



Owner/Landlord Briefing

- **The Section 8 Program, now called the Housing Choice Voucher (HCV) Program, is the federal government's major program for providing rental assistance to low-income families, including the elderly and disabled and is administered by the local Public Housing Authority (PHA)**

The Southern Nevada Regional Housing Authority (SNRHA)

Housing Choice Voucher Program

- **Eligible families are provided vouchers which allows them to choose units in the private market; including apartments, single family homes, or town houses.**

Housing Choice Voucher Program

- **Families must meet income requirements and other HUD/PHA program eligibility processing requirements including, but not limited to, criminal background screenings for all family members 18 years old and older.**

Housing Choice Voucher Program

- **The PHA does not screen for suitability!**
- **It is the owner/agent's responsibility to screen prospective tenants for suitability.**

Housing Choice Voucher Program

Occupancy Standards (meaning the size of the voucher based on family composition) for SNRHA are:

- 1-2 persons ... 1 BR voucher
- 2-4 persons ... 2 BR voucher
- 3-6 persons ... 3 BR voucher
- 7 or more ... Up to 2 persons
per BR

Occupancy Standards

Payment standards are the maximum amount of subsidy that can be paid on behalf of eligible HCV participants based on the voucher size issued.

<u>0/Br</u>	<u>1/Br</u>	<u>2/Br</u>	<u>3/Br</u>	<u>4/Br</u>	<u>5/Br</u>	<u>6/Br</u>
\$767	\$931	\$1,153	\$1,683	\$2,021	\$2,324	\$2,627

Note: These amounts are reviewed annually after HUD posts local Fair Market Rents (FMRs).

Payment Standards

Effective 3-1-2020



The participant is eligible to move if:

- **They have fulfilled a 12-month lease, and has given written notice to the owner/agent on SNRHA's Vacate Notice form – or...**

Briefings



The participant is eligible to move if:

- **They have fulfilled a 12-month lease, and the owner/agent has given the participant a ‘No Cause Termination Notice’ - or**

Briefings



The participant is eligible to move if:

- **They are in their first year of the lease and the participant has been approved for a reasonable accommodation to move, and the owner/agent has agreed to a Mutual Recision**

Briefings

- **The participant will need to contact their caseworker to be issued the necessary documents to move.**

Briefings

- **Tenants receive:**
 - **a Voucher,**
 - **the Request for Tenancy Approval (RFTA) packet,**
 - **along with the “How to Determine Rent” form.**

Briefings

- **A family is issued a Housing Choice Voucher and is responsible for finding a suitable housing unit of “their” choice as long the owner agrees to rent under the program; and...**

The Leasing Process

- **The rental unit must pass Housing Quality Standards (HQS) Inspection; a minimum standards of safe, decent, and sanitary housing as determined by HUD regulations, and**
- **Units must pass Rent Reasonableness.**

The Leasing Process

- **The lease is between the owner/agent and tenant. SNRHA is not party to the lease!**
- **Owners/Agents collection of rent, disputes, and other issues must be handled between the owner and the tenant. HCV doesn't get involved in tenant/owner disputes.**

The Leasing Process

- **Participants have 120 days (from the date the Voucher is issued) to locate a unit and return a Request for Tenancy Approval (RFTA) Packet.**

RFTA Process

- **It is very important for the Participants to submit their Request for Tenancy Approval (RFTA) prior to the expiration date!**

RFTA Process

**Documents the
Owner/Agent provides...**

- **The W-9/W-8ECI is always required for the owner of the property.**
- **The W-9 is required from the management/authorized agent only if they will receive the Housing Assistance Payments (HAP) on behalf of the owner.**

W-9

- Request for Taxpayer ID

W-9

Form W-9 (Rev. August 2012) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give Form to the requester. Do not send to the IRS.													
Name (as shown on your income tax return)																	
Business name (disregarded entity name, if different from above)																	
Print or type See Specific Instructions on page 3	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____													
	<input type="checkbox"/> Limited liability company. Enter the tax classification (S, C corporation, S-S corporation, P-partnership) > _____																
	<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																	
Last account number(s) (see instructions)																	
Part I Taxpayer Identification Number (TIN)																	
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 <i>How to get a TIN</i> on page 3.																	
				Social security number <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>													
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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 check 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 3.																	
Sign Here		Signature of U.S. person >		Date >													
General Instructions																	
Section references are to the Internal Revenue Code unless otherwise noted.																	
Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/efile . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.																	
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, payments made to you (investment of payment card and third-party network transactions, 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:																	
<ol style="list-style-type: none"> 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 partner's share of effectively connected income, and certify that the FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. 																	
Notes. If you are a U.S. person and 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:																	
<ul style="list-style-type: none"> • 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 601.6011-1). 																	
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1441 on any foreign partner's share of effectively connected taxable income from each business. Caution. In certain cases where a Form W-9 has not been received, the rule under section 1441 may require a partnership to assume that a partner is a foreign person, and pay the section 1441 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 section 1441 withholding on your share of partnership income.																	
Cat. No. 10201X				Form W-9 (Rev. 8-2012)													


- **W-8 ECI form...
for foreign
owners without
a Tax ID**

W-8 ECI


Form W-8ECI (Rev. February 2014)	Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<p>Section references are to the Internal Revenue Code.</p> <p>Information about Form W-8ECI and its separate instructions is at www.irs.gov/form8eci.</p> <p>Give this form to the withholding agent or payer. Do not send to the IRS.</p>	
<p>Note. Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).</p> <p>Do not use this form for:</p> <ul style="list-style-type: none"> A beneficial owner solely claiming foreign status or treaty benefits. Instead, use Form: W-8BEN or W-8BEN-E A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 1105(a), 501(c), 6042, 6045, or 1449(b). W-8ECI-P <p>Note. These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8ECI-P.</p> <ul style="list-style-type: none"> A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States). W-8ECI-E or W-8ECI-T A person acting as an intermediary. W-8IMY <p>Note. See instructions for additional exceptions.</p>		
Part I Identification of Beneficial Owner (see instructions)		
1 Name of individual or organization that is the beneficial owner		2 Country of incorporation or organization
3 Name of disregarded entity receiving the payments (if applicable)		
4 Type of entity (check the appropriate box):		
<input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Private foundation <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization		
5 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
6 Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state, and ZIP code		
7 U.S. taxpayer identification number (required—see instructions)		8 Foreign tax identifying number
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN		
9 Reference number(s) (see instructions)		10 Date of birth (MM-DD-YYYY)
11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States. (attach statement if necessary)		
Part II Certification		
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:		
<ul style="list-style-type: none"> I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates, The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States, The income for which this form was provided is includable in my gross income (or the beneficial owner's gross income) for the taxable year, and The beneficial owner is not a U.S. person. 		
Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can deduct or make payments of the amounts of which I am the beneficial owner.		
I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.		
Sign Here	Signature of beneficial owner (or individual authorized to sign for the beneficial owner) _____ First name _____ Date (MM-DD-YYYY) _____	
	<input type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form.	
For Paperwork Reduction Act Notice, see separate instructions.		Form W-8ECI (Rev. 2-2014)

- # Authorization Agreement for Automated Deposits

ACH



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
 Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89125-1897
 Phone (702) 477-3100 FAX (702) 922-6629 TDD (702) 387-1698



AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)
 Property Owner/Agent Information & Authorization

PLEASE INCLUDE A VOIDED CHECK AND W-9

<p>Owner Name (please print) _____</p> <p>Owner Federal Identification Number (SSN, EIN, or ITIN) _____</p> <p>Owner Phone Number _____</p> <p>Owner E-mail Address _____</p> <p>**Account Information: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Name of Financial Institution _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Bank Routing Number _____</p> <p>Bank Account Number _____</p>	<p>Management Agent Name (please print) _____</p> <p>Agent Federal Identification No. (SSN, EIN or ITIN) _____</p> <p>Agent Phone Number _____</p> <p>Agent E-mail Address _____</p> <p>**Property Rental Information:</p> <p>Tenant Name _____</p> <p>Rental Address _____</p> <p>City, State, Zip Code _____</p>
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Purpose of Authorization (Select one)

New Authorization

Changes to Authorization

Change in Ownership / Management

I authorize and request the Southern Nevada Regional Housing Authority (SNRHA) to deposit my Housing Assistance Payments automatically to my account identified above each month. This authorization will remain in effect until I have cancelled it in writing.

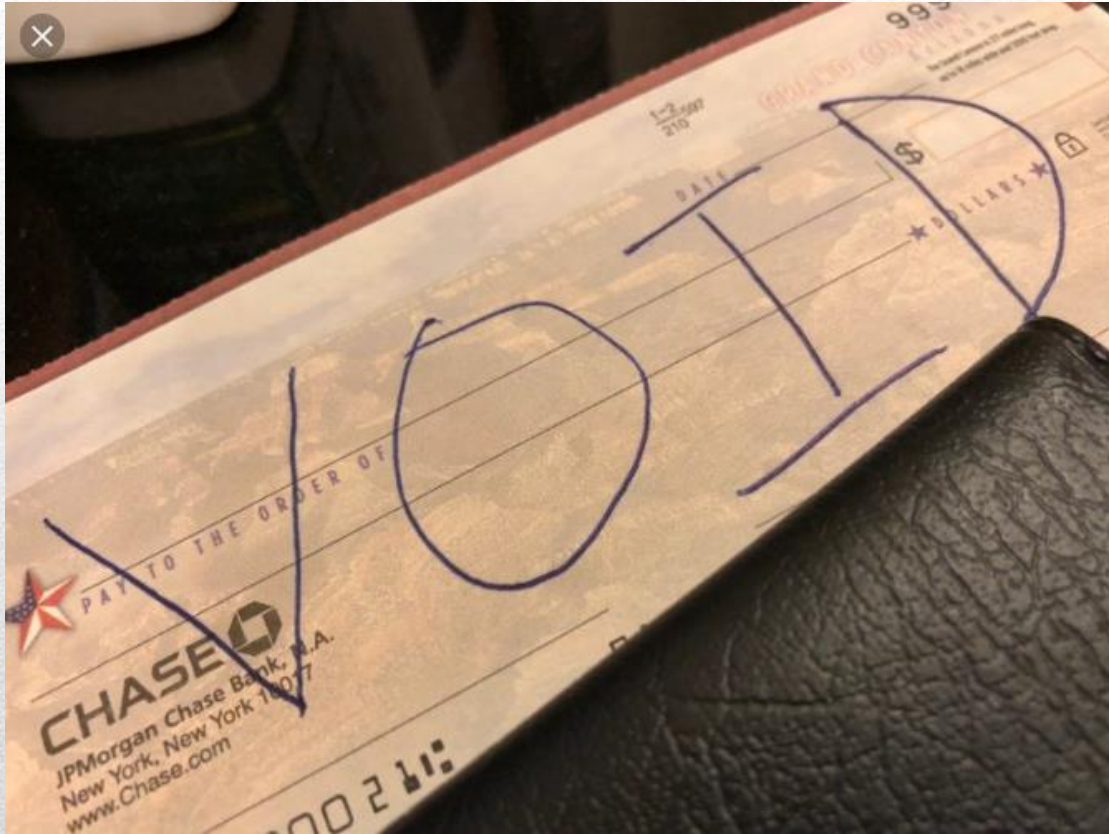
NOTE: If the 1st is on a weekend, holiday, or other business closure day, the deposit will post the first business day of the month. Please contact SNRHA at (702) 477-3128 or fax (702) 922-6620 for additional forms or email jlopez@snvrha.org or awright@snvrha.org for questions.

Payee Signature _____ Date Signed _____

Office Use Only: Tenant ID: _____ Owner ID: _____ Payee ID: _____

Notes: _____

ACH Form – Direct Deposit, SNRHA – H0079 Rev. 8-2018



Voided Check

- **Copy of the Recorded Deed**

Deed

RECORDING REQUESTED BY
First American Title Company

AND WHEN RECORDED MAIL DOCUMENT TO:
[Redacted] es, LLC
1348 Shawn Drive #4
San Jose, CA 95118

DOCUMENT: 20716964

Pages: 3



Fees... 21.00
Taxes... 754.60
Copies...
AMT PAID 775.60

RE [Redacted] RDE # 024
SA [Redacted] 5/20/2010
Recorded at the request of 8:00 AM

First American Title Company

Space Above This Line for Recorder's Use Only

A.P.N.: 569-43-052-00

File No.: 4316-3479070 (AW)

GRANT DEED

The Undersigned Grantor(s) Declare(s): DOCUMENTARY TRANSFER TAX \$188.65; CITY TRANSFER TAX \$565.95;
SURVEY MONUMENT FEE \$

- [] computed on the consideration or full value of property conveyed, OR
 - [] computed on the consideration or full value less value of liens and/or encumbrances remaining at time of sale,
 - [] unincorporated area; [x] City of **San Jose**, and
 - [] [Redacted Signature]
- Signature of Declarant

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, [Redacted] single man hereby GRANTS to [Redacted] erties, LLC, a California limited liability company the following described property in the City of **San Jose**, County of **Santa Clara**, State of **California**:

PARCEL ONE:

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Statement of Property Ownership



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
 Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89125-1897
 Phone (702) 477-3100 FAX (702) 622-8929 TDD (702) 387-1898



STATEMENT OF PROPERTY OWNERSHIP/LETTER OF AUTHORIZATION

Prospective Tenant Name: _____

Rental Property Address: _____

Ownership: PLEASE ATTACH COPY OF RECORDED DEED - I/we declare the recorded property owner(s) are as follows:

Name: _____

Address: _____

City/State/Zip: _____ E-mail: _____

Phone: (____) _____ Fax: _____

Authorization: The following individual(s)/agency is designated as my/our representative and is authorized to act on my/our behalf, which includes the power and authority to sign and enter into a Housing Assistance Payment (HAP) contract with the Southern Nevada Regional Housing Authority.

Business/Management Name: _____

Authorized Agent(s): _____

Address /City/State/Zip: _____ E-mail: _____

Phone: (____) _____ Fax: _____

1099 Payment Instructions: The Housing Assistance Payment (HAP) shall be paid to the following:

Select One

Owner: _____ Tax ID: _____

Address: _____

Agent: _____ Tax ID: _____

Address: _____

Payee: List the Payee's Information. (If different than Agent above, provide a W-9 for the Payee.)

Name: _____ Tax ID: _____

BY SIGNING THIS FORM, I ACKNOWLEDGE I HAVE NO INTEREST WITH SNRHA DIRECTLY OR INDIRECTLY IN ACORDANCE WITH 24 CFR 882.181L

Both Signatures Required

Owner signature: _____ Date: _____

Agent signature: _____ Date: _____

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel (24 CFR § 882.302)(1)(ii). § 882.302(c) Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States or to any officer within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attn: 304 Office.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, marital status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-889-9777 or TTY 1-800-921-6075. The Equal Access to Housing in HUD Program Regardless of Ethnic or National Origin, Gender Identity, or Marital Status in compliance with Fair Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 9F, 882, et al. Violence Against Women Act/Confidential Asset-Drainage.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de asistencia para participantes y clientes que necesitan. Si usted necesita esta forma en español, por favor contacte a su asistente social.

Statement of Ownership /Letter of Authorization

Rev 8-2019

- **If there is an Authorized Agency (Management, Realtor, Power of Attorney, Friend, or family member) appointed to oversee the property on behalf of the owner, we will need a management agreement, letter of authorization from the owner, or POA documents.**

Management Agreement

- **Utilities must be “ON” when the Inspector come out to inspect the unit.**

Utilities

- **Owner's name and HoH tenant's name.**
- **The amount of the monthly rent to the owners.**
- **The utilities and appliances to be supplied by the owner and those to be supplied by the family.**

The Lease Must Have:

- **Once the family has leased the unit, the owner/agent cannot make any changes to the contract.**
- **Security Deposit is paid by the Participant and cannot be more than the monthly rent.**

The Lease Must Have:

- **The Housing Assistance Payment (HAP) Contract is between the Housing Authority and the Owner.**
- **HAP is the monthly amount of subsidy payable by the PHA to the owner. The tenant is NOT responsible for the HAP portion of rent but must make their portion of rental payment each month.**

Housing Assistance Payments

- **The owner determines what he/she charges for rent for the unit.**
- **Our office completes comparables for similar units in the same area to determine if the rent is reasonable.**

How is Rent Determined?

- **If the rent is deemed unreasonable OR if the rent exceeds 40% of the participant's adjusted income, staff will contact the owner/agent to attempt to negotiate the rent.**

How is Rent Determined?

- **The decision is up to the owner/agent to reduce the rent (and Security Deposit – if necessary) and we must receive confirmation in writing on the Reduction of Rent Acknowledgement when rent is negotiated to a lower amount.**

How is Rent Determined?

- **SNRHA requires a one (1) year's lease (12 months) under the initial contract.**

One Year Lease Requirements

- **Participants “cannot” move from one unit to another without the PHA’s prior approval, another inspection, and another HAP contract being executed; even within the same complex.**

One Year Lease Requirements

- **Cancellation of the HAP Contract from HCV**
– can automatically occur for violation of any family obligations, which includes:
 - **Failure to submit required documents for their unit prior to the voucher expiring**
 - **Failure to recertify annually**
 - **Failure to allow annual HQS inspections**
 - **Fraud**

...

Cancellation of the HAP

- **Utilities being turned off**
- **Non-payment of re-payment agreements**
- **Failure to abide by the terms of a judgment**
- **Lease violations for cause - including evictions**

Cancellation of the HAP

- **Owners need to notify SNRHA when:**
 - **Participants move out of the unit**
 - **Participants become deceased**
 - **Unauthorized people are living in the unit.**

Avoid Overpayments

- **If the owner/agent receives an overpayment, they will receive only one notice to return the funds.**
- **If funds are not returned, they will be recaptured from future payments in compliance with 24 CFR 982 and the HAP Contract.**

Collection of Overpayments

- **If the owner/agent does not have any other clients and does not return the funds, they will be sent to collection.**
- **The case may also be sent to the Office of the Inspector General (OIG).**
- **Ensure any overpayments are returned immediately.**

Collection of Overpayments

- **Requiring extra (‘side’) payments in excess of the family’s share of rent is considered program fraud. The owner may not accept any other monies from the participant. In the event SNRHA determines the family has made side payments to the owner, the family and the owner will be terminated from the Housing Choice Voucher Program participation.**

Side Payments

- **If the owner does require additional rent, the request must be submitted to SNRHA in writing.**
- **The owner may not request a rent adjustment during the initial one-year lease term.**
- **The owner must submit a SNRHA “*Request for Rent Adjustment*” form at least 60 days prior to the effective date of the annual recertification.**

Side Payments

- **The Violence Against Women Reauthorization Act of 2013 (VAWA)**
- **HUD regulations 24 CFR 5.2005(b)**

VAWA Regulations

- **[Pub.L. 109-162] ... and who reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the assisted dwelling unit”**

VAWA Regulations

How it affects owners?

- **The Federal Law will take precedence over your lease and the client will be issued a voucher to move.**
- **SNRHA will compensate the owner by paying an additional 30 days HAP.**

VAWA Regulations

- **SNRHA's mission is to provide safe, decent, and sanitary housing conditions for low and very low-income families and to manage resources efficiently.**

Inspections

- **After the rent is determined to be reasonable, an initial inspection will be conducted using HUD's Housing Quality Standards (HQS).**
- **Initial Inspections are conducted within 10 business days.**
- **Utilities must be 'on' in the unit.**
- **The Unit must be 'move-in' ready.**

Initial Inspections

- **The owner/agent is encouraged to be at the unit during the initial inspection to sign the HAP Contract.**
- **Or an adult (18 yrs. of age or older) must be present at the unit to allow the inspector to access the unit.**
- **Upon a PASSED inspection, tenants may receive the key and move in.**

Initial Inspections

- **In the event the unit does not PASS HQS inspection, the owner/agent has 10 business days to correct the item.**
- **Upon completion of the repair, the Owner/agent must call SNHRA's HQS department to initiate a "Re-inspection" appointment. 702-477-3453.**
- **Re-inspections are conducted ASAP.**

Initial Inspections

- **Approximately 60 days prior to the anniversary date of the initial inspection, SNRHA’s HQS Inspectors will come out for the “Annual Inspection.”**
- **Once again, an adult (18 yrs. of age or older) must be at the unit to allow SNRHA’s Inspectors to access the unit.**

Annual Inspections

- **Once the Annual Inspection PASSES, the owner/agent receives a PASS notice in the mail – and- the family receives a PASS notice at that Annual Inspection.**

Passed Annual Inspections

1. Deficiencies:

- **If the unit FAILS inspection for non-compliance, a “Default Notice” is completed and mailed to the owner/agent allowing them 15 calendar days to comply.**

Failed Annual Inspections

2. Deficiencies:

- **A re-inspection date is written on the Default Notice notifying of the return date and time.**

Failed Annual Inspections

3. Deficiencies:

An Extension can be granted if the owner/agent requests an extension in writing and is received seven (7) days after the 1st inspection.

Failed Annual Inspections

**Examples of some inspection
(aka: Deficiencies) are:**

- **Leaky Faucet**
- **Electrical Issues**
- **Garbage Disposal Inoperable**
- **Heating/Cooling not at Full Capacity**
- **Torn or Cracked Flooring**

Failed Annual Inspections

Special Inspections

Initiated by the tenant, an urgent matter may require a “Special Inspection.”

Other Inspections

24-Hour Life Threatening Inspections

If an owner fails to correct a 24-hour life threatening condition(s) as required by SNRHA, the Housing Assistance Payment (HAP) will be abated and the HAP contract will be scheduled for cancellation.

Other Inspections

24-Hour Life Threatening Inspections

If a family fails to correct a family caused 24-hour life threatening condition as required by SNRHA, SNRHA shall terminate the family's assistance.


Other Inspections



Quality Control Inspections

HUD Mandated sampling (20%) of inspections are conducted on all types of inspections.

Other Inspections

- 
- **After a FAILED Re-Inspection, an Abatement is initiated.**
 - **An abatement is when SNRHA's funds to the owner are placed on hold for non-compliance.**

Abatements



- **EXAMPLE:**

- **Annual Inspection (July 10th) – and it fails**
- **The Re-Inspection Date is July 25th (15 days later)**
- **If the Re-Inspection fails, the Abatement Date starts August 1st (= Effective Date)**
- **Funds are placed on hold effective the 1st of the following month (August 1st)**

Abatements

However,

- **If repairs are made and the owner/agent is in compliance before the 1st of the following month (August 1st in the previous example)...**
- **The abatement is cancelled and there is no interruption of HAP dollars.**

Abatements



Yet,

- **If repairs are NOT made and the owner/agent is OUT of compliance before the 1st of the following month (August 1st in the previous example)...**
- **There will NOT be any HAP payments made until the owner has corrected the items.**

Abatements



And,

- **The owner has 60 days from the effective date (August 1st in the previous example + 60 days = September 30th), to correct the items or the owner is in jeopardy of loosing all HAP funds and the Contract will be cancelled.**

Abatements

- **Abated HAP funds are not recoverable and will not be returned to the owner/agent.**
- **The Participant cannot be held responsible for HAP**

Abatements

- **Within the 60 days, if the owner corrects the items:**
 - **The Owner/Agent must call SNRHA's HQS department to initiate the scheduling of the Abatement Re-Inspection.**
 - **Upon PASSED Abatement Re-Inspection, HAP funds will start to resume again.**

Abatements

- **During the Abatement Period, the tenant must continue to pay their portion of rent.**

Abatements

- **Within the Abatement 60 days, the door is open for the tenant to receive a voucher to move.**

Tenant Options

- **If repairs are completed, the family can still stay with mutual agreement with the owner and the tenant.**
- **If repairs are NOT completed, the family will either move with continued assistance, or stay in the unit and are 100% responsible for the full rent.**

Tenant Options

- **In an effort to establish and maintain a safe and healthy work environment for all employees and protect the families we serve, during this COVID-19 pandemic, we ask our clients to contact their caseworkers by phone, e-mail, fax, or mail any documents.**

COVID-19 Processes

- **We will see clients**

BY APPOINTMENT ONLY.

- **If you're not sure who your tenant's caseworker is, call our Call Center at (702) 477-3100**

COVID-19 Processes

- **For Rent / Lease Form**
- **Request For Tenancy Approval (RFTA)**
- **W-9 (IRS Form)**
- **ACH (Automatic Direct Deposits Form)**
- **SNRHA's Statement of Ownership Form**
- **Voided Check**
- **Copy of Recorded Deed**

Forms available online


www.snvrha.org



A screenshot of a web browser displaying the SNRHA website. The browser's address bar shows "Not secure | snvrha.org/index.html". The website's navigation menu includes "Home", "Find Housing" (highlighted with a red box), "Residents", "Doing Business", and "About". The SNRHA logo is in the top left, and social media icons for search, home, Facebook, and LinkedIn are below it. The main content area features a large "WELCOME TO Fabulous LAS VEGAS NEVADA" sign with a hand cursor icon pointing to the word "WELCOME". A carousel of images is visible at the bottom with navigation arrows and a progress indicator.

SNRHA Website x +


← → ↻ ⓘ Not secure | snvrha.org/index.html



Home Find Housing Residents Doing Business

Find Housing

- Applicants
 - How To Apply
 - Check Your Status
 - Applicant Forms
 - FAQ's
- Housing Choice Voucher Participants
 - Find HCV Housing
 - HCV Forms**
 - HCV/HQS
 - Portability
 - Moving
 - FAQ's
- Property Listings
 - Public Housing
 - Affordable Housing
 - RAD
- Housing Programs
 - Public Housing
 - Affordable Housing
 - Housing Choice Voucher
 - RAD





Housing Choice Voucher Forms

Find and download the desired Housing Choice Voucher Form:



PDF	Description	Category
	Family Request For Voucher Extension Form: This form allows a family to request an extension of the voucher under the Housing Choice Voucher / Section Eight Housing Program.	Housing Choice Voucher
	Family Self Sufficiency Interest Enrollment Form: This form is used to enroll in the Family Self Sufficiency Program under the Housing Choice Voucher / Section Eight Housing Program.	Housing Choice Voucher
	For Rent / Lease: This is the Housing Choice Voucher For Rent / Lease Form.	Housing Choice Voucher
	Income Limits (SNRHA): Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live. By law, a PHA must provide 75 percent of its vouchers to applicants whose incomes do not exceed 30 percent of the area median income. Median income levels are published by HUD and vary by location. The PHA serving your community can provide you with the income limits for your area and family size.	Housing Choice Voucher
	H0118 Portability: Use this form to request a transfer to a new Housing Authority under	Housing

Housing Choice Voucher Participants

Find HCV Housing
 HCV Forms
 HCV/HQS
 Portability
 Moving
 FAQ's

How Can We Help You?

Choose your option ▼

Spotlight



- **Dawn Leo, Executive Secretary**
- **dleo@sivrha.org**

- **Vincent Stewart, Inspections Supervisor**
- **vstewart@sivrha.org**

Questions?

Thank
you

