

Moving Packet Request for Tenancy Approval (RTA)

- INSTRUCTIONS FOR PROGRAM PARTICIPANT
- INSTRUCTIONS FOR LANDLORD, IMPORTANT NOTICE REGARDING ID NUMBERS AND SAMPLE FORM

FORMS INCLUDED IN PACKET:

- 1. Request for Tenancy Approval (RTA)
- 2. Disclosure of Information on Lead-Based Paint and Lead-based Paint Hazards
- 3. Owner Rent Reasonableness Certification
- 4. Landlord Payment Information
- 5. Form W-9
- 6. Move-In Move-Out Checklist
- 7. Inspection helpful hints

Paquete de Mudanza Petición para la Aprobación de Tenencia (RTA)

- INSTRUCCIONES PARA EL PARTICIPANTE DEL PROGRAMA
- INSTRUCCIONES PARA EL DUEÑO, INFORME IMPORTANTE EN RESPECTO A NUMEROS DE IDENTIFICACION Y FORMAS MUESTRA

FORMULARIOS INCLUIDOS EN EL PAQUETE:

- 1. Request for Tenancy Approval [Petición para la Aprobación de Tenencia] (RTA)
- 2. Disclosure of Information On Lead-Based Paint and Lead-Based Paint Hazards [Declaración de Información Sobre Pintura A Base De Plomo y/o Peligros De La Pintura A Base De Plomo]
- 3. Owner Rent Reasonableness Certification [Certificación del Arrendador Sobre Renta Razonable]
- 4. Información para el dueño sobre pagos
- 5. Forma W-9 (para el dueño)
- 6. Move-In Move-Out Checklist [Lista Verificando La Condición Del Apartamento]
- 7. Lista útil de Inspección



PROGRAM PARTICIPANT INSTRUCTIONS

STEPS YOU NEED TO FOLLOW WHEN YOU ARE INTERESTED IN MOVING INTO A NEW APARTMENT UNIT

The following list was developed to help explain the necessary steps you need to take to be able to successfully move and to help ensure that you avoid any unnecessary problems:

- 1. <u>YOU MUST BE ELIGIBLE TO MOVE</u> If you have not lived in your current apartment for at least 12 months you are not eligible to transfer your Section 8 to a new apartment. If you have an outstanding damage claim or unpaid rent claim you are also prevented from moving.
- 2. <u>YOU MUST PROVIDE 30 DAY PROPER NOTICE</u> You are required to provide your current landlord with a proper 30 day written notice of your intention to vacate your apartment. You also need to provide a copy of this notice to your representative at Imagineers. All notices must be received 30 days prior to the first day of the month in which you are interested in initiating a new lease.
- **3.** <u>YOU MUST PICKUP A MOVING PACKET</u> You will need to pickup a "Request for Tenancy Approval" (RTA) packet in which you and your new landlord both need to completely fill out, sign, submit the necessary documents, and then return to Imagineers. The RTA packet includes the following forms:
 - (1) Request for Tenancy Approval (RTA)
 - (2) Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards
 - (3) Owner Certification of Rent Reasonableness
 - (4) Landlord Payment Information and
 - (5) W-9 form for landlord to fill out and sign
 - (6) Move-In Move-Out Checklist
 - (7) Inspection helpful hints
- 4. YOU MUST RETURN THE MOVING PACKET BEFORE THE DEADLINE DATE You will need to return the "Request for Tenancy Approval", "Owner Rent Reasonableness Certification", and "Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards", forms before an inspection can be scheduled. These forms must be filled-out completely and signed by both you and your new landlord to be accepted. To insure that all the necessary inspections can be scheduled and that you have enough time to move, these forms must be returned to your Imagineers representative or to the front desk no later than the 19th calendar day of the month. The 19th calendar day of the month is the last day for which you will be able to request an inspection for the subsequent month.

Many apartments do not pass the initial inspection and will need to be re-inspected. When possible it is best to submit the RTA as far in advance of the deadline as you can. The earlier the RTA is submitted the earlier the initial inspection (and possible re-inspection) can be scheduled. The second to last business day of each month is the last day we will be conducting any reinspections of new units. We take these steps to insure you have the time to make the necessary arrangements to move into your new apartment (turn on utilities, set up movers, etc.). In addition, it allows us the required time to process the paperwork needed to make payments to your new landlord in a timely basis. When the apartment finally passes inspection your Program Representative will have you sign the necessary paperwork so that you can occupy the apartment. You should also know that you alone are responsible for the new landlord's security deposit requirements. Be sure to use the move-in/move-out checklist to record the condition of your new apartment before you take occupancy. This form might protect you later if there is a dispute about the original condition of the apartment.

5. YOU MUST PROPERLY VACATE YOUR OLD APARTMENT - After your new unit is approved, there are several simple steps to take that will help ensure you remain in good standing on the Section 8 program and that you get back security deposit money that you are entitled to. First, be sure that you turn over your keys and completely vacate your old apartment no later than the last day of the month. It is best if you schedule a time to meet with your landlord to turn over the keys to the apartment. You should also be present when the landlord inspects the apartment so that you will understand what the landlord might be claiming as damages. Remember, it is your responsibility to clean the apartment equal to the condition in which you accepted the unit, minus normal wear and tear of a normal tenancy. If you are expecting that the security deposit will be returned to you, then provide your forwarding address to your landlord (preferably in writing).

If you have any specific questions about using your Section 8 Voucher to move into a new unit or about the necessary steps described above, please call your Program Representative at 522-1028. Thank you.



INSTRUCCIONES PARA EL PARTICIPANTE DEL PROGRAMA

PASOS QUE USTED NECESITA SEGUIR CUANDO LE INTERESA MUDARSE A OTRO APARTAMENTO

La siguiente lista le ayudara comprender los pasos necesarios que usted tiene que tomar para mudarse con buen éxito y evitar problemas innecesarios:

- 1. <u>USTED TIENE QUE SER ELEGIBLE</u> Si usted no ha vivido en su presente apartamento por 12 meses, usted no es elegible para transferir la Sección 8 a otro apartamento. Adicionalmente, no es elegible para mudarse si usted tiene un reclamo pendiente o debe renta.
- 2. <u>USTED TIENE QUE PROVEER LA CARTA DE LOS 30 DIAS DE AVISO</u> Se requiere que usted entregue por escrito una carta avisándole a su presente arrendador de su intención de mudarse y una copia del aviso a su consejero de Imagineers. Cada carta de aviso se tiene que recibir con 30 días de anticipación antes del día primero del mes en que le interesa empezar un nuevo arrendamiento (lease).
- 3. <u>USTED TIENE QUE RECOGER UN PAQUETE DE MUDANZA</u> Usted necesita recoger un paquete titulado "Request for Tenancy Approval" {RTA}-[Petición Para la Aprobación de Tenencia] que usted y su nuevo arrendador tienen que firmar y regresar a Imagineers. El paquete incluye los siguientes papeles:
 - 1 Petición para la Aprobación de Tenencia (RTA)
 - 2 Declaración de Información Sobre Pintura a Base de Plomo y/o Peligros de la Pintura a Base de Plomo
 - 3 Certificación del Arrendador Sobre Renta Razonable
 - 4 Información para el dueño sobre pagos
 - 5 Forma W-9 (para el dueño)
 - 6 Lista Verificando La Condición Del Apartamento
 - 7 Lista útil de Inspección

4. <u>USTED TIENE QUE DEVOLVER EL PAQUETE DE MUDANZA ANTES DE LA FECHA FINAL</u> –

Usted necesita devolvernos el Paquete para nosotros poder facilitar la cita de inspección para su nuevo apartamento. Solamente aceptaremos el Paquete si todos las formas están llenadas completamente y firmados por usted y su nuevo arrendador. Para asegurarse de que todas las inspecciones necesarias para su nuevo apartamento se cumplan a tiempo y usted tenga suficiente tiempo para mudarse, usted tiene que entregarle el Paquete a su consejero/a de Imagineers o a las recepcionistas del frente antes del día 19 de cada mes. Es sumamente importante que se recuerde que el 19 de cada mes es el último día en que usted puede pedir una inspección para el mes siguiente.

Algunos apartamentos no pasan la primera inspección y necesitan re-inspeccionarse. Si es posible, es mejor someter el Paquete mucho mas antes del día 19 para evitar problemas y demoras. El segundo del último día de negocio de cada mes es el ultimo día que estaremos realizando re-inspecciones de nuevas unidades. Tomamos estos pasos para asegurarle que tenga el tiempo de hacer los arreglos necesarios para cambiarse a su nuevo apartamento (para facilitar mudanza, utilidades, etc.). Además, nos permite el tiempo requerido para procesar el papeleo necesario para hacer los pagos a su nuevo arrendador en una base oportuna. Cuando el apartamento por fin pase inspección, su consejero/a le hace firmar todo el papeleo necesario para que usted pueda ocupar el apartamento. Recuerde que usted es la persona responsable por el depósito de seguridad del nuevo apartamento. Asegúrese de usar el "Move In-Move Out Checklist" que registra la condición de su nuevo apartamento antes de ocuparlo. Este papel puede proteyerlo/a mas tarde si hay una controversia sobre la condición original del apartamento.

5. <u>USTED TIENE QUE DESOCUPAR SU PRESENTE APARTAMENTO APROPIADAMENTE</u> –

Después que su apartamento nuevo sea aprobado, hay varios pasos que usted tiene que tomar para mantenerse en buena posición en el programa de la Sección 8 y para obtener el regreso de su deposito de seguridad. Primero, sin falta devuélvale las llaves al arrendador y desaloje completamente su presente apartamento antes del ultimo día del mes. Es mejor de hacer una cita con el arrendador para entregarle las llaves. También debe de estar presente cuando el arrendador inspeccione el apartamento para poder entender lo que el arrendador pueda construir como daños al apartamento.

Recuerde, es su responsabilidad de dejar el apartamento en la misma condición en que lo acepto cuando se mudo, menos el desgasto normal debido al uso. Si usted espera que el arrendador le devuelva el deposito de seguridad, entonces usted debe de proveerle su nueva dirección (preferible por escrito).

Si usted tiene preguntas sobre como usar su Vale (Voucher) de la Sección 8 para mudarse o los pasos necesarios antedicho arriba, favor de llamar a su Consejero/a al 522-1028. Gracias.



LANDLORD INSTRUCTIONS

When you decide that you would like to lease your unit to a Section 8 program participant, your prospective tenant must contact the Program Representative assigned to his/her case and obtain a "Request for Tenancy Approval" (RTA) packet. The RTA packet includes the following forms:

- (1) Request for Tenancy Approval (RTA). This form confirms both you and your tenant's commitment to enter into a lease agreement. It also will trigger an inspection date for the apartment unit. Please fill this form out completely including "Owner's Certifications" Section 12. (*This form must be signed by you and the tenant.*)
- (2) Disclosure of Information on Lead-Based Paint and Lead-based Paint Hazards. This form discloses known information about the presence of lead-based paint in the apartment unit you are interested in renting. The pamphlet "Protect Your Family from Lead in Your Home" referred to in the lead disclosure form is also included in the RTA packet. (*This form must be signed by you and the tenant.*)
- (3) Owner Rent Reasonableness Certification. This form is intended to require the landlord to certify that the rent requested is reasonable in relation to comparable unassisted units. (This form must be signed by the landlord.)
 - Before an inspection is scheduled, the contract rent will be reviewed by our Quality Assurance Manager to determine if it is reasonable in relation to comparable unassisted units and supportable by rent survey data. Any rent approved as reasonable is still considered conditional pending the final outcome of the physical inspection of the property. If the contract rent is not approvable or supportable by our rent survey data, you will be afforded the opportunity to substantiate the requested rent by either furnishing back to us a copy of your rent roll or providing other rent survey data that supports the requested rent is reasonable in relation to other comparable unassisted units.
- (4) Landlord Payment Information. This notice explains the reason why we need verification of the identification number that is needed for the IRS 1099 Form at the end of the tax year. You must <u>submit</u> a copy of your Social Security Number card or the SS4 form issued by the IRS along with Form W-9 and a copy of either the deed or the current tax bill on the property <u>directly to</u> the program participant's <u>housing representative</u> <u>at Imagineers</u>. See Notice for complete details.
- (5) Form W-9. This form is to be filled out completely and signed by the landlord in order to generate housing assistance payments. Please follow the directions on the form. Make sure to write in the name of the program participant at the top of the form and send directly to the program participant's housing representative. (This form must be signed by the landlord.)
- (6) Move-In Move-Out Checklist. This form is intended to record the move-in condition of the prospective apartment prior to occupancy. While the use of this form is not mandatory, it is highly recommended. (*This form must be signed by you and the tenant to be valid.*)
- (7) Inspection helpful hints. This form is intended to give both the program participant and the landlord an overview of interior and exterior items that will be checked during the inspection process.

Before an inspection can be scheduled, the "Request for Tenancy Approval", the "Owner Rent Reasonableness Certification", and the "Disclosure of Information on Lead-Based Paint and Lead-based Paint Hazards" forms must be completely filled-out, signed by both you and the tenant and returned to Imagineers. Once this requirement is met, our Scheduling Coordinator will contact you to schedule an inspection for the unit. Many apartments will not pass the first inspection and will need to be inspected a second time. To ensure that all the necessary inspections can be scheduled and that you have enough time to correct any repairs needed, these forms must be returned to the Program Representative or to the front desk no later than the 19th calendar day of the month. It is important to remember that the 19th calendar day of the month is the last day for which your new tenant will be able to request an inspection for the subsequent month. It is best to submit the RTA as far in advance of the deadline as possible. The earlier the RTA is submitted the earlier the initial inspection (and possible reinspection) can be scheduled. The second to last business day of each month is the last day we will be conducting any reinspections of new units. We take these steps to insure your tenant will have the time to make the necessary arrangements to move into their new apartment (turn on utilities, set up movers, etc.). In addition, it allows us the required time to process the paperwork needed to make payments to you in a timely basis.

When the apartment finally passes inspection, the Program Representative will have you sign the necessary paperwork and by then you must submit your identification number information along with Form W-9 and a copy of either the deed or the current tax bill on the property so that your tenant can occupy the apartment. Imagineers will notify you and the tenant as to whether or not the unit and the lease meet program requirements. The tenant should not move into the unit until it passes inspection. Imagineers will not make any payments until the apartment passes inspection and we have all the necessary paperwork.

You must submit all required verifications and original paperwork (i.e. signed leases, housing assistance payments contract, etc.) to the assigned Program Representative's office within 60 days of the effective date of the lease/contract. No retroactive payments will be made beyond the 60-day period.

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)

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. This Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the US Housing Act (42 USC 1437f). Form is only valid if it includes an OMB control number. HUD is committed to protecting the privacy of individual information stored electronically or in papeer 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.

T. Name of Public	Housing Agency (PHA)			2. Address of U	nit (street address, apartment	#, city, State & zip code
3. Requested Lease Star	t Date	4. No. of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amount	8. Date unit available for inspection:
□ Low-rise apartmen	•	er) 🗆 High-rise			le □ Row House/Townhouse □ Manufactured Home (mob	,
☐ Section 202 ☐ S☐ Other (Describe other	ection 221(d)(3)(BMIR) subsidy, including any State or local	□ Section 236 (In sudsidy):			515 Rural Development 🗆 🗎	
indicated by a "T".	. Unless otherwise specified b	elow, the owner sha			The tenant shall provide or pay refrigerator and range/microwave.	<u> </u>
<u>ITEM</u>	SPECIFY FUEL	TYPE				Paid by
Heating	□ Natural Gas	□ Bottled gas	s □ Electric	□ Heat Pump	o □ Oil □ Oth	ner
Cooking	□ Natural Gas	□ Bottled gas	s 🗆 Electric	3	□ Other	
Water Heating	□ Natural Gas	□ Bottled Ga	s 🗆 Electric	e 🗆 Oil	□ Other	
Other Electric						
Water	Is there any one in t	he household	who is heari	ng impaired?	No Yes	
Sewer						
Trash Collection	Number of children	in household	under the ag	ge of 6:	-	
Air Conditioning	Number of children	in household	with elevate	d blood level:		
Other (Specify)	-					Provided by
Refrigertor	**FOR VACANT UN	ITS: Landlord	must have uti	lities on for ins	pection.	
Range/Microwave		If not, in	spection cann	<u>ot</u> be conducted	d. Thanks	
a. The program regulation	on requires the PHA to certify	that the rent charge	d to the housing cl	noice voucher tenan	t is not more than the rent charged	d for other unassisted
comparable units. Ow	vners of projects with more that Address and Unit Number	ın 4 units must com	plete the following	Date Rented	cently leased comparable unassist	ted units within the premise
1)						
3)	l					
b. The owner (including	a principal or other interested	party) is not the pa	rent, child, grandp	arent, grandchild, si	ster or brother of any member of ying leasing of the unit, notwithst	the family,
relationship, would p	rovide reasonable accommoda					anding such
c. Check one of the follo	owing: aint disclosure requirements de	o not annly becouse	this property was	built on or ofter Ion	110my 1 1079	
					common areas have been found t	o he lead-based
					federally accredited State certification	
☐ A completed	statement is attached containing	ng disclosure of kno	wn information or	lead-based paint ar	nd/or lead-based paint hazards in	
-	inted surfaces, including a state		1		1 1	
	reened the family's behavior or ust include word-for-word all				wn responsibility.	
	ge for inspection of the unit an				ved.	
Print or Type Name of	f Owner or Owner Represent	tative		Print or Type N	Name of Household Head	
Owner/Owner Represe	entative Signature			Signature (Hou	sehold Head)	
Business Address				Present Address of	Family (street, apartment no, city, Stat	te, & zip code)
Telephone Number			Date	Telephone Numbe	er	Date
Previous editions are obsolete						HUD-52517 (7/20

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. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention. Property Address of Unit: Unit Number: Street Address: City/Town: Zip Code: Was this property constructed prior to 1978? Yes No **Property Owner's Disclosure** You must initial \mathcal{D} or \mathcal{D} below; whichever applies to your property: Property owner has knowledge of lead-based paint and/or lead-based paint hazards in the housing (explain): 2 Property owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing. You $\underline{\text{must}}$ initial \mathcal{Q} or \mathcal{Q} below; whichever applies to your property: ① Property owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below): ② Property owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing. Tenant's Acknowledgment (You must initial below that which applies to you): Tenant has received copies of all information listed above. Tenant has received the pamphlet Protect Your Family from Lead in Your Home. 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. Property Owner/Agent Date 1 Tenant Date FOR MORE INFORMATION For a copy of Protect Your Family From Lead in Your Home, the sample disclosure forms, or the rule, call the National Lead Information Clearinghouse (NLIC) at (800)424-LEAD, or TDD (800)526-5456 for the hearing impaired. You may also send your request by fax to (202)659-1192 or by Internet E-mail to ehc@cais.com. Visit the NLIC on the Internet at http://www.nsc.org/nsc/ehc/ehc.html. Bulk copies of the pamphlet are available from the Government Printing Office (GPO) at (202) 512-1800. Refer to the complete title or GPO stock number 055-000-00507-9. The price is \$26.00 for a pack of 50 copies. Alternatively, persons may reproduce the pamphlet, for use or distribution, if the text and graphics are reproduced in full. Camera-ready copies of the pamphlet are available from the National Lead Information Clearinghouse.

- For specific questions about lead-based paint and lead-based paint hazards, call the National Lead Information Clearinghouse at (800)424-LEAD, or TDD(800)526-5456 for the hearing impaired.
- The EPA pamphlet and rule are available electronically and may be accessed through the Internet.
 Electronic Access: Gopher: gopher.epa.gov:70/11/Offices/PestPreventToxic/Toxic/lead_pm

WWW: http://www.epa.gov/docs/lead_pm

http://www.hud.gov Dial up: (919)558-0335

FTP: ftp.epa.gov (to login, type "anonymous." Your password is your Internet E-mail address.)

WPC-47 Revised: 10/97

OWNER'S CERTIFICATION OF RENT REASONABLENESS

roperty address:			
	1130 1 8		
s reasonable in relation to rents currently			
lso certify that I am not charging a high		-	-
or a tenant who is not. I can support the		ging based on the folic	Willig Illioilliation.
(Please check and fill out where approp	oriate)		
I am currently charging the s rental assistance.	ame rent for a	similar unit to a tenant	that is not receiving Federal or State
This unit was recently rented rental assistance.	l for the same a	amount to a tenant who	was not receiving Federal or State
I am charging this rent based address:	l on rents being	g charged for a compar	able property located at the following
4 There are a total of	units in t	he building.	
By accepting each monthly housing assi requested, that the rent to owner is not n premises. The owner must give the HA units in the premises or elsewhere.	nore than rent	charged by the owner f	or comparable unassisted units in the
Owner's Signature:			Date:
PLEASE FILL OUT THE BOTTOM HALF			
PLEASE FILL OUT THE BOTTOM HALF	OF THIS FORM		NK YOU.
PLEASE FILL OUT THE BOTTOM HALF	OF THIS FORM (Address)	M COMPLETELY. THA	NK YOU. (Phone No.)
PLEASE FILL OUT THE BOTTOM HALF (Name of Owner/Agent)	OF THIS FORM (Address) Rooms:	Year Constructed:	NK YOU. (Phone No.) Contract Rent:
PLEASE FILL OUT THE BOTTOM HALF (Name of Owner/Agent) Number of Bedrooms: Number of I HOUSING TYPE: (check as appropriate)	OF THIS FORM (Address) Rooms: Family	Year Constructed:	(Phone No.) Contract Rent: row house & garden apts High Rise; 5 or More Sto
PLEASE FILL OUT THE BOTTOM HALF (Name of Owner/Agent) Number of Bedrooms: Number of I HOUSING TYPE: (check as appropriate)	OF THIS FORM (Address) Rooms: Family	Year Constructed: Family (i.e. 2/3 three family, condo, D. BATH Built-in heat lamp Large mirrors Glass door on sho Separate dressing Double sink or sp	(Phone No.) Contract Rent: row house & garden apts High Rise; 5 or More Sto
PLEASE FILL OUT THE BOTTOM HALF (Name of Owner/Agent) Number of Bedrooms: Number of I HOUSING TYPE: (check as appropriate)	OF THIS FORM (Address) Rooms: Family	Year Constructed: Family (i.e. 2/3 three family, condo, D. BATH Built-in heat lamp Large mirrors Glass door on sho Separate dressing Double sink or sp Exceptional size in	(Phone No.) Contract Rent: row house & garden apts High Rise; 5 or More States and the states are states as a second contract to needs of family
PLEASE FILL OUT THE BOTTOM HALF (Name of Owner/Agent) Number of Bedrooms: Number of I HOUSING TYPE: (check as appropriate)	OF THIS FORM (Address) Rooms: Family	Year Constructed: -Family (i.e. 2/3 three family, condo, D. BATH Built-in heat lamp Large mirrors Glass door on sho Separate dressing Double sink or sp Exceptional size of Other: E. OVERALL CHARAGE Storm windows Other forms of we Screen doors Good upkeep of g Garage or parking Driveway Large yard	(Phone No.) Contract Rent: row house & garden apts High Rise; 5 or More St wer/tub room ecial lavatory elative to needs of family CTERISTICS Storm doors eatherization (e.g. insulation, weather stripping) Screen windows grounds (i.e. site cleanliness, landscaping, condition of lawn) gracilities
PLEASE FILL OUT THE BOTTOM HALF (Name of Owner/Agent) Number of Bedrooms: Number of I HOUSING TYPE: (check as appropriate) Single Check as many items as are found in the unit A. LIVINGROOM High quality floors or wall coverings Balcony, patio, deck, porch Special windows or doors Exceptional size relative to needs of family Other: B. KITCHEN Dishwasher Separate freezer Garbage disposal Eating counter/breakfast nook Pantry or abundant shelving or cabinets High quality cabinets Abundant counter-top space Modern appliance(s)	OF THIS FORM (Address) Rooms: Family	Year Constructed: -Family (i.e. 2/3 three family, condo, D. BATH Built-in heat lamp Large mirrors Glass door on sho Separate dressing Double sink or sp Exceptional size in Other: E. OVERALL CHARAC Storm windows Other forms of we Screen doors Good upkeep of g Garage or parking Driveway Large yard Good maintenance	(Phone No.) Contract Rent: row house & garden apts High Rise; 5 or More State of Invertub room ecial lavatory elative to needs of family CTERISTICS Storm doors eatherization (e.g. insulation, weather stripping) Screen windows grounds (i.e. site cleanliness, landscaping, condition of lawn) gracilities



IMPORTANT NOTICE

Landlord Payment Information

We will need the following information on file in order to generate prompt payment to you. Housing Assistance Payments are disbursed on the 4th business day of each month. <u>Please submit this information directly to the housing representative of your potential tenant.</u>

- 1.) A completely filled out and signed W-9 form. (See attached) please place Tenant's name on form where indicated.
- 2.) *A copy of the SS4 form issued by the (IRS) if the taxpayer is using an employer identification number (EIN). (See attached sample).

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- A legible copy of the Social Security card if the taxpayer is using his/her Social Security Number (SSN).
- 3.) A copy of either the deed or the current tax bill on the property.

*We require a signed W-9 form and separate verification of your EIN or SSN before we can make payment. We do this in order to ensure that the 1099 form that we will generate and submit to the IRS has correct information. We also do this to reduce the possibility of owners being subject to back-up withholding and/or penalties for submitting incorrect information to the IRS.

The information you provide is kept confidential and is strictly used for the purpose of verifying that the correct names, social security numbers and employer identification numbers are submitted to the IRS and to ensure back-up withholding and/or penalties are prevented.

We appreciate your cooperation. Thank you



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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					
Print or type. Specific Instructions on page 3.	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Cl following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC		y one of the rust/estate	4 Exemption certain entition instructions (es, not indi on page 3):	viduals; see
ype	١	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	ership) ►			0 0000 (0.	
Print or type c Instruction		Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin is disregarded from the owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of the single-member o	wner. D owner o	f the LLC is	Exemption fr code (if any)	om FATCA	reporting
ecifi	١	Other (see instructions)			(Applies to accour	nts maintained (outside the U.S.)
Sp	5	Address (number, street, and apt. or suite no.) See instructions.	Reque	ester's name a	and address (c	ptional)	
See							
	6	City, state, and ZIP code					
	7	List account number(s) here (optional)					
Pai	t I	Taxpayer Identification Number (TIN)					
		ur TIN in the appropriate box. The TIN provided must match the name given on line 1 to a		Social sec	curity number		
reside entitie	nt s, i	vithholding. For individuals, this is generally your social security number (SSN). However, alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other t is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> o					
TIN, la		he account is in more than one name, see the instructions for line 1. Also see <i>What Name</i>	and	Or Employer	identification	number	
		To Give the Requester for guidelines on whose number to enter.	anu		-		
Par	t II	Certification		•			
Unde	pe	enalties of perjury, I certify that:					
2. I ar Sei no	n n vic lon	umber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because: (a) I am exempt from backup withholding, or (to e (IRS)) that I am subject to backup withholding as a result of a failure to report all interest ger subject to backup withholding; and) I have	e not been n	otified by the	e Internal	
O 1		II O a Company and a Character O and a company of the Company of t					

- 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 for Part II, later.

	or abandonment of secured property, cancellation of debt, contributions to an individual interest and dividends, you are not required to sign the certification, but you must provide the certification.	
Sign Here	Signature of U.S. person ▶	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, later.

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 par Inerships. 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.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien,
- 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions, $\,$
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details), $\,$

- 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons, Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding, If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- DBA name on line 2.

 e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

SAMPLE LETTER THAT YOU WOULD HAVE GOTTEN FROM THE IRS ASSIGNING YOU YOUR EIN # THAT YOU APPLIED FOR.

PLEASE SUPPLY US WITH A COPY OF YOUR IRS LETTER, Thankyou.

IRS DEPARTMENT OF THE TREASURY 11742-9003/ HOLTSVILLE

Date of this notice: 10-18-20

ASSIGNED.

Employer Identification Number > XX - XX X X X X X

Number of this notice: CP 575

For assistance you may call us CONTACT #3

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

002012.145754.0011.001 1 MB 0.309 702

MR./MRS. J. DOE 123 ANY STREET ANY TOWN, ANY STATE, ZIP CODE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN XX-XXXXXX. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

- * * Keep a copy of this notice in your permanent records.
 - Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents. Thank you for your cooperation!

MOVE-IN MOVE-OUT APARTMENT CHECKLIST

PROPERTY ADDRESS:									
Bedroom Size:Program Representative:									
FENANT NAME:HOME PHONE:			OWNER: HOME PHONE:						
		Σ;		HOME PHOP	NE:		WORK:		
Check or Circle One Condition Fo									
A. <u>LIVINGROOM</u> 1. Electrical Hazards	CONDIT Commen								
2. Security	Commen	us:							
3. Window Condition		Fair 🛮	Good Co	mments:					
4. Ceiling Condition	□Poor	□ Fair	☐ Good	Comments: _					
5. Wall Condition	□Poor	□ Fair		Comments:			 		
6. Floor Condition	□Poor	□ Fair	☐ Good	Linoleum/Car	pet/Hardwood	Other:			
B. KITCHEN									
1. Electrical Hazards	Commen	ıts:							
2. Security	Commen	ıts:							
3. Window Condition			Good Co	mments:					
4. Ceiling Condition	□Poor	□ Fair	□ Good	Comments:					
5. Wall Condition6. Floor Condition	□Poor □Poor	□ Fair □ Fair		Comments:	4/TT11	O41			
7. Stove/Range/Oven	Owner o			Flectric Comm	pei/naruwoou ents:	Other:			
8. Refrigerator	Owner of		Comm	nents:					
9. Sink	□Poor	□ Fair	☐ Good	Comments:					
10. Food Storage/Prep	□Poor	□ Fair	☐ Good	Comments:					
C. <u>BATHROOM</u>	C	4							
 Electrical Hazards Security 	Commen	ils:							
3. Window Condition			Good Cor						
4. Ceiling Condition	□Poor	□ Fair	□ Good	Comments:					
5. Wall Condition	□Poor	□ Fair	□ Good						
6. Floor Condition	□Poor	□ Fair	☐ Good						
7. Tub/Shower	□Poor	□ Fair	□ Good	Comments:					
8. Wash Basin	□Poor	□ Fair	□ Good	Comments:					
9. Toilet Unit	Commen								
10. Ventilation	Window	Fan	Comments	S:					
D. <u>BEDROOM #1</u>	Right	Center	Left	Front	Center	Rear	Floor Level:		
1. Electrical Hazards	Commen	ıts:							
2. Security	Commen	us:							
3. Window Condition4. Ceiling Condition	□Poor □ I	Fair □ □ Fair	Good Good	Comments:					
5. Wall Condition	□Poor	□ Fair		Comments:			·		
6. Floor Condition	□Poor	□ Fair	□ Good	Linoleum/Car	net/Hardwood	Other:			
o. Tion condition	□1 001		□ G00 u	Emoleum car	pennarawood	Other			
E. BEDROOM #2	Right	Center			Center	Rear	Floor Level:		
1. Electrical Hazards	Commen	its:							
2. Security	Commen	its:							
3. Window Condition			Good	Comments:					
4. Ceiling Condition5. Wall Condition	□Poor □Poor	□ Fair □ Fair	□ Good	Comments: _					
6. Floor Condition	□Poor	□ Fair		Linoleum/Car	net/Hardwood	Other:			
o. Theoreomation	D1 001	□ I un	□ 000 u	Emoleum cur	peullarawood	ouner			
E. BEDROOM #3	Right	Center			Center	Rear	Floor Level:		
Electrical Hazards Security	Commen	its:							
 Security Window Condition 		ıts: Fair							
4. Ceiling Condition	□Poor	raır ⊔ □ Fair	Good ☐ Good	Comments:					
5. Wall Condition	□Poor	□ Fair		Comments:					
6. Floor Condition	□Poor	□ Fair		Linoleum/Car	pet/Hardwood	Other:			
			_ 554						
ENERAL HEALTH AND SAF	ETY								
Vorking Smoke Detectors Present		No	/ 11	- C :					
ire Exits ccess to Unit	Acceptal Acceptal	ne Ui ole II₁	nacceptabl naccentabl	e Comments:					
arbage and Debris	Acceptable	Unacc	eptable (Comments:					
efuse Disposal (Min. 2 garbage cans/unit)	Acceptab	le U1	nacceptabl	e Comments:					
tairs/Halls	Acceptal	ole Ui	nacceptabl	e Comments:					
nterior Air Quality ite/Neighborhood Conditions	Acceptab	ole Ui	nacceptabl	e Comments:					
vidence of Infestation	Acceptal Acceptal	ole Ui	nacceptabl nacceptabl	e Comments:					
	-								
CERTIFICATION: I hereby cert									
checklist can be used to assess the copy of this checklist.	e validity of c	naims of	uamages t	to this apartment.	1 enant, Landle	ora and Pro	gram Kepresentative should k		
opy of mis encential.									
ENANT SIGNATURE:							DATE:		

OWNER/MANAGEMENT SIGNATURE: _____ DATE: _____

MOST COMMON VIOLATIONS AND/OR SUGGESTIONS FOR A SUCCESSFUL APARTMENT INSPECTION

Below is list of helpful hints that will increase the effectiveness and efficiency of the inspection process:

1. We strongly recommend that:

- a) you inspect your unit in advance of any scheduled inspection; and
- b) you correct any violations or deficiencies that exist, which may cause the unit to fail and as a result have the housing assistance payments delayed, held or abated.
- 2. <u>Deteriorated Paint</u> The regulation requires Imagineers, as part of its initial and annual inspection process, to identify any deteriorated paint (peeling, chipping, chalking or cracking) surfaces. Such surfaces include not just the interior of the dwelling, but also all exterior surfaces regardless of height from the ground (example: awning and window casing/sills & wells) and any common areas that are associated with the dwelling (ex: porches, garages, sheds, interior hallways and stairways). The rule requires that <u>ALL</u> deteriorated paint be stabilized (repairing substrate/removing loose paint and repainting). The painted surfaces need to be intact. Repair of the deteriorated surfaces must be performed in accordance with "safe work practices". Please make sure that all paint chips throughout property are removed.
- 3. **Smoke Detectors** Each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, on each level of the dwelling unit (including basements). The smoke detector must be located, to the extent practicable, in a hallway adjacent to a bedroom. Smoke detectors shall be mounted on the ceiling at least 4 inches from a wall or on a wall with the top of the detector not less than 4 inches nor more than 12 inches below the ceiling. Where bedrooms are located directly adjacent to the kitchen (no hallway), the smoke detector should be installed inside the bedroom. If the unit is occupied by a hearingimpaired person, special compliance requirements need to be followed. We recommend that you speak to the inspector prior to the installation of any visual alarm for the hearing impaired.

Fire alarm inspection report (NFPA 72 Fire Alarm Report) should be submitted upon request.

- 4. Windows All windows must open and close easily and, also be able to stay open at various heights. Window panes should not be cracked or missing. Window locks need to function properly. If the windows have ropes (sash cord), the ropes must be intact. Bars on windows should be in compliance with Fire Code requirements.
- 5. <u>Doors</u> All doors must open and close easily. They cannot stick or hit the door-frames (need to be properly adjusted). All latches must work correctly. Door knobs must be secured and on both sides of the door. Hatchway doors must open, close, lock and unlock easily without a key or tool.
- 6. **Dead Bolt Locks** No double key locks are allowed. Locks must have latches on the inside. One must be able to unlock the door from the inside without a key or any type of tool. All locks must lock fully and have strike plates. Doors leading to exterior of unit (ground level) or common hallway should have a dead bolt lock.
- 7. **Plumbing** No leaks from faucet handles or gas trap (under sink) in bathroom or kitchen. Showerhead must function properly (no leaks). Shower diverter must work correctly (ex: the shower and faucet are not working at the same time).
- 8. Stairways with Four or More Steps A handrail must be in place and extend the entire length of the staircase where four or more consecutive steps are present. Wherever the tenant has access, inside or outside of the unit including cellars and attics.
- 9. Light Switches and Outlets Must have cover plates. Cannot be cracked, painted over, broken or have gaps around the plate. Plugs must be flush with the plate and wall. GFCI outlets present in the unit will be tested using the test/reset button to determine if it is functioning properly. Three pronged outlets must be grounded or protected by a GFCI at another outlet that is upstream from the ungrounded outlet or can be replaced with a GFCI outlet.
- 10. Lighting Fixtures All light fixtures and covers must be properly working and secured. No gaps around
- 11. <u>Painting</u> If the unit needs painting, it should be done.
 12. <u>Carpets</u> Must be clean and in good condition.
- 13. *Common Hallways and Exterior* Must be free of garbage and debris.
- 14. Heat and Hot Water Systems To chimney in basement must be properly vented (no crumbling or gaps in vents), maintained and in good working condition. All hot water heaters must have a temperature-pressure relief valve and a discharge line.
- 15. Utilities in unit must be turned on
- 16. Unit should be vacant
- 17. Pathways, sidewalks and driveways Should not be unsound or hazardous (no crumbling or major gaps).
- 18. Basement Must be free of flammable material and gas powered equipment.