



## **ATCOG**

*Helping local governments plan for the future*

*Dear Prospective Landlord,*

*Thank you for your interest in the Section 8 Voucher Program as a prospective landlord. Enclosed is the landlord packet which you requested from our office. The first set of forms are for your reference.*

*The second set of documents are for you to complete and return to our office. Once we receive all of the required documents, we can then add your name to our landlord list. Please be advised: no inspection is required until interest is shown in one of your properties. The direct deposit form enclosed will need to be sent back with a voided check. Please ensure that you fill this form out in its entirety, along with the W-9 form to ensure timely payments.*

*If you have any questions, please contact our office at 903-832-8636.*

*Regards,*

*The Housing Program Staff*

## Voucher Program Owner's Guide

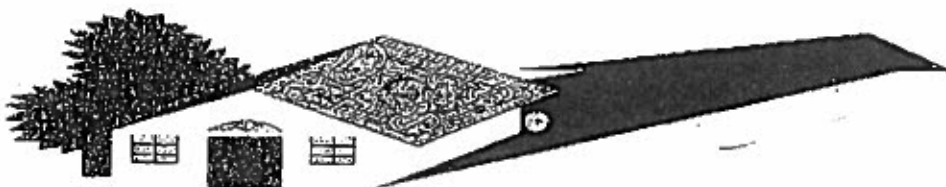
- The Housing Choice Voucher Program is a federally funded program, which helps families pay their rent.
- Families are able to select a unit of their choice in the private rental market.
- Families generally pay between 30 and 40 percent of their income toward rent and the Housing Authority pays the balance directly to the landlord.

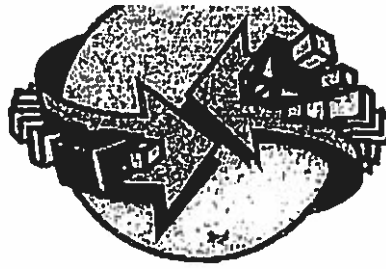
### Roles and Responsibilities

Housing Choice Voucher balances relationships between owners, landlords, tenants and the Housing Authority.

## THE OWNER

- Thoroughly screens and interviews families who are potential tenants
- Maintains the property by making repairs in a timely manner.
- Collects security deposits and tenant's monthly rent portion
- Manages the property and enforces the lease
- Explains and enforces Neighborhood Association Rules
- Complies with the terms of the Housing Assistance Payment Contract
- Complies with all fair housing laws and equal opportunity requirements
- Notifies the Housing Agency if a tenant vacates the property
- Notifies the Housing Agency in writing of any and **ALL** repeated tenant lease violations or disturbances
- Notifies the Housing Agency of an owner change





## **The Housing Agency**

- Reviews all applications to determine eligibility for the program
- Explains and enforces the rules of the program to families and property/owners and managers
- + Issues vouchers to families
- Inspects the properties for compliance with housing quality standards
- + Approves the property, owner, lease and rental amounts
- Sends housing assistance payments to the owner
- Conducts annual and interim re-exams of the family's income, family composition and adjusts rent portions if necessary

## **THE FAMILY**

- ✓ Provides the Housing Agency with complete and accurate information
- ✓ Reports changes in their household income and/or family composition
- ✓ Locates a suitable unit
- ✓ Pays owner security deposits and application fees
- ✓ Attends scheduled appointments and returns requested documents on time
- ✓ Maintains the property and repairs or reimburses the owner for any damages beyond normal wear and tear
- ✓ Complies with the terms of the lease
- ✓ Pays their portion of rent on time

## APPROVING A TENANTS

- Owners are advised to screen families by their normal screening procedures. We strongly encourage owners to research the family's tenancy history. The Housing Agency does NOT screen for prior rental history.
- The Housing Agency admission of a family to participate in the program is not a representation by ATCOG about the family's expected behavior or the family's suitability for tenancy.
- The Housing Agency may provide to the owner the family's current and prior address as shown on ATCOG records and the name and address, if known of the landlord at the family's current and prior address. Such requests must be made in writing.

## APPLICATION FEES AND SECURITY DEPOSITS

- Are the responsibility of the tenants.
- The amount charged must not exceed the amount charged to unassisted applicants for a similar unit to avoid fair housing complaints

## AFTER LANDLORD AND TENANT AGREE TO ENTER INTO A LEASE

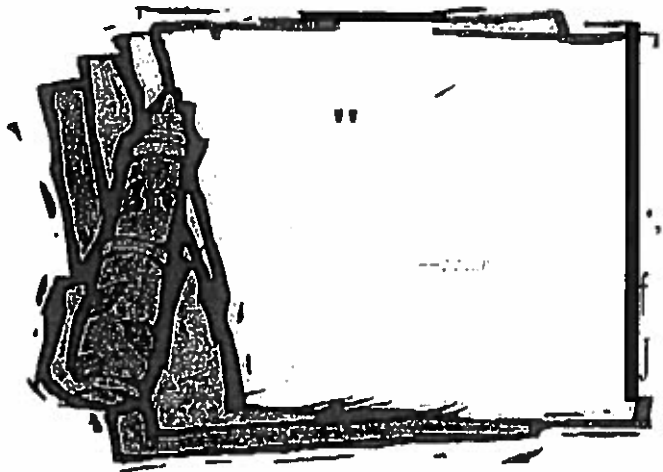
Submit a fully completed Request of Lease Approval (RLA).  
When the completed RLA is received an inspection will be performed.

### Rent Limits

- The rent requested must be comparable to similar, unassisted units.
- A rent reasonable study will be conducted, to determine if the requested rent is reasonable as compared to an unassisted unit when considering the location, quality, size, type, age, amenities, housing services, maintenance and utilities provided.
- An HQS inspector must approve all requested rents for initial lease or any requested rent increases.

## LEASE REQUIREMENTS

1. The lease between tenant and owner must be the same lease used for other unassisted tenants.
2. The terms and conditions of the lease must be consistent with State and local law.
3. The lease must specify utilities and appliances supplied by the owner and Supplied by the family.
4. The lease must include the HUD required Tenancy Addendum which will be provided by the Housing Agency. The terms of the tenancy addendum prevail over any other provisions of the lease.



The following is the process to use your own lease:

1. The lease effective dates must match the Housing Assistance Payment Contract (HAP).
2. The approved rent amount must match the HAP Contract.
3. The Housing Authority will need a copy of the signed lease between tenant and owner.

## **RECEIVING THE HOUSING AUTHORITY ASSISTANCE PAYMENT**

- The effective date the first housing assistance payment can start is the day the unit passes inspection if the tenant is already living in the unit or the date the tenant moves in to the unit.
- The tenant is responsible for any rents due prior to the contract effective dates.
- The owner can expect to receive the first Housing Assistance Payment the first month after unit passes inspection. Payments thereafter will be deposited the first week of the month.
- In order to ensure we are paying the legal owner of any property, we must verify proof of ownership by means of a Recorded Deed or management agreement.
- We also need a Tax I.D. number or Social Security number for tax purposes.

## **ADJUSTMENTS TO THE FAMILY'S RENT PORTION**

- During the terms of the lease, if the family has a change in income or family composition rent portion will be adjusted.
- A Rent Change Notice will be mailed to the family and the owner to reflect any changes in rent portions.

## **ANNUAL REVIEW OF THE FAMILY'S INCOME AND COMPOSITION**

- ... Family must be recertified for the Housing Choice Voucher program on a yearly basis.
- ... The unit must also pass HQS inspection annually.
- ... The rent portion will be recalculated and a Rent Change Notice will be mailed to owner and family.

Dear Landlord:

Our housing inspector will be inspecting your unit very soon, and in order to save time in inspecting and re-inspecting, we are asking you to check your unit before our inspection is made. These are the main areas that we will be inspecting. Please check your unit for these items and make sure they are in order before inspection.

**ALL UTILITIES MUST BE TURNED ON FOR INITIAL INSPECTION !!!!**

The areas that we will be most concerned with are as follows, but not limited to:

1. Peeling and chipping paint, both interior and exterior, including windowsills, facings, doors, porches, posts, garages, storage buildings, fences etc.
2. Rotted or missing trim boards, porch boards, siding, holes in walls, etc.
3. Broken or missing windowpanes. If meant to be opened, all windows should be operable with adequate locks and be able to maintain an opened position without additional means. Screens on doors and windows are not required, but if they are present they must not be torn or bent.
4. All doors should have adequate locks and be weather-stripped properly.
5. Bathroom should have either an operable window or a ventilation fan.
6. No missing outlet or switch covers, no open holes in breaker box, no exposed wiring.
7. Good/proper sewage drains, no interior/exterior drain line or water supply leaks. Toilet should be secured to the floor and toilet seat be in good condition.
8. Gas water heaters should be properly vented, both gas and electric water heaters must have TPR valve vented to the floor.
9. Handrails at all steps if there are 4 or more steps, or 30 inches off the ground, deck or porch railing if more than 30 inches off ground.
10. Loose or torn floor covering that could cause a tripping hazard.
11. Smoke alarm in each bedroom and in their common hallway.
12. Unvented gas space heaters are allowed, but must have label from a testing agency, be appropriately sized for room, and be equipped with an oxygen depletion safety system.
13. Working stove and refrigerator, if supplied by landlord.
14. All trash and debris must be removed from both inside and outside of unit.

If these conditions are met, chances are your unit will pass on the initial inspection. If the unit does not pass, you will receive a repair letter.

Please make all repairs as soon as possible. Failure to correct any deficiencies by the date specified on the repair letter will result in delay of contract and/or check until repairs are corrected. Thank you for your assistance in this very important process.

The following are some questions most frequently asked by owners. **FOR MORE INFORMATION, PLEASE REFER TO THE HOUSING ASSISTANCE PAYMENTS CONTRACT.** Be sure you read all documents carefully before signing.

The Ark-Tex Council of Governments Rental Assistance Program administers Section 8 tenant-based Housing Choice Voucher Program. A family determined eligible by ATCOG will be given a Housing Choice Voucher. The family may then seek a suitable unit anywhere within the jurisdiction of ATCOG. If you are willing to lease a unit to the family, the unit must be in decent, safe and sanitary condition. Under the Housing Choice Voucher program, ATCOG has established payment standards for each unit size based on 110% of Fair Market Rents. Using the payment standard schedule, 30% of the family's monthly adjusted is subtracted to arrive at the monthly housing assistance payment on behalf of the family. The family may wish to enter into a lease that requires a monthly payment larger than 30%, but no more than 40% of its income, subject to owner approval. If ATCOG approves the lease, you and the family will sign a lease, and a Housing Assistance Payments (HAP) contract will be executed between you and ATCOG. Once the contract rent is agreed upon, it is illegal for the tenant to pay or the landlord to accept any money in addition to these two payments.

#### **WHAT IS THE ROLE OF ATCOG UNDER THE SECTION 8 PROGRAM?**

ATCOG takes applications from interested persons and certifies them as eligible for rental assistance. It briefs them on the nature of the program and on their rights and responsibilities under the program. It inspects the unit and approves the lease. It determines the amount each family is to pay to their landlord. Finally, ATCOG makes the monthly rental assistance payment directly to the owner.

#### **WHAT ARE THE BENEFITS TO ME UNDER THIS PROGRAM?**

You do not give up the ability to select your tenants from among qualified applicants using nondiscriminatory screening criteria. Your tenants know that they must abide by the terms of the lease and the requirements of ATCOG or they risk losing their housing assistance.

#### **WHAT KIND OF HOUSING QUALIFIES FOR THE SECTION 8 PROGRAM?**

Most housing will qualify. The basic qualifications are that the housing must rent within the limits set by HUD for its size and type, and must meet the housing quality standards set by HUD.

#### **WHAT FAMILIES ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAM?**

The program helps "very low income" families. A "very low income" family is one whose gross income does not exceed 50% of the median income in the area. Adjustments to the median income take into account the size of the family among other factors.



**CAN I SCREEN OUT UNDESIRABLE FAMILIES BY CHECKING WITH PREVIOUS LANDLORDS, DOING A CREDIT CHECK, ETC?**

Tenant selection is the responsibility of the Owner and it is expected that Owners will screen Section 8 applicants using the same methods and criteria used for every other applicant. ATCOG will provide information that it has on file pertaining to past and current landlords, payment history or tenant-owned balances to landlords, drug-related criminal activity and history of damages to property.

**CAN ATCOG SCREEN APPLICANTS BASED ON FACTORS OTHER THAN THE STATUTORY AND REGULATORY DEFINITIONS OF ELIGIBILITY?**

No, ATCOG only refers families that are eligible to participate in the Section 8 Program. No other factors are considered. The owner should apply other criteria, as necessary, as long as use of the criteria does not violate fair housing laws.

**MAY I INCREASE MY RENT?**

Yes, under the Housing Choice Voucher program you may increase your contract rent any time after the first year, provided the new contract rent is reasonable, upon 60 days written notice to the tenant and ATCOG. The tenant will have the opportunity to reject the increased rent and locate another unit. For participants in the Housing Choice Program, they must accept or reject in writing, the increased rent as it directly affects the amount of their payment.

**CAN A SECTION 8 LANDLORD COLLECT A SECURITY DEPOSIT?**

As a Section 8 landlord, there is no maximum security deposit limit. The lease determines the security deposit amount. ATCOG may opt to prohibit security deposits more than private market practices, or more than amounts charged by the owner to unassisted units.

**WHAT CAN I DO IF THE TENANT DOES NOT PAY HIS/HER SHARE OF THE RENT?**

If the tenant violates any provisions of the lease agreement, you may serve the tenant with a notice to comply with the lease or vacate the unit. The notice must state the grounds for any termination of tenancy and must comply with state law. A copy of the eviction notice must be sent to ATCOG as soon as it is served to the family.

**WHAT MAY I DO IF THE TENANT DAMAGES THE PROPERTY?**

If the security deposit is insufficient to cover unpaid rent, damages or other amounts the family owes under the lease, the owner may collect the balance from the family. The owner may not claim reimbursement from ATCOG for unpaid rent, damages or other amounts owed by the tenant under lease. This provision applies to contracts executed after October 2, 1995. Contracts dated prior to that time are eligible for limited payments of tenant damages and unpaid rent.

**MAY I KEEP MY PRESENT TENANTS UNDER THE PROGRAM?**

Yes, if your present tenant is on the Section 8 waiting list. When the family becomes certified by ATCOG and the unit meets the required housing quality standards, both you and the tenant can enter the program jointly.

**WHAT RIGHTS DO I HAVE UNDER THE PROGRAM?**

You have the same rights as you now have toward tenants who lease your property. You deal with and select the tenant and you may evict the tenant for good cause. ATCOG's portion of the rent will be mailed to you on the first business day of the month and you may be allowed to increase your rent annually.

**WHAT HAPPENS WHEN A DWELLING UNIT UNDER HAP CONTRACT CHANGES OWNERSHIP? CAN THE CONTRACT BE ASSIGNED TO THE NEW OWNER?**

Section 18 of the HAP Contract permits assignment or transfer of the contract with prior consent of ATCOG and specifically defines "transfer of ownership" in multiple owner situations where an assignment or transfer may be interpreted as having taken place. In transfers or assignments, the terms and conditions of the HAP Contract, including current payment amounts bind the new owner. If ATCOG does not approve the transfer or assignment of the HAP Contract or if the new owner refuses to accept the terms and conditions of the HAP Contract, the family(ies) will be issued a Housing Choice Voucher so they can locate another unit. Nothing in this procedure is to be interpreted as giving ATCOG the right to approve or disapprove a transfer of ownership of the units(s).

**MAY I COLLECT HOUSING ASSISTANCE PAYMENTS FOR A VACANT UNIT?**

There are no vacancy loss payments for units placed under HAP Contract after October 2, 1995. The owner keeps the full Housing Assistance Payment for the month in which the family moves out of the unit.

**DOES ATCOG REQUIRE AUTHORIZATION OR OTHER EVIDENCE OF LEGAL CAPACITY TO ACT ON BEHALF OF THE OWNER WHEN SOMEONE OTHER THAN THE OWNER EXECUTES THE HOUSING ASSISTANCE PAYMENTS CONTRACT?**

Yes, the HAP Contract makes no provision for parties other than the owner to execute the HAP Contract and, in fact, contains the owner's warranty of legal right to execute the contract and to lease the dwelling unit in question. Parties other than the owner must provide ATCOG with a Certificate of Authority signed by the owner, granting the legal right to lease the unit and execute the HAP Contract on behalf of the owner.



**FOR FURTHER INFORMATION ABOUT THE SECTION 8 PROGRAM, YOU MAY CONTACT:**  
**ARK-TEX COUNCIL OF GOVERNMENTS**  
**RENTAL ASSISTANCE PROGRAM**  
 P.O. BOX 5307  
 TEXARKANA, TX 75505  
 800-988-3331

## PROPERTY OWNER/MANAGER CHECKLIST

- Free Advertising* - You may list units available for lease with us. You may fax, mail or call the department with information on available units. New and current families refer to these listings everyday.
- Select and Screen the applicant* - When a family with a Housing Choice Voucher approaches you, follow your regular screening procedure. We do not screen participants to determine their suitability as a tenant.
- Collect a Security Deposit, if you require one* - The tenant is responsible for paying the security deposit. Deposits may not exceed those charged to non-assisted tenants.
- Complete a Request for Tenancy Approval and return to our office* - The tenant will provide this form and this initiates the free inspection. It is very important that this document is completed thoroughly to enable us to expedite the inspection. Please call with any questions.
- Complete the W-9 and provide a recorded deed or management agreement* - In order to ensure we are paying the legal owner of the property, these documents are required. Housing Assistance payment cannot be released prior to receiving these documents.
- Inspection of the unit* - The unit must pass a Housing Quality Standards Inspection. The inspector will contact you to schedule an inspection within 5-7 days from receipt of the Tenancy for Lease Approval.
- Sign HAP contract with the Housing Authority* - A signed Housing Authority Payment Contract will require a signature from the owner or manager of the unit.
- Housing Authority Payments* - Payments will not commence until the unit has passed inspection, the tenant moves into the unit, the HAP is signed and an original signed lease is provided to the Housing Choice Voucher office.
- After the initial lease is executed* - The Housing Authority's rent portion will be sent the first week of every month.
- Affordable rent for the tenant* - The tenant pays approximately 30% of their adjusted income towards rent. The tenant is responsible for paying their portion directly to the owner/manager by the due date set forth in the lease.
- The lease contract will be reviewed in one year* - You will receive a notice regarding lease renewal 60 days before the year-end.
- The tenant's rent portion is adjusted when the tenant's income or family compositions changes.*
- Notify us in writing when there is a change in ownership/management or address or if the family vacates the unit.*

EQUAL HOUSING  
OPPORTUNITY

Dear Prospective Landlord:

This letter is to inform you that the new contract on a unit will not start until after the unit has passed the HUD Housing Quality Standards inspection. Once the unit has passed inspection, the contract will begin the following month on the first.(example-Unit passed inspection on May 15, 2016, lease and contract effective June 1, 2016, but IIAP payment begin July 1, 2016 will include June and July payment). If you choose to allow the tenant to move in prior to the unit passing the inspection or allow the tenant to move in after the inspection has passed but prior to the first of the following month, the tenant will be responsible for paying for the full portion of the rent. Please feel free to call us at (903) 832-8636 if you have any questions or comments.

Sincerely,

Mae Lewis  
Housing Manager



Equal Opportunity Employer/Program -Auxiliary Aids and Services are available upon request to Individuals with disabilities  
T:Y/TDD (903) 832-5351

4808 ELIZABETH ST • PO BOX 5307 • TEXARKANA, TEXAS 75505-5307 • TELEPHONE (903) 832-8636



SAMPLE



CERTIFICATE OF AUTHORITY

This is to certify that \_\_\_\_\_, \_\_\_\_\_  
Printed Name of Authorized Person Title

\_\_\_\_\_  
Name and Address of Agency/Authorized Person

is designated as the authorized representative of:

\_\_\_\_\_  
Property Owner's Name and Address

This is to certify that the above named person is designated as my authorized representative to:

\_\_\_ Enter into written agreements on my behalf

\_\_\_ Receive monies and make disbursements

\_\_\_ Have repairs made to my unit(s) as required

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person Date

On this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ I, \_\_\_\_\_, owner of

\_\_\_\_\_ hereby designate \_\_\_\_\_

to represent me and the aforementioned entity as indicated above.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

NOTARY STAMP/SEAL

\_\_\_\_\_  
County



Rental Assistance payments **cannot** begin for the rental unit listed on the attached Request for Tenancy Approval until the date on which all of the following conditions are met:

- 1. All repairs required as determined by the inspection performed by an ATCOG representative are completed and a representative certifies to completion.**
- 2. All utilities are on in the unit and kitchen appliances are in working order.**
- 3. Tenant occupies the dwelling.**
- 4. You have accepted the approved contract rent as determined by a rent reasonableness.**

# SAMPLE

## 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. 2577-0168  
(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. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) <b>ARK-TEX COUNCIL OF GOVERNMENTS</b> <b>P.O. BOX 5307</b> <b>TEXARKANA, TX 75505-5307</b>			2. Address of Unit (street address, apartment number, city, State & zip code)				
3. Requested Beginning Date of Lease:	4. Number of Bedrooms:	5. Year Constructed:	6. Proposed Rent:	7. Security Deposit Amt.:	8. Date Unit Available for Inspection:		

9. Type of House/Apartment

Single Family Detached  
  Semi-Detached / Row House  
  Manufactured Home  
  Garden / Walkup  
  Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 516 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, including Any State or Local Subsidy) \_\_\_\_\_

11. Utilities and Appliances  
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

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

**VOUCHER EXPIRATION DATE:**  
**BEDROOM SIZE:**

**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.

16. 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.

**CIRCLE ONE:**

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
OWNER / AGENT			
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



**Ark-Tex**  
Council of Governments

**Please note:**

The next set of documents are for you to fill out **completely** and mail back to our office.

**Attn: Housing Department  
ARK-TEX Council of Governments  
4808 Elizabeth Street  
Texarkana, TX 75503**

Should you have any questions, please call our office at 903-832-8636.

Thank you.

## 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: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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,

# DIRECT DEPOSIT AUTHORIZATION

## INSTRUCTIONS

### PART 1: Transaction Type

- Part 1 has been completed for you.

### PART 2: Payee Identification

- The payee must complete this section.
- Check the box if you want to receive emails regarding your Housing check.

### PART 3: Authorization for Setup, Changes, or Cancellation

- The individual authorizing must sign, print their name and date the form.  
NOTE: No alterations to the text in this section will be allowed.

### PART 4: Type of Account

- Check the appropriate box
- Attach a voided check here

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

ARK-TEX COUNCIL OF GOVERNMENTS  
P.O. Box 5307  
Texarkana, TX 75505

## PART 1: Transaction Type

<input checked="" type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation (Leave Part 4 blank)	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

## PART 2: Payee Identification

I would like to receive correspondence via email.

1. Owner Tax ID (Social Security Number or Employer Identification Number)	2. Work Phone Number	3. Home Phone Number		
4. Name		5. Email Address		
6. Street Address	7. City	8. State	9. ZIP Code	

## PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Ark-Tex Council of Governments to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: Type of Account

Checking

Savings

## Attach a Voided Check

# Ark-Tex Council of Governments

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

Dear Landlord:

If you are interested and willing to participate with the Ark-Tex Council of Governments Section 8 Rental Assistance Program, please sign the release at the bottom of this page and return it with a completed Rental Survey form for each unit that you are willing to place on rental assistance. We will provide additional copies of the Rental Survey form if you need them.

We appreciate the opportunity to assist you with your rental property.

Thank you for your interest in our program.

Sincerely,

Housing Program Staff

Enclosures

\_\_\_ Yes, I request to have my name on the Prospective Landlord List. I hereby authorize ATCOG to release my name and telephone number to prospective renters.

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

County where the unit is located: \_\_\_\_\_

Please return to: Ark-Tex Council of Governments  
P. O. Box 5307  
Texarkana, TX 75505-5307

4808 Elizabeth Street / P. O. Box 5307, Texarkana, TX 75505-5307 Toll Free (800) 988-3331

Equal Opportunity Employer/Program-Auxiliary Aids & Services are available upon request to individuals with disabilities.

Ark-Tex Council of Governments  
4808 Elizabeth St  
Texarkana, TX 75503  
(903) 832-8636  
Fax: (903) 832-3441

## SECTION 8 RENTAL PROGRAM

HUD NO 97-144  
August 10, 1997

The American people want to provide housing assistance to low-income people in genuine need, but do not want to see their tax dollars wasted. Under a regulation that takes effect in September, HUD will bar landlords newly entering the Section 8 rental subsidy program from renting to relatives. I will review this regulation to determine if it should be lightened further to also bar high-income landlords already in the program from collecting subsidies for renting to relatives. As part of the review, HUD will establish guidelines defining "high income". We will not tolerate waste, fraud and abuse in this or any other HUD program.

### RESTRICTIONS ON LEASING TO RELATIVES

Certify that as the owner, principal or other interested party, I am not related to the proposed tenant in accordance with the above regulation.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Certify that as the applicant/tenant principal or other interested party, I am not related to the proposed owner in accordance with the above regulation.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

Certify that as the owner, principal or other interested party, I am related to the proposed tenant in accordance with the above regulation.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Certify that as the applicant/tenant, principal or other interested party, I am related to the proposed owner in accordance with the above regulation.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

***WARNING: Section 1001 of Title 18 of the US Code makes it a CRIMINAL OFFENCE to make willful false statements or misrepresentations on any Department or Agency of the US as to any matter within its jurisdiction.***

**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, paint chips, and dust 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. Lessees must also receive a Federally approved pamphlet on lead poisoning prevention.

**Owner - Landlord's Disclosure** *(initial)*

\_\_\_\_\_ (A) Presence of lead-based paint or lead-based paint hazards (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.

**Tenant'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".

**Landlord's Agent's Acknowledgement** *(initial)*

\_\_\_\_\_ (E) Agent has informed the lessor of the lessor's obligation under 42 U. S. C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

\_\_\_\_\_  
Landlord (Please Print) Date

\_\_\_\_\_  
Landlord (Signature) Date

\_\_\_\_\_  
Tenant (Please Print) Date

\_\_\_\_\_  
Tenant (Signature) Date

\_\_\_\_\_  
Landlord's Agent (Please Print) Date

\_\_\_\_\_  
Landlord's Agent (Signature) Date

