

New Owner/Owner Change Packet



Housing Choice Voucher (HCV) Program

Welcome to the Metropolitan Housing Alliance Housing Choice Voucher (MHA) Program!

We are thrilled to have you join the hundreds of owners in the metro area providing decent, safe, and sanitary units to low-income families. In order to approve you as an owner, we must collect some information from you and/or your organization. Below is a list of documents that must be submitted for our review.

- 1) Owner Information Sheet
- 2) Proof of Ownership
- 3) IRS Form W-9 (for payee)
- 4) Copy of EIN or SSN (**You must submit proof of TAX ID or SSN for payee**)
- 5) Ethics Disclosure Statement (owner and landlord)
- 6) Landlord Certification of Responsibility (landlord)
- 7) Authorization Agreement for Direct Deposit (MANDATORY)
- 8) Owner Consent Form (separate form for each unit; completed by owner)
- 9) Landlord Orientation Certification (provided at completion of landlord orientation)

Submission Instructions

*Please allow 15 business days for processing. Payments are made to the payee on file until a hold is requested or documents constituting a change are received by MHA. Any payments made prior to processing changes in documentation will not be reissued by MHA.

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. **Incomplete packages may result in processing delays.** Submit this completed package through any of the following convenient ways:

- 1) via email to mpjohnson@mhapha.org
- 2) via fax to 501-340-4714
- 3) in person or by mail to the MHA HCV Program Office located at:
100 South Arch St., Little Rock, AR 72211



METROPOLITAN HOUSING ALLIANCE
Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201
Phone (501) 340-4821 FAX (501) 340-4714



Owner Information Sheet

Please complete all of the information requested on this form. All fields are required.

Legal Property Owner of the Unit

Unit Address: _____
Owner Name (per deed): _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
E-Mail Address (mandatory): _____

Name (print): _____

Signature: _____

Date: _____



Ethics Disclosure Statement

The MHA Conflict of Interest and Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees and their immediate family members to apply for direct housing assistance programs from the County's Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met. Check if any of the following applies to you:

1. **I/we do not** currently work for MHA

IF YOU MARKED BOX 1, SKIP #2-4.

2. **I/we am/are a MHA employee.**
Please provide the department and division you are working for:

3. **I/we am/are an appointed or elected official.**

4. **I/we am/are *immediate family to a MHA employee, appointed or elected official.**

(Immediate family is defined as spouse, domestic partner, parents, stepparents, children and stepchildren.*

Please provide the following information regarding the MHA employee, appointed or elected official:

Name of employee,
appointed or elected official: _____

Department, Division, or
Board: _____

Name (print): _____

Signature: _____ Date: _____



Landlord Certification of Responsibility

Landlord must initial each line.

1. _____ I certify that I am the owner or the legally designated agent for the above referenced unit, and that the tenant and any future tenant have no ownership interest in this dwelling unit.
2. _____ I understand that I must comply with equal opportunity requirements.
3. _____ I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.
4. _____ I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
5. _____ I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants. I understand that it is my responsibility to ensure that my lease complies with state and local law. MHA Housing Choice Voucher Program will only review my lease to ensure that the United States Department of Housing and Urban Development ("HUD") required items are addressed.
6. _____ I understand that the family members listed on the Housing Assistance Payments Contract are the only individuals permitted to reside in the unit. I understand that MDHCV and I must grant prior written approval for other persons to be added to the household (except for the birth, adoption, or court-awarded custody of a child). I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
7. _____ I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B, and the Lease Special Stipulations. I understand that it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum, Lease Special Stipulations and the HAP Contract.
8. _____ I certify that I (including a principal or other interested party) am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family. If I am related, I have received written notification from MHA that it will approve rental of the unit, notwithstanding such relationship, to provide reasonable accommodation for a family member who is a person with disabilities.
9. _____ I understand that I will not receive HAP payments until the HAP contract and/or other required documents are received. If I fail to execute the HAP contract and/or other required documents within 60 days of the lease start date, the approval of the tenant's authorization to move-in may be voided. Should the transaction be voided by MHA, I understand that I will not receive HAPs, or late payments. The tenant should not move in the unit until the HAP contract is executed by me and MHA.
10. _____ I understand that MHA is not responsible for tenant damages and unpaid tenant-portion rent.

11. _____ I understand that documents received by MHA after the 15th may not be processed until after the first of the following month.
12. _____ I acknowledge that HAPs are considered paid on the date the check is issued or electronic payments are transmitted.
13. _____ I understand that MHA has the right to recoup HAPs paid erroneously by withholding payment owed to me, including HAPs for other tenants or through other assisted housing programs administered by MHA. Should there be no other valid Section 8 contracts; I must repay MHA upon receipt of an overpayment notice.
14. _____ I understand that I must submit to the tenant for their consideration and to MHA for their review any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease/ revision.
15. _____ I understand that I must provide MHA with a written request for any rent increase a minimum of sixty (60) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.
16. _____ I understand that the tenant's portion of the contract rent is determined by MHA and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by MHA.
17. _____ I understand that MHA may deny or terminate participation, if I have a history of being abusive towards MHA staff or program participants.
18. _____ I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.
19. _____ I understand that should the assisted unit become vacant, I am responsible for notifying MHA immediately in writing. I also understand that the HAP Contract and payment will terminate immediately.
20. _____ I understand that I should attempt to resolve disputes between the tenant and me and contact MHA, in writing, only in serious disputes that we are unable to resolve.
21. _____ I acknowledge that I have been briefed on the Housing Choice Voucher Program. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in MHA's housing programs.
22. _____ I understand that I must notify MHA immediately in writing of a change in my mailing address. Failure to do so may interrupt correspondence such as deficiency repair letters and may delay mail delivery or electronic transfer of rental assistance payments.
23. _____ I understand that if one or any of the previous certifications is found to be false, MHA will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary and legal steps to collect these funds, including but not limited to filing a legal action against the owner.

Name

Signature

Date



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Phone (501) 340-4714 FAX (501) 340-4714



OWNER CONSENT FORM

Unit Address: _____

To whom it may concern:

This is to certify that I/we undersigned owners hereby authorize _____ to collect payments execute necessary documents for the above mentioned property.

All checks should be payable as follows:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Last 4 digits of direct deposit bank account: _____

Signature

Date

Print Name