



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Housing Choice Voucher Department
P.O. Box 1897, Las Vegas, NV 89125-1897
Phone (702) 477-3100 FAX (702) 922-6929 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 mentioned above, they must be received "prior" to the client bringing the original RFTA packet.

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 § 982.552(c)(1)(ix).]

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.

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, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

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 traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.

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 consistency 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) to ten (10) business 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) 477-3100.
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 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 of Direct Deposit _____
 - Lead Base Form _____
 - 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) _____
 - 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.



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
 Housing Choice Voucher Department PO Box 1897 Las Vegas, NV 89125-1897
 Phone: (702) 477-3100 Fax: (702) 922-6929 TTY: (702) 387-1898



STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION OF DIRECT DEPOSIT
 PLEASE INCLUDE A VOIDED CHECK AND W-9

PROSPECTIVE TENANT NAME: _____

RENTAL PROPERTY ADDRESS: _____
City State Zip

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

NAME: _____ PHONE: _____

ADDRESS: _____
City State Zip

EMAIL: _____ 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 to sign and enter into a Housing Assistance Payment (HAP) contract with the Southern Nevada Regional Housing Authority.

BUSINESS/AGENT NAME: _____

ADDRESS: _____
City State Zip

PHONE: _____ EMAIL: _____

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

NAME: _____ TAX ID: _____

ADDRESS: _____
City State Zip

ROUTING #: _____ ACCOUNT #: _____

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 (702) 477-3125 for additional forms or email ebarrion@sivrha.org for questions.

BY SIGNING THIS FORM, I ACKNOWLEDGE I HAVE NO INTEREST WITH SNRHA DIRECTLY OR INDIRECTLY IN ACCORDANCE WITH 24 CFR 982.1611.

OWNER SIGNATURE: _____ DATE: _____
 AGENT SIGNATURE: _____ DATE: _____

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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 § 982.552(c)(1)(ix.)]
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 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: 504 Officer.
 Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.
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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/disregarded entity name, if different from above	
	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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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 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 *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									
-		-							
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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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/w9. 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 in settlement 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:

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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. 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:

- 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 1446 withholding on your share of partnership income.

Request for Taxpayer Identification Number and Certification

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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
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	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)		

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Part II Certification	
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Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

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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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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- 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 1446 withholding on your share of partnership income.

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. 1545-1621

Department of the Treasury
Internal Revenue Service

▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8ECI for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

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.

Do not use this form for:

- A beneficial owner solely claiming foreign status or treaty benefits **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) 115(2), 501(c), 892, 895, or 1443(b) **W-8EXP**

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-8EXP.

- 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-8BEN-E or W-8IMY**
- A person acting as an intermediary **W-8IMY**

Note: See instructions for additional exceptions.

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
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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
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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) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	8 Foreign tax identifying number
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9 Reference number(s) (see instructions)	10 Date of birth (MM-DD-YYYY)
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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

Sign Here

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:

- 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 includible 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 disburse 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.

Signature of beneficial owner (or individual authorized to sign for the beneficial owner)	Print name	Date (MM-DD-YYYY)
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I certify that I have the capacity to sign for the person identified on line 1 of this form.



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Housing Choice Voucher Program, P.O. Box 1897, Las Vegas, NV 89125-1897
Phone (702) 477-3100 FAX (702) 922-6929 TDD (702) 387-1898



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

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



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-

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

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

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

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

12. Owner's Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
P.O. Box 1897 • Las Vegas, Nevada 89125

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

WATCH OUT FOR LEAD-BASED PAINT POISONING NOTIFICATION

TO: TENANTS OF HOUSING CONSTRUCTED BEFORE 1978

This building was constructed before 1978. There is a possibility that it may contain lead-based paint.

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD-BASED PAINT POISONING

The interiors of older apartments often have layers of lead-based paint on the walls, ceilings, window sills and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children.

Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? Those may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause mental retardation, blindness and even death.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Elevated Blood Lead Level (EBLL) screening and treatment are available through Medicaid Program for those who are eligible.

Inform other family members and baby-sitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that may contain lead.

Look at your walls, ceilings, door frames and window sills. Are there places where the paint is peeling, flaking or chipping? If so, there are some things you can do immediately to protect your child:

Over ⇨



LEASE ADDENDUM FOR DRUG-FREE HOUSING

In consideration of the execution or renewal of a Lease of the dwelling unit identified in the Lease, Owner and Tenant agree as follows:

1. Tenant, any members of the tenant’s household, or a guest or other person under the tenant’s control shall not engage in criminal activity, including drug-related criminal activity, on or near leased premises. “Drug-related criminal activity” means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802].)
2. Tenant, any member of the tenant’s household, or a guest or other person under the tenant’s control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near leased premises.
3. Tenant or members of the household, will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Tenant or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near the leased premises or otherwise.
5. Tenant or any member of the tenant’s household or a guest or other person under the tenant’s control shall not engage in acts of violence or threats of violence, including, but not limited to, the unlawful discharge of firearms, on or near the premises.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this addendum shall be deemed a serious violation and a material non-compliance with the Lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be based upon a preponderance of the evidence.
7. In case of a conflict between the provisions of this addendum and any other provisions of the Lease, the provisions of the Addendum shall govern.
8. This Lease Addendum is incorporated into the Lease executed or renewed this day between the Owner and Tenant.

Date: _____

Date: _____

 OWNER

 TENANT

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 § 982.552(c)(1)(ix.)]

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.

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, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

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 traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.