – The prospective Landlord will have his/her housing assistance payment directly deposited into the bank account of their preference. The Landlord must complete this form in its entirety and attach a "Voided" check or savings deposit slip.
7. Lease - The prospective Landlord is to provide a "blank" copy of their lease with this packet information, for approval by the housing authority.

Reminder: No unit can be inspected without the above steps being completed.

If you should have any questions regarding these instructions, please feel free to contact the Housing Choice Voucher Department at 755-4527.

# 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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

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. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) <b>Greater Metropolitan Area Housing Authority of RI County</b>	2. Address of Unit (street address, unit #, city, state, zip code)
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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
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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) _____
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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)		
Refrigerator		Provided by
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.

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)

# GREATER METROPOLITAN AREA HOUSING AUTHORITY

of Rock Island County

621-17<sup>th</sup> AVENUE EAST MOLINE, IL 61244      PHONE: 309-755-4527      FAX: 309-751-4944      TDD: 1-800-545-1833 X820

Amy S. Clark, CEO

## SECTION 8 LANDLORD CERTIFICATION

RE: \_\_\_\_\_

Address of unit

### Ownership of Assisted Unit

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

### Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

### Housing Quality Standards

I understand my obligations in compliance with the Housing Authority Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

### Security Deposit and Tenant Rent Payments

I understand that the amount of the security deposit and the tenant's portion of the contract rent are determined by the Housing Authority, and that it is illegal to charge any additional amount for rent or any other item not specified in the lease which has not been specifically approved by the Housing Authority.

### Reporting Vacancies to the Housing Authority

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

### Computer Matching Consent

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

### Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments Contract is grounds for termination of participation in the Section 8 program. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

## Disclosure of Information on Lead-Based Paint or Hazards

### Lead Warning Statement

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

### Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards. Check (i) or (ii) below:

\_\_\_\_ (i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain): \_\_\_\_\_

\_\_\_\_ (ii) Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor. Check (i) or (ii) below:

\_\_\_\_ (i) Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below): \_\_\_\_\_

\_\_\_\_ (ii) Lessor has no reports or records pertaining to lead-based paint or lead-based paint hazards in the housing.

### Lessee's Acknowledgment (initial)

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

### Agent's Acknowledgment (initial)

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 USC 4852d 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



## Notice to Prospective Section 8 HCV Landlords

The Greater Metropolitan Area Housing does not conduct current and/or former landlord reference checks for Section 8 HCV participants for you. We do check their criminal background and previous rental history from other Housing Authorities to determine if the individual's qualify for our program.

We highly encourage landlords to perform landlord reference checks for their potential renters. To aide you in the landlord reference check, we can provide you the names and addresses of the landlords the Section 8 participant has listed on their application for our program.

If you choose to contact the current and/or former landlords of your prospective tenant, please do so before completing the Request for Tenancy Approval Form.

We must retain documentation in regard to your decision to conduct a reference check or waive your right to conduct a reference check.

Please verify your decision by completing the following information on this form.

Thank you.

GMAHA  
Section 8 Department

Please detach and return this section with your Request for Lease Approval

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Name of Section 8 Participant: \_\_\_\_\_  
(Please complete)

- ☐ I waive my right to conduct a current/landlord reference on the above name individual.
- ☐ I have conducted a current/former landlord reference check on the above name individual.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# GREATER METROPOLITAN AREA HOUSING AUTHORITY

of Rock Island County

621-17<sup>th</sup> AVENUE EAST MOLINE, IL 61244

PHONE: 309-755-4527 FAX: 309-751-4944

Amy S. Clark, CEO

## AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DEPOSIT

Company: Greater Metropolitan Area Housing Authority of Rock Island County

Location: 621-17<sup>th</sup> Avenue East Moline, IL 61244

I hereby authorize GMAHA to initiate monthly bank deposits to my designated account listed below. By acceptance of the funds through direct deposit, the owner of rental property certifies that to the best of his/her knowledge the dwelling unit is in safe, decent and sanitary condition; the contracting family is residing in the unit and is expected to be there the entire month; the deposited amount is in accordance with the provisions of the HAP contract; and all other facts and data in which this amount is based are true and correct.

Written Notification of all changes must be submitted to GMAHA at least 20 days prior to payment date.

\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK FOR SET-UP\*\*\*\*\*

Deposit to:      Checking      or      Savings      (PLEASE CIRCLE ONE)

Name of Tenant: \_\_\_\_\_

Name of Rental Property/Agent: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_