



Helping local governments plan for the future

Thank you for your interest in the Housing Choice Voucher Program as a prospective landlord. This is the federal government's primary program for assisting very low-income families, the elderly, and persons with disabilities to afford decent, safe, and sanitary housing in the private market. We welcome the opportunity to partner with you in our efforts to provide opportunities for families participating in the HCV program to become more self-sufficient.

The following pages will help describe the role between our agency, you, the landlord, and the tenant more thoroughly. The first section is for your reference. The second section contains the documents that are required for participation in the HCV program. Most important is our receipt of the direct deposit form (enclosed) that will need to be provided to us along with a voided check, the W-9 (enclosed) that will need to match the information on the direct deposit form, and proof of ownership of the property. If someone other than yourself will be managing the property, we will also need the Certificate of Authority. Once we have received the required documents, we can add your name to our landlord list. Please be advised that no inspection will be scheduled until interest is shown in one of your properties.

ATCOG's Housing Department makes every attempt to highlight and expand upon policies that will ease the rental process for our landlords. We follow our Housing Urban Development (HUD) approved plan that can be found at www.atcog.org, Housing Program * Admin Plan 2016. At your convenience, please take the time to review and familiarize yourself with these HUD approved policies. The Housing staff is available Monday-Thursday from 8:00 AM to 5:00 PM to answer any questions you have. We can be reached at 903-832-8636. We look forward to building a lasting relationship with you.

Sincerely,

The Housing Program Staff

FREQUENTLY ASKED QUESTION ABOUT THE HCV PROGRAM

The Ark-Tex Council of Government's Rental Assistance Program administers Tenant-based Housing Choice Vouchers. A family determined eligible will be given a Housing Choice Voucher. The family may then seek a suitable unit anywhere within the jurisdiction of ATCOG. If you are willing to lease to a family, the unit must be in decent, safe, and sanitary condition. Under the HCV Program, ATCOG has established payment standards up to 110% of Fair Market Rents. Using said payment standards, 30% of the family's adjusted income is subtracted to arrive at the monthly housing assistance payment that we will pay on behalf of the family. The family may wish to enter into a lease that requires their portion being higher than the 30%, but can be no more than 40% of adjusted income, subject to owner approval. If ATCOG approves the lease, you and the family will sign a lease and a Housing Assistance Payment (HAP) contract will be executed between you and ATCOG. Once the contract rent amount is agreed upon, it is illegal for the tenant to pay or the landlord to accept any additional monies in addition to the amounts established in the lease and contract.

- **WHAT IS THE ROLE OF ATCOG UNDER THE HCV PROGRAM?**

ATCOG takes applications via our waiting list and certifies them as eligible for rental assistance. We brief them on the nature of the program and on their rights and responsibilities to the PHA and the landlord. We inspect the unit(s) and approve the lease. We determine the amount each family is to pay to their landlord and we make the HAP payment monthly to the landlord by way of direct deposit.

- **WHAT ARE THE BENEFITS TO ME UNDER THE PROGRAM?**

There are many benefits to you under the HCV program. You will receive consistent HAP payments every month, via direct deposit. Tenants are more likely to pay their portion on time, since failure to do so may cost them their voucher. Another key factor is that even if the tenant loses their job or suffers lower wages (such as those that have occurred during the current pandemic), the PHA will continue to make up the rest of the rent that they are unable to pay, after their 30% of adjusted income. This can help avoid payment issues that could arise from a full-paying tenant facing a similar dilemma. You will receive pre-screened tenants that are qualified and are eligible to participate in the program. You do not give up the ability to select your tenants using non-discriminatory screening processes of your own. Since HAP payments are guaranteed every month, overall you should have lower vacancy rates, less delinquency, and lower evictions. And you will be able to experience the satisfaction of being able to help a family in need.

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

You have the same rights as you now have regarding other tenants who lease your property. You deal with and select the tenant and you may evict the tenant for good cause. ATCOG's portion of the rent will be direct deposited into the account you have provided. Please allow until the 10th of the month for any payments not received.

- WHAT KIND OF HOUSING QUALIFIES FOR THE HCV PROGRAM?

Most housing will qualify, such as single-family dwellings, multi-plex units, apartments, and manufactured homes. The basic qualifications are that the housing must rent within the limits set by HUD for its size and type, and must meet the housing quality standards of HUD and our agency.

- WHAT FAMILIES ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAM?

The HCV program helps low and very low-income families, those whose gross income does not exceed 50% of the median income for their area. Adjustments to the median income consider the family size and other factors.

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

Tenant selection is the responsibility of the Owner and it is expected that you will screen HCV applicants using the same methods and criteria used for other applicants. ATCOG will provide what information we may have on file pertaining to current and past landlords. We strongly encourage you to research the applicant's prior rental history. We do not screen applicants for that, just as our agency does not represent by their admission into the program their suitability for tenancy or their expected behavior. NOTE: ATCOG only refers families that are eligible to participate in the HCV program, no other factors are considered. You should apply whatever criteria you feel that is needed, as long as that method does not violate any fair housing laws.

- CAN AN HCV LANDLORD COLLECT A SECURITY DEPOSIT?

As an HCV landlord, you can and should charge a reasonable security deposit. The lease will determine the amount of the security deposit. While there is no maximum limit for a security deposit, ATCOG may opt to prohibit amounts that are more than private market practices or more than amounts charged to unassisted units. You may charge an application fee to cover the costs of a background check. If you allow pets, you may charge a pet deposit. Tenants are responsible for paying all deposits.

- WHAT CAN I DO IF THE TENANT DOES NOT PAY THEIR PORTION OF THE RENT?

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

- WHAT CAN I DO IF THE TENANT DAMAGES MY PROPERTY?

If the security deposit is not sufficient to cover unpaid rent, damages, or other amounts owed under the lease, the owner may collect the balance from the tenant through legal means. The owner may not collect from ATCOG for unpaid rent, damages, or other amounts owed by the tenant under the lease. This provision applies to contracts executed after October 2, 1995. Contracts prior to that date may be eligible for limited payments of tenant damages and unpaid rent.

- **MAY I KEEP MY PRESENT TENANT UNDER THE PROGRAM?**

Yes, if your present tenant is on the HCV waiting list. When the family is certified as eligible and the unit meets the requirements regarding housing quality standards, both you and the tenant can enter the program jointly.

- **MAY I INCREASE MY RENT?**

Yes, under the HCV program you may request an increase in the contract rent any time after the first year, provided the new contract rent amount is reasonable. You must give 60 days' notice to both the client and our agency. The tenant will have the opportunity to either accept or reject the increase in rent. This must be in writing, as it may directly affect the amount of their payment. If the tenant rejects the increase, they will be issued a voucher to locate to another unit.

- **MAY I COLLECT HAP PAYMENTS IF THE UNIT IS VACANT?**

There are no vacancy loss payments for units placed under HAP contract after October 2, 1995. The owner may keep the full Housing Assistance Payment for the month in which the family vacates the unit.

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

Section 1B of the HAP contract permits assignment or transfer of the contract with prior consent of ATCOG and specifically defines "transfer of ownership" in multiple owner situations, where an assignment or transfer may be interpreted as having taken place. In transfers or assignments, the terms and conditions of the HAP contract, including payment amounts, bind the new owner. If ATCOG does not approve the transfer or assignment of the HAP contract or if the new owner refuses to accept the terms and conditions of the HAP contract, the family or families will be issued a new voucher so they can locate to another unit. Nothing in this procedure is to be interpreted as giving ATCOG the right to approve or disapprove a transfer of ownership of the unit(s).

- **DOES ATCOG REQUIRE AUTHORIZATION OR OTHER EVIDENCE OF LEGAL CAPACITY TO ACT ON BEHALF OF AN OWNER WHEN SOMEONE OTHER THAN THE OWNER EXECUTES THE HAP CONTRACT?**

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

PROPERTY OWNER/MANAGER CHECKLIST

- Free advertising – With your approval your name will be added to the landlord list, enabling clients to contact you regarding available units.
- Select and screen the applicant – When a family with a voucher approaches you follow your regular screening procedures to determine their suitability as a tenant.
- Collect a security deposit if required – The tenant is responsible for all deposits and they may not exceed the amount charged to unassisted tenants.
- Complete a Request for Tenancy Approval and return it to our office – The tenant will provide this form and it is very important that this is completed thoroughly (NO WHITE OUT OR FAXING), to enable us to expedite the initial inspection. Our inspection team has up to ten days from receipt of the RFTA to schedule the initial inspection, to ensure the unit passes housing quality standards.
- Ensure that the W-9, direct deposit authorization, and proof of ownership or management agreement have been provided to our office. These documents are required to ensure that we are paying the legal owner of the property. HAP monies cannot be released prior to our receiving these documents.
- Sign HAP contract with the Housing Authority – A contract will require the signature of either the owner or the manager of the unit. Payments will not commence until the unit has passed inspection, the tenant has moved into the unit, the contract is signed, and an original signed lease has been provided to the HCV office. Payments will begin on the first of the month following the signing of the HAP contract. After that, payments will be direct deposited around the first of each month. The tenant's portion of the rent may be adjusted when their income or family composition changes.
- Please notify our agency in writing if there is a change in ownership, management, or change of address. We should also be notified if the family vacates the unit. We request that we receive copies of any notices given to the tenant.

Voucher Program Owner's Guide

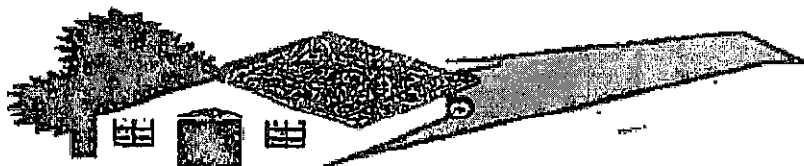
- The Housing Choice Voucher Program is a federally funded program, which helps families pay their rent.
- Families are able to select a unit of their choice in the private rental market.
- Families generally pay between 30 and 40 percent of their income toward rent and the Housing Authority pays the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

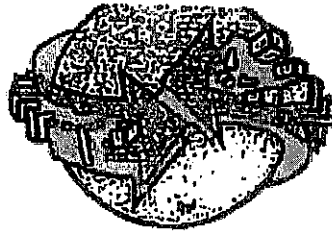
Roles and Responsibilities

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

THE OWNER

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



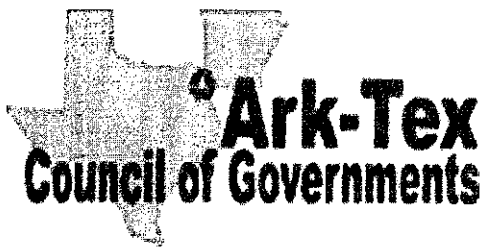


The Housing Agency

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

THE FAMILY

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



LEASE REQUIREMENTS

1. The lease between the tenant and the owner must be the same lease that is used for other unassisted tenants.
2. The terms and conditions of the lease must be consistent with state and local law.
3. The lease must specify utilities and appliances supplied by the owner to the tenant.
4. The lease will be accompanied by the HUD required Tenancy Addendum, which will be provided by our agency. The terms of the Tenancy Addendum may prevail over any other provisions of the lease.
5. The lease effective dates must match the effective dates of the Housing Assistance Payment contract.
6. The approved rent amount, as determined by rent reasonableness, must match the HAP contract.
7. Copies of the signed lease between owner and tenant must be provided to our agency.

RENT LIMITS

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

Housing Assistance Payments

Rental assistance payments for the unit listed on the RFTA cannot begin until the following conditions are met:

1. All repairs as determined, by the initial inspection performed by an ATCOG inspector, are completed and an agency representative certifies to the completion.
2. All utilities are on in the unit and appliances are in working order.
3. You have accepted the approved contract rent as determined by rent reasonableness.
4. Tenant occupies the dwelling. NOTE: ATCOG does not pay pro-rated rent. If you choose to allow the tenant to move in prior to or after the unit has passed inspection, but this is before the effective date of lease and HAP contract, the tenant will be responsible for paying the full portion of the rent.

During the term of the lease and at the tenant's annual recertification, there may be an adjustment to the HAP and the tenant's portion of the lease. These are usually initiated by changes in the tenant's family composition or income. The rent portions will be recalculated and a Rent Change Notice will be sent to tenant and landlord.

THE INSPECTION PROCESS

All units will undergo an initial inspection prior to the beginning of the lease and signing of the HAP contract. Letters detailing any repairs will be provided to the owner and the tenant. During the time of the tenant's annual recertification, an annual inspection will be scheduled. Owners and tenants will be notified at a minimum of 10 business days' notice. If there are any repairs that are required, the landlord has 30 days to effect repairs. Extensions may be given at times for unforeseen circumstances. If repairs are not made within the 30-day time frame, the unit will be abated, meaning the landlord will not receive the HAP payments until repairs are complete. A \$75.00 re-inspection fee is required to come back to the dwelling and inspect it again. During the term of the lease both you, the landlord, and the tenant may request a special or complaint inspection to address issues and concerns. On the following page you will find the basic information to help you pass your inspections.

Dear Landlord:

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

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

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

1. Peeling and chipping paint, both interior and exterior, including windowsills, facings, doors, porches, posts, garages, storage buildings, fences etc., applicable in pre-1978 houses with children under 6.
2. Rotted or missing trim boards, porch boards, siding, holes in walls, etc.
3. Broken or missing windowpanes. If meant to be opened, all windows should be operable with adequate locks and be able to maintain an opened position without additional means. Screens on doors and windows are not required, but if they are present they must not be torn or bent.
4. All doors should have adequate locks and be weather-stripped properly.
5. Bathroom should have either an operable window or a ventilation fan.
6. No missing outlet or switch covers, no open holes in breaker box, no exposed wiring.
7. Good/proper sewage drains, no interior/exterior drain line or water supply leaks. Toilet should be secured to the floor and toilet seat be in good condition.
8. Gas water heaters should be properly vented, both gas and electric water heaters must have TPR valve vented to the floor.
9. Handrails at all steps if there are 4 or more steps, or 30 inches off the ground, deck or porch railing if more than 30 inches off ground.
10. Loose or torn floor covering that could cause a tripping hazard.
11. Smoke alarm in each bedroom and in their common hallway. Carbon monoxide alarms in hallway outside of bedrooms where natural gas or propane is in use or in the case of an all electric house with an attached garage.
12. Unvented gas space heaters are not allowed, but sources such as window heat/cool units or semi-permanent heaters such as baseboard heaters or electric fireplaces are acceptable.
13. Working stove and refrigerator, if supplied by landlord.
14. All trash and debris must be removed from both inside and outside of unit.

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

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

Effective March 7, 2017



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

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

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

Thank you.



Please include a copy of Deed to the property you wish to have on our program.

If you do not have Deed as of yet, please include paper work showing you've purchased the property.

INSTRUCTIONS FOR THE REQUEST FOR TENANCY APPROVAL

The RFTA is one of the most important forms that we need. It is the basis for all initial information regarding the dwelling and should be filled out as completely as possible.

1. Our agency's name
2. Complete address of the unit
3. Date that the owner plans for the lease to begin
4. Number of bedrooms
5. Year constructed, if known
6. The proposed rent
7. Amount of security deposit, if any
8. The date it will be ready for inspection
9. Type of dwelling
10. If unit is subsidized in any way
11. Utilities and appliances. Please fill this out completely. What energy source is used on the heating system, cooking appliance, and water heater. Who is responsible for paying any utilities? Who is responsible for providing either refrigerator or cook stove and who pays for it.
12. Owner's certification that the rent requested is comparable to any unassisted units that you own, if they are more than 4. It also includes the verification concerning renting to relatives. Item C is related to the presence (if any) of lead-based paint.
13. Self-explanatory
14. Self-explanatory
15. Self-explanatory

At the bottom of the form are the respective sections for the owner and tenant to sign. This document should be completed by the owner, not the tenant. The tenant should only sign their section. Please fill out completely.

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) <small>MAIL TO: ARK-TEX COUNCIL OF GOVERNMENTS P. O. BOX 5307 TEXARKANA, TX. 75505</small>			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	Includes power for lights, TV, etc. Who pays for each utility used? <div style="font-size: 2em; font-family: cursive; opacity: 0.5;">Sample</div>	
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Who is responsible for providing appliances? <div style="border: 1px solid black; padding: 2px; display: inline-block;">Expiration Date:</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Bedroom Size:</div>
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.

Sample

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)

DON'T FORGET TO SIGN THE FORM!

TENANT MUST COMPLETE AND SIGN!

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____
 Other (see instructions) > _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____
6 City, state, and ZIP code _____
7 List account number(s) here (optional) _____

Requester's name and address (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

or

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 > _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
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. See *What is FATCA reporting?* on page 2 for further information.

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

PART 1: Transaction Type

- Part 1 has been completed for you.

PART 2: Payee Identification

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

PART 3: Authorization for Setup, Changes, or Cancellation

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

PART 4: Type of Account

- Check the appropriate box
- Attach a voided check here

DIRECT DEPOSIT AUTHORIZATION – Landlord

PLEASE COMPLETE THIS FORM AND RETURN TO:

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

PART 1: Transaction Type

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

PART 2: Payee Identification

I would like to receive correspondence via email.

Owner Tax ID (Social Security Number or EIN)	Work/Cell/Home Phone Number		
Name	Email Address:		
Street Address:	City:	State:	Zip Code:

PART 3: Authorization for Setup, Changes, or Cancellation

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

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

By signing this form, I hereby remove ATCOG from any liability associated with selected account.

Authorized Signature:	Printed Name:	Date:
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PART 4: Type of Account Checking Savings

Routing Number:	Account Number:
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Attach a Voided Check

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead based paint hazards in the dwelling. Lessees must also receive a Federally approved pamphlet on lead poisoning prevention.

Owner - Landlord's Disclosure (initial)

- _____ (A) Presence of lead-based paint or lead-based paint hazards (check one below):
- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

- Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

- _____ (B) Records and reports available to the lessor (check one below):
- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead based paint hazards in the housing (list documents below).

- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgement (initial)

- _____ (C) Lessee has received copies of all information listed above
- _____ (D) Lessee has received the pamphlet "Protect Your Family from Lead in Your Home".

Landlord's Agent's Acknowledgement (initial)

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

Certification of Accuracy

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

_____ Landlord (Please Print)	_____ Date	_____ Landlord (Signature)	_____ Date
_____ Tenant (Please Print)	_____ Date	_____ Tenant (Signature)	_____ Date
_____ Landlord's Agent (Please Print)	_____ Date	_____ Landlord's Agent (Signature)	_____ Date

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

HCV Rental Program HUD ND 97-144

The American people want to provide housing assistance to low-income families in genuine need, but do not want to see their tax dollars wasted. Under a regulation that took effect in September of 1997, HUD barred landlords newly entering the Housing Choice Voucher program from renting to relatives. HUD will review this regulation to determine if it should be lightened further to also bar high-income landlords already in the program from collecting subsidies for renting to relatives. As a part of the review, HUD established guidelines defining "high income". We will not tolerate waste, fraud, or abuse in this or any other HUD program.

RESTRICTIONS ON LEASING TO RELATIVES

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

Signature of Owner

Date

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

Signature of Applicant/ Tenant

Date

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

Signature of Owner

Date

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

Signature of Applicant/Tenant

Date

WARNING: Section 1001 of Title 18 of the US Code makes it a CRIMINAL OFFENCE TO MAKE WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS ON ANY Department or Agency of the US as to any matter within its jurisdiction.

CERTIFICATE OF AUTHORITY

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

Name and Address of Agency/Authorized Person

is designated as the authorized representative of:

Property Owner's Name and Address

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

___ Enter into written agreements on my behalf

___ Receive monies and make disbursements

___ Have repairs made to my unit(s) as required

Special Instructions:

Signature of Authorized Person

Date

.....
On this ___ day of _____, _____, I, _____, owner of

_____ hereby designate _____

to represent me and the aforementioned entity as indicated above.

Signature of Owner

Date

Notary Public Signature

Notary Public Printed Name

NOTARY STAMP/SEAL

County

Ark-Tex Council of Governments

Date: _____

Dear Landlord:

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

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

Thank you for your interest in our program.

Sincerely,

Housing Program Staff

Enclosures

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

Signature: _____ Telephone #: _____

County where the unit is located: _____

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

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

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

RENTAL SURVEY FORM
ARK-TEX COUNCIL OF GOVERNMENTS
 4808 Elizabeth St.
 P.O. Box 5307
 Texarkana, Texas 75505-5307
 (903) 832-8636

Please complete the following information and return form to our agency, if you would like your name to be placed on our landlord list.

Please sign: _____ Date: _____

Owner's Name: _____

Unit Address: _____
 Street _____ State _____ Zip Code _____

Owner's Phone No: _____ Agents Phone No: _____

Unit Type: _____ Construction Date (estimation): _____

Square Footage: _____ Number of Bedrooms: _____

Number of Bathroom: _____

Any utilities furnished by the Landlord? YES NO

List: _____

Any appliances furnished by the Landlord? YES NO

Handicapped accommodating: YES NO

PLEASE CIRCLE ALL WHICH APPLY— Accessible to services such as stores, schools, medical facilities, fire protection, police/sheriff services, recreational parks.

Most recent rent amount charged? \$ _____

Amenities: (Check) _____ Washer & Dryer Connections

_____ Dishwasher

_____ Garbage Disposal

_____ Carpet — Where: _____

_____ Drapes or Mini-blinds or Shades

_____ Fenced Yards

_____ Patios/Balconies

_____ Fireplace

_____ Air Conditioning

_____ Central Air _____ Window Unit

_____ Heating (Type available) _____

_____ Storm Windows

_____ Screens

Facilities: _____ Clubrooms

Maintenance Services:

_____ Covered Parking

Lawn Care: _____

_____ Pool

Maintenance Personal _____

_____ Playground

_____ Laundry Facilities (On Site)

Has unit been remodeled: Yes ___ No ___ If yes, please list all improvements made in the unit in the past five years, including the building exterior. Use the back of this form for additional space. If you have any questions and/ or need additional information, please feel free to call the ATCOG, Texarkana Office.



CHECKLIST OF PAGES THAT WE NEED RETURNED

- COMPLETED W-9 FORM
- COMPLETED DIRET DEPOSIT AUTHORIZATION
- COMPLETED RESTRICTIONS ON LEASING TO RELATIVES
- COMPLETED DISCLOSURE OF LEAD BASED PAINT
- COMPLETED RENTAL SURVEY FORM
- COPY OF DEED/PURCHASE PAPERWORK