



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Housing Choice Voucher Department
P.O. Box 1897, Las Vegas, NV 89195-1537
Phone (702) 922-6900 FAX (702) 922-6929 TDD (702) 387-1898



HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR TENANCY APPROVAL (RFTA) PACKET FOR OWNERS/LANDLORDS/MANAGERS

NOTE: The original RFTA must be returned. Please call your caseworker to make an appointment. Owners, if you are returning these documents, please ask your prospective tenant for their caseworker's name so that you can schedule an appointment to turn in these documents. The only documents that can be faxed in are the owner's W9, W8 and ACH form with voided check. When you fax these, please ensure you put the client's name on the cover and fax to the attention of the caseworker so we can ensure they get to the correct person. If you fax these documents, they must be received "prior" to the client bringing the original RFTA packet.

WARNING: 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 as to any matter within its jurisdiction.

The Southern Nevada Regional Housing Authority (SNRHA) does not discriminate on the basis of disability. If you wish to file a complaint alleging discrimination, please contact Norma Gray, the 504/ADA Coordinator, at (702) 922-6808.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Autoridad De Vivienda De Nevada Sur proporciona servicios de traduccion para participantes y clientes que califican. Si usted necesita esta forma en Espanol, contacte por favor a su asistente social.

Revised 1/2010

PART I: HUD NEW FORECLOSURE RULES

1. In compliance with HUD's PIH notice 2009-52, which provides guidance on Section 702 of the Protecting Tenants at Foreclosure Act (PTFA) of 2009, and the American Recovery and Reinvestment Act of 2009, the SNRHA shall enforce HUD's new regulations relating to landlords providing notices to Housing Choice Voucher (HCV) participants.
2. The new regulations require that during the term of the lease, the owner shall not terminate except for serious and repeated violations of the terms and conditions of the lease or other good cause, and in the case of an owner who is an immediate successor in interest pursuant to foreclosure during the term of the lease vacating the property prior to the sale shall not constitute other good cause, except that the owner may terminate the tenancy effective the date of transfer of the unit to the owner, if the owner:
 - will occupy the unit as a primary residence; and
 - has provided the tenant a notice to vacate at least 90 days before the effective date of such notice.
3. This change provides our HCV participants with more protection! Nevada leads the nation in foreclosures and that is impacting a lot of HCV participants. Please ensure you notify the assigned caseworker if your unit goes into foreclosure immediately!

PART II: LEASING OVERVIEW

1. Lease Agreement

- a. The Southern Nevada Regional Housing Authority (SNRHA) does not furnish a lease agreement between the owner and the tenant. The owner and the tenant must enter into a lease agreement furnished by the owner and submit a signed lease with "NO" effective date with your complete RFTA packet. The effective date shall be the later of the date the unit passes Housing Quality Standards (HQS) or when the tenant takes possession of the unit.
 - The Lease Agreement:
 - Must be a standard form used in the locality.
 - Must contain terms consistent with state and local laws.
 - Must generally be applied to **unassisted tenants** in the same property.
 - All provisions of the HUD Lease Addendum shall be added to the Owner's standard lease as an addendum to the lease.
- b. The terms of the HUD required Tenancy Addendum should prevail over any other provisions of the lease agreement.

2. **Leasing Procedures.** SNRHA must determine that the unit is eligible before a HCV contract is signed. To determine eligibility, the tenant must submit a request for the unit to be inspected via the Request for Tenancy Approval packet.
 - a. The unit will be determined eligible if:
 - All required leasing forms are return completed and signed.
 - If the rent is reasonable and/or meets the client's 40% threshold.
 - If the unit meets HQS.
 - b. After the unit is determined eligible:
 - SNRHA will sign and then furnish the owner with copies of the HCV contract and lease with the effective date entered. The effective date shall be the latest of the date unit passed its HQS inspection or the date the client takes possession of the unit.
3. **Scheduling an Inspection for a Unit to be leased by a New Family.** SNRHA will conduct the unit inspection within seven (7) days of receiving the "completed" RFTA packet, if the unit is ready, the utilities are on, and the asking rent is determined to be reasonable by SNRHA. Staff shall contact the owner/management to verify the unit is ready. If you have questions regarding an inspection, please call (702) 922-6940.
4. **For the Inspection**
 - a. The owner or client must have all of the utilities connected for the inspection.
 - b. The appliances (stove/refrigerator) must be in place.

PART III: DOCUMENTS TO BE RETURNED TO THE SNRHA

1. Please note that the RFTA **must be an original** and you or your prospective tenant can return these documents. Please call ahead to the caseworker for an appointment so that you can receive prompt service. Please ensure all documents are completed and the following items are attached:
 - Completed RFTA – must return original – cannot be faxed _____
 - Lease – signed by both parties with no effective date _____
 - Proof of ownership (copy of actual record warranty deed) _____
 - Statement of Property Ownership/Authorization _____
 - Lead Base Form _____
 - ACH form and voided check _____
 - Two (2) IRS – W9 Forms (One for Owner and one for Management Company) _____
 - IRS – W8 Form (If you do not have a SSN or EIN #, you must complete a W8 Form) _____
 - Copy of Management Agreement, if applicable _____
 - Acknowledgement Form (screening responsibility/ Fair Housing Laws) _____
 - Smoke Detector Form _____
 - Special Amenities Form _____

Note: All payments shall be made only via Direct Deposit.

Please double check your RFTA and the accompanying documents for completeness and required signatures. Missing information will delay the housing assistance payment.

- **Utilities must be on a least one day before the inspection.**
 - **The tenant is responsible for paying the security deposit and the security deposit cannot exceed one month's contract rent.**
 - **All forms must be completed and all required documents attached.**
2. The contract shall be brought to the inspection for you to sign if the unit passes the HQS inspection. Staff will receive the contract and mail you a copy that has also been signed by SNRHA management executing the contract no later than five (5) business days after the inspection. Staff shall also attach a copy of the lease and lease addendum. If you or your assigned management cannot attend the inspection, the contract will be mailed. Please note payment will not begin until the contract is returned and SNRHA cannot execute a contract that is more than 60 days old.
 3. **Moving In Before the Lease is Approved.** The SNRHA will not pay any money on a unit until it passes inspection. Any arrangement for occupancy before the unit passes inspection is strictly between the owner and the participant. The participant would therefore be responsible for 100% of rent.
 4. **References and Screening.** SNRHA does not screen participants for tenancy; we certify their eligibility to receive assistance under the program.
 5. **Side-Payment.** You cannot make arrangements for side payments with your tenant. The tenant can only pay the amount approved by SNRHA. If they pay additional, they will be terminated and you will be barred from participating in the HCV Program.
 6. **Change of Ownership/Management.** Please notify our office immediately of change of ownership and/or management. You must also notify us of your new address.

If you have questions, please call the Housing Choice Voucher Department at (702) 922-6900. Ask the client submitting this packet to you for their caseworker's name and phone number, as that is the person you will need to speak with to assist you with this lease-up process.



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STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION

Prospective Tenant Name: _____
(Name)

Rental property address: _____

I/we declare that the recorded property owners are: **PLEASE ATTACH A COPY OF THE DEED.**

Name: _____ Name: _____

Address: _____ Address: _____

Telephone (Day): _____ Telephone (Day): _____

OWNER'S AUTHORIZED AGENT: (Manager, Realtor, Power of Attorney)

The following individual/agency is designated as my/our representative and is authorized to act on my/our behalf. **PLEASE ATTACH A COPY OF THE MANAGEMENT AGREEMENT OR POWER OF ATTORNEY.**

Name: _____ Title: _____

Address: _____ Telephone (Day): _____

1099 PAYMENT INSTRUCTIONS:

The housing assistance payment check (rent check) is to be completed as follows:

Payee: _____

Address: _____

Where should the 1099 be sent? Owner Agent

SIGNATURES:

Owner: _____ Date: _____

Owner: _____ Date: _____

Authorized Agent: _____ Date: _____

WARNING: SECTION 1001 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 AS TO ANY MATTER WITHIN ITS JURISDICTION.

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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

PROPERTY OWNER/AGENT INFORMATION/AUTHORIZATION

Please include a voided check or copy of a voided check

Owner's Name (Please Print)

Federal Employer Identification Number (FEIN)
Social Security Number of owner

Management Company/Agent's Name (Please Print)

Federal Employer Identification Number (FEIN)
Social Security Number (Management Company or Agent)

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

Purpose of Authorization (Check One)

- New Authorization
- Changes to Authorization
- Cancellation

Checking Account Information

OR

Savings Account Information

Name of Financial Institution

Name of Financial Institution

Address

Address

City, State, Zip

City, State, Zip

Bank Routing Number

Bank Routing Number

Account Number

Account Number

Landlord Signature

Date Signed

Landlord Phone Number

Owner/Vendor Number

Tenant Name

Rental Unit Address

Rental Unit – City, State

Rental Unit – Zip Code

NOTE: If the 1st is on a weekend or holiday, the deposit will post the first business day of the month. Please contact the Southern Nevada Regional Housing Authority at (702) 922-6608 or Fax (702) 922-6620 for additional forms or questions.



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SMOKE DETECTOR CERTIFICATION

Address: _____ Zip Code: _____

I do hereby certify that in accordance with U.S. Department of Housing and Urban Development regulations regarding smoke detectors, effective October 30, 1992, that:

1. The dwelling unit identified above is protected by at least one battery operated or hard-wired smoke detector, in properly working condition, on each level of the unit;

and

2. Each bedroom occupied by a person known to me to be hear-impaired has a visual alarm system connected to the smoke detector installed in the hallway;

and

3. A properly functioning smoke detector is located in the hallway near all bedrooms.

This certification must be signed, dated and returned to our Housing Choice Voucher Department.

Signature of Owner or Agent

Date



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SPECIAL AMENITIES

Address: _____ Zip Code: _____

This form is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant, landlord and Housing Agency (HA) may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.

_____ NO AMENITIES TO BE CONSIDERED (If none, check here and form is complete.)

1. Living Room

- ___ High quality floors or wall coverings
- ___ Working fireplace or stove
- ___ Balcony, patio, deck, porch
- ___ Special windows or doors
- ___ Exceptional size relative to needs of family

2. Kitchen

- ___ Dishwasher
- ___ Separate freezer
- ___ Garbage disposal
- ___ Eating counter/breakfast nook
- ___ Pantry or abundant shelving or cabinets
- ___ Double oven/self cleaning oven, microwave
- ___ Stove
- ___ Refrigerator
- ___ Double sink
- ___ High quality cabinets
- ___ Abundant counter-top space
- ___ Modern appliances
- ___ Exceptional size relative to needs of family
- ___ Other: (Specify) _____

3. Other Rooms Used for Living

- ___ High quality floors or wall coverings
- ___ Working fireplace or stove
- ___ Balcony, patio, deck, porch
- ___ Special windows or doors
- ___ Exceptional size relative to needs of family
- ___ Other: (Specify) _____

4. Bath

- ___ Special feature shower head
- ___ Built-in heat lamp
- ___ Large mirrors
- ___ Glass door on shower/tub
- ___ Separate dressing room
- ___ Double sink or special lavatory
- ___ Exceptional size relative to needs of family
- ___ Other: (Specify) _____

5. Laundry Room

- ___ Washer
- ___ Dryer

6. Overall Characteristics

- ___ Storm windows and doors
- ___ Other forms of weatherization (insulation, weather-stripping)
- ___ Screen doors or windows
- ___ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ___ Ceiling fans
- ___ Driveway
- ___ Large yard
- ___ Gated community
- ___ Gate code
- ___ Good maintenance of building exterior
- ___ Pool
- ___ Condominium

Air Conditioning

- ___ Windows A/C
- ___ Central A/C
- ___ Evap cooler

Heat

- ___ Window
- ___ Central
- ___ Furnace

Parking

- ___ Driveway
- ___ Open
- ___ 1 Car Port
- ___ 2 Car Port
- ___ 1 Car Garage
- ___ 2 Car Garage
- ___ 3 Car Garage

7. Disabled Accessibility

___ Unit is accessible to a particular disability-

TOTAL POINTS: _____



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HOUSING CHOICE VOUCHER PROGRAM ACKNOWLEDGMENT OF LANDLORD/TENANT SCREENING RESPONSIBILITY FORM

All Southern Nevada Regional Housing Authority (SNRHA) Housing Choice Voucher owner/managers are responsible for screening families based on their tenancy histories, including such factors as:

1. Payment of rent and utility bills
2. Caring for a unit and premises
3. Respecting the rights of other residents to the peaceful enjoyment of their housing
4. Drug-related criminal activity that is a threat to the health, safety or property of others and compliance with other essential conditions of tenancy

FAIR HOUSING LAWS

SNRHA will actively enforce all Fair Housing Laws. Owners determined by a court or other administrative agency to be in violation of federal equal opportunity requirements will be barred from participating in the Housing Choice Voucher Program.

LEASING TO RELATIVES

The unit to be rented to the Housing Choice Voucher participant will not be a unit owned by a parent, child, grandparent, grandchild, sister or brother of the Housing Choice Voucher participant, in accordance with HUD's final rule effective 6/17/98.

I hereby acknowledge my receipt of this form.

Landlord

Date