



PSH | Permanent Supportive Housing Program

Landlord Information Packet

LANDLORD INFORMATION PACKET

This packet contains the following:

- Overview of the Permanent Supportive Housing (PSH) Program
- Request for Tenancy Approval
- Lead Warning Statement
- Request for Taxpayer Identification, W-9 for Payee
- Payment Authorization Form
- HQS Landlord Tip Sheet

Please read the overview carefully and follow the instructions on each form to complete them properly. If you have any questions or need assistance, please contact our office or visit our website at www.hominc.com

The Permanent Supportive Housing Program is operated and administered in accordance with the Partner's program rules and applicable federal, state and local regulations and requirements.

— The HOM Team



OVERVIEW OF THE HOM, INC. PERMANENT SUPPORTIVE HOUSING PROGRAMS

INTRODUCTION

HOM, Inc. operates Permanent Supportive Housing programs on behalf of Non-Profit Partners (Partners). The rental assistance provided by these programs is for low-income households who are homeless and have a disabling condition. The Programs are similar to the HUD Section 8 Housing Choice Voucher Program in several ways; however, they are **not Section 8** and **there are differences**.

This Overview is intended to serve as a brief summary and explanation of the major components of the **Permanent Supportive Housing Programs** as administered/managed by HOM. The information provided in this Overview is subject to applicable federal regulations for these programs and the Partners' program rules. These materials are available for your review at the HOM office Monday through Friday during normal business hours.

TENANT BASED RENTAL ASSISTANCE

The Permanent Supportive Housing program is similar to the HUD Section 8 Housing Choice Voucher Program in several ways. Participants in the HOM Permanent Supportive Housing program are assisted in locating a dwelling unit of their choice in the community that meets program eligibility requirements. In order for the dwelling unit to be eligible for the program, the unit must pass a Housing Inspection in accordance with HUD standards, and the rent for the unit must be determined to be reasonable in comparison to other unassisted units similar in location, size, unit type, age, unit amenities and property facilities and does not exceed the established payment standards for the program.

Participants in the program are required to pay 30% of their adjusted monthly income towards the cost of rent and utilities. HOM calculates the participant's portion of rent in accordance with program guidelines. The remaining portion of the Contract Rent for the dwelling unit is subsidized by the program and is paid directly to the Landlord.

The program is a "Tenant Based" program, meaning that the HOM participant is the leaseholder and the sole Tenant for the dwelling unit. HOM enters into Housing Assistance Payments (HAP) Contracts with Landlords for the purpose of providing rental assistance to HOM clients and their authorized family members.

TENANT SELECTION

Landlords are encouraged to use their normal tenant selection criteria in considering HOM applicants for tenancy. We do ask that the landlords take into consideration each applicant's background issues and how their homelessness and/or disabling condition may have played a role in these matters. HOM only determines that the applicant is eligible to receive rental assistance in the Program according to program eligibility criteria. HOM does not screen program participants for suitability for tenancy. Such screening is the Landlord's responsibility.

NOTE: In accordance with Federal Fair Housing Laws, it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. A blanket policy of not accepting applicants with criminal convictions is a violation of Federal Fair Housing Laws.

Required Program Paperwork for Initial Lease-Up

Once the Landlord has approved the HOM applicant for tenancy, the Landlord and applicant must complete preliminary paperwork required to initiate a lease and HAP Contract. This paperwork includes but is not limited to:

- **Request for Tenancy Approval**
- **Lead Warning Statement**
- **Request for Taxpayer Identification, W-9 for Payee**
- **Direct Deposit Authorization**

This paperwork must be completed and submitted to HOM prior to the scheduling of an Inspection, payment of fees and deposits, and/or the execution of leases and HAP contracts. These forms should be sent directly to HOM either in person, by mail, email or fax.

PAYMENT OF DEPOSITS AND FEES

HOM will pay application fees, refundable and non-refundable deposits required for move-in for *new participants* in the Permanent Supportive Housing program. These fees will be paid with the first month's housing assistance payment following the proper execution and receipt of all required program paperwork, including the HAP Contract and lease. Acceptance of the subsidy rent does not constitute partial payment. Please see our blog at <https://www.hominc.com/new-law-partial-payments-and-housing-assistance-payments/>. Participants transferring from their first unit in the program to another unit may be required to pay the required fees and deposits themselves. All deposits and fees assessed must be the same as those assessed for unassisted tenants. HOM does **not** pay pet deposits.

All refundable deposits paid by HOM on behalf of the program participant are to be **refundable to HOM** at the termination of the lease in accordance with the Housing Assistance Payments (HAP) Contract and the Arizona Residential Landlord and Tenant Act (ARLTA).

INSPECTION REQUIREMENTS

The unit must **PASS** an inspection in accordance with HUD standards **BEFORE** we can approve the execution of a Housing Assistance Payments (HAP) Contract on behalf of the HOM participant. ***The landlord is responsible for ensuring that all utilities are on at the dwelling unit at the time of the initial inspection.*** Once the unit passes the initial inspection, please execute your standard lease with the tenant and send the lease to HOM. Following our receipt of the executed lease, we will email you:

- **HOM Housing Assistance Payments (HAP) Contract, with the Tenancy Addendum**

We will not process the payment for the required fees, deposits and/or housing assistance payment for the new Tenant until we have received executed signed copies of **all** required paperwork.

LEAD-BASED PAINT HAZARDS AND LANDLORD DISCLOSURE REQUIREMENTS

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Landlords are required to disclose the presence of any known lead-based paint and/or lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention. The EPA's *Protect Your Family from Lead in Your Home* pamphlet can be found by visiting our website at

https://www.hominc.com/wp-content/uploads/Protect_Your_Family_from_Lead.pdf

The **Lead Warning Statement** must be completed and signed by the Landlord and the Tenant, prior to the leasing and execution of a HAP Contract for the dwelling unit. HOM Inc. will also accept a lead-based paint addendum in a lease to satisfy this requirement. If you have any questions regarding Landlords' responsibilities and obligations regarding lead-based paint, please contact the HOM office. We have materials and information from HUD and the

EPA that we will provide you.

LEASE AND HOUSING ASSISTANCE PAYMENTS CONTRACT REQUIREMENTS

Landlords must execute their standard property Lease with the HOM participant. The term of the initial Lease must be for a full **year**. The HOM Tenancy Addendum (Part C of the HAP Contract) must be attached to and made a part of the Landlord's Lease.

The Subsidy Contract is the agreement between the Landlord and HOM. The purpose of the HAP Contract is to provide the terms and conditions in which subsidy will be provided. The HAP Contract contains the entire agreement between HOM and the Landlord. This Overview will summarize the major components of the HAP Contract; **for a full understanding reference the sample contract in this document or visit our Forms Central page at <https://www.hominc.com/az/form-central/>.**

ISSUES OF NON-COMPLIANCE DURING TENANCY

Each HOM participant is assigned a Housing Specialist at HOM who provides his/her client with assistance with housing issues during their participation in the program. In addition, most HOM participants receive case management and/or supportive services from partnering agencies. Case Managers and Supportive Service Providers, provide the Tenant with wrap-around supportive services so that they are able to successfully live independently in the community.

In the event that there are issues of non-compliance at the property with a HOM participant, the HOM Housing Specialists should be the Landlord's first point of contact. As the HOM participant is the leaseholder for the unit, all notices of non-compliance must be served directly to the HOM participant. However, all notices of non-compliance must also be provided to HOM at the time that they are served to the Tenant and may be done via fax or email. At that time, the appropriate Housing Specialist will contact the Landlord to get more information about the incident(s).

For participants who have received a non-compliance notice and have a Case Manager and/or receive Supportive Services, the HOM Housing Specialist will contact the provider and, if appropriate, request that an informal meeting, or staffing, be scheduled to address the issue(s) of non-compliance. At that time, the clinical team and HOM will meet with the client and assess the situation and provide clarification, education, and recommendations for correction of the breach of the lease agreement. These staffings typically defray problems before they lead to further notices of non-compliance or an actual eviction of the Tenant.

When necessary, however, eviction proceedings against HOM participants must be initiated according to the Arizona Residential Landlord and Tenant Act (ARLTA). HOM takes great care to ensure that HOM clients are afforded their rights under the ARLTA, and that eviction proceedings are instituted properly and lawfully.

INTERIM AND ANNUAL ADJUSTMENTS TO THE TENANT'S PORTION OF RENT

On an interim and annual basis HOM participants are required to recertify their continued eligibility in the HOM Rental Assistance Programs. Upon interim or annual re-examinations, HOM will recalculate the Tenant's portion of rent. Changes in the Tenant's portion of rent will be provided to the Tenant and Landlord in a one-page amendment to the existing HAP Contract. The amendment will provide the new Tenant Rent and Housing Assistance Payment to the Landlord and the effective date of the change. The Tenant's portion of rent is determined by HOM, and HOM only, and it is a violation of the HAP contract to charge any additional amounts for rent or any other items not specified in the Lease that have not been specifically approved by HOM.

ANNUAL INSPECTIONS

HOM is required to conduct an inspection in accordance with HUD standards for all dwelling units on an annual basis. The annual inspection is conducted to determine whether the dwelling unit continues to meet Federal Inspection

Standards. HOM will notify both the Landlord and Tenant of the Inspection date in writing at least 48 hours prior to the inspection date. HOM requests support from the Landlord to facilitate a smooth inspection. ***It is the participants' responsibility to provide access to the dwelling unit for the inspection.*** If the Inspector cannot gain access to the unit, the inspection automatically fails, and the re-inspection will be scheduled within a thirty-day period.

Upon completion of the inspection, the Inspector will email a copy of the Inspection Report to the Landlord. There are three possible ratings for dwelling units:

1. **PASS** - If the unit passes the Inspection, no additional work is required by the Landlord.
2. **PASS WITH COMMENT(S)** - If the unit passes with comments, the Inspector recommends that the participant should submit written work orders to the landlord for items that need attention. These items do not fail the unit, however, are noted on the Inspection Report.
3. **FAIL** - If the unit fails the Inspection, the Landlord is required to correct all deficiencies in the unit within a specified time period. Deficiencies that cause the unit to fail for material health and safety require immediate correction and re-inspection within 24 hours. All other deficiencies require correction within 30 days. The Inspector will specify the re-inspection date on the notice of re-inspection. ***Landlords are responsible to provide Tenants with proper written 48-hour notices of intent to enter in order to complete any necessary work in order to correct deficiencies.***

The Inspector will re-inspect the unit on the date specified on the Inspection Notice to determine whether the deficiencies have been corrected. If the deficiencies are not corrected at the re-inspection, the Inspector will fail the unit again, and will begin the Abatement process.

NOTE: HUD is in the process of establishing new inspection guidelines (NSPIRE), that will change the ratings and criteria. For more information regarding NSPIRE please visit <https://www.hud.gov/reac/nspire>

ABATEMENT

If a dwelling unit fails an Inspection and re-inspection, while the tenant resides in the unit, after the specified correction period, the Housing Assistance Payment for that unit will be abated. HOM will send to the Landlord, both certified and first-class mail the **Notice of Abatement for Noncompliance with Inspection Standards**. The abatement period begins the 1st day of the month following the month that the unit fails the re-inspection and continues until the Landlord corrects all deficiencies and makes arrangements with HOM to re-inspect the unit. Once the unit passes the re-inspection, the abatement period ends. The Housing Assistance Payment for the unit for the following rental period will be reduced on a pro-rated basis according to the number of days that the unit did not meet inspection standards. ***Abatements of Housing Assistance Payments are non-recoupable.***

ANNUAL LEASE RENEWALS

The term of initial Lease must be for a **One Year** period. Landlords are required to provide both the Tenant and HOM a notice of intent to renew or not renew the Lease at least sixty (60) days prior to the expiration of the lease. At that time, Landlords are allowed to request an increase in the Contract Rent amount for the dwelling unit. Requests for rent increases will be processed using several factors in determining approval. These factors include HUD Fair Market Rents, current trends in the rental market, and a Rent Reasonableness test to ensure that the proposed Contract Rent does not exceed rents charged for unassisted units similar in location, size, unit type, age, unit amenities, and property facilities. Rent adjustments are made on an anniversary basis only, and the landlord is not eligible to request an increase in the Contract Rent until the anniversary date of the prior rent increase.

Once any rental increases are approved, HOM will provide a one-page amendment to the existing HAP Contract and Lease to establish the new Contract Rent. Landlord must provide HOM a copy of the executed Lease renewal with the Tenant.

We will not process the Housing Assistance Payment for the renewal month of the Lease until an executed copy of Landlord's lease is returned to HOM.

MOVE-OUTS AND DAMAGE CLAIMS

Once the Tenant vacates the dwelling unit, the Landlord must notify the HOM Housing Specialist immediately of the vacancy. At that time, by request only, an Inspector will arrange to conduct a move-out inspection of the unit typically within 48 hours of the Landlord's notification of move-out. The Inspector will complete a move-out inspection and email the results to the Landlord. The Damage Claim and Vacancy Loss Worksheet are available on the HOM website at <https://www.hominc.com/form-central/> for the Landlord to complete and submit to HOM for reimbursement for damages and vacancy loss.

PSH	Move-Out	HOM Damage Claim and Vacancy Loss Worksheet	Landlord
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If the security deposit is insufficient, or the owner did not collect a security deposit, the owner may claim reimbursement from HOM for an amount not to exceed the lesser of 1) the amount owed the owner after application of any security deposit; or 2) one month's rent to the owner. The Program may also provide up to one (1) month's Contract Rent to be paid for vacancy loss for the unit if the unit remains vacant beyond the last day of the month that the Tenant vacated prior to lease expiration. **Damage Claims will not be processed without a move-out inspection conducted by the HOM Inspector.**

TERMS AND CONDITIONS OF THE PROGRAM

This Overview is intended merely as a brief summary of the major components of the Program. The HOM Housing Assistance Payments Contract and Tenancy Addendum contain the entire agreement between the Landlord, Tenant, and HOM. The program is implemented in accordance with applicable federal regulations pertaining to these programs and in accordance with the Partners' program rules. These documents are available at the HOM office for the Landlord's review Monday through Friday during normal business hours.

Please feel free to contact the office at (602) 265-4640 (1-877-466-4621) if you have any questions regarding the program. We will be happy to answer any of your questions. Thank you for your cooperation!



HOM

Inspections Landlord Tip Sheet

Following is a list of items that frequently cause Inspections to fail. We recommend that you conduct your own inspection of the unit prior to the HOM Inspection to ensure that your unit is ready.

Make sure that all utilities, including electricity, gas, and water are on in the unit prior to the inspection!

Electrical

- ◆ Improper types of wiring, connections, or insulation
- ◆ Wires lying in or located near standing water or other unsafe places
- ◆ Missing light fixtures such as globes or other covers
- ◆ Missing or cracked cover plates on switches or outlets
- ◆ Exposed fuse box connections
- ◆ Smoke detectors must be installed and operational

Plumbing

- ◆ Missing or incorrectly installed discharge lines on water heaters – discharge line must be directed toward the ground (with the flow of gravity) and must extend to within 6 inches from the ground
- ◆ Jammed or inoperable garbage disposals
- ◆ Missing valve handles
- ◆ Leaky water fixtures and/or showerheads
- ◆ Plugged drains for sinks, tubs, commodes

Windows and Doors

- ◆ Windows that are designed to be opened that do not lock - Thumb locks are acceptable
- ◆ Broken or cracked windows and/or windowpanes
- ◆ Bathroom doors that do not lock
- ◆ Window coverings that do not operate as designed – i.e., mini blinds, vertical blinds, etc.
- ◆ Doors / doorknobs that are unaligned, do not latch, and/or are missing the striker plate
- ◆ Cracked or broken door jambs

Flooring

- ◆ Carpet / vinyl that is lifted or damaged creating a tripping hazard

Kitchen / Appliances

- ◆ Inoperable burners on stove
- ◆ Knobs or handles missing on stoves and refrigerators

Exterior

- ◆ Chipped and/or peeling paint
- ◆ Dilapidated fences and/or gates
- ◆ Debris and overgrowth of grass and shrubbery

All design elements must be present and operate as designed!

If you have questions about the Inspection process, please contact our office at 602-265-4640 or 1-877-HOMINC1 or visit our web site at www.hominc.com. Re-inspections for failed units cost time and money for you, the tenant and HOM, Inc. Help all of us by making sure your unit will pass the Inspection the first time!

*** HUD is in the process of establishing new inspection guidelines (NSPIRE). For more information regarding NSPIRE please visit <https://www.hud.gov/react/nspire> ***



Dear Landlord:

The pages following this notice can be found on our website at www.hominc.com/form-central/. Most forms can be downloaded and filled in using Word. Some are pdf fillable forms. Please visit our website and use the online versions.

At this point in time, the forms must be scanned and emailed back to the Housing Specialist you are working with.

<i>Prior to Lease Execution</i>	
<i>Required Documents</i>	<i>Potentially Requested Documents</i>
<input type="checkbox"/> Request for Tenancy Approval	<input type="checkbox"/> Redacted Leases
<input type="checkbox"/> Move in Cost Sheet	<input type="checkbox"/> Ownership Information
<input type="checkbox"/> Lead Warning Statement	<input type="checkbox"/> Property Management Agreement
<input type="checkbox"/> Payment Authorization Form	<input type="checkbox"/> Zoning/Permit Information
<input type="checkbox"/> Voided Check or Bank Letter	
<input type="checkbox"/> W-9 for Payee	
<i>After Lease Execution</i>	
<i>Required Documents</i>	<i>Potentially Requested Documents</i>
<input type="checkbox"/> Executed Lease Agreement	<input type="checkbox"/> Tenant Ledger
<input type="checkbox"/> Signed HAP Contract	
<input type="checkbox"/> Tenant Notices	
<input type="checkbox"/> Security Deposit Disposition - Move Out	
<input type="checkbox"/> Lease Addendums	

We highly recommend completing these forms thoroughly and, in their entirety, to avoid delays in processing and payment. HOM cannot process payment until we receive correct lease that aligns and signed HAP. Please reach out to HOM Inc. with any additional questions.

Thank you for your assistance.

— The HOM Team





Request for Tenancy Approval
Tenant-Based Rental Assistance

Prospective Tenant Name

The *Request for Tenancy Approval* must be completed and executed by the owner or his/her agent and the prospective tenant in order to initiate rental assistance on behalf of the participant. HOM, Inc. uses the information collected in these pages to determine program eligibility for the owner, unit, and lease. **All pages must be delivered to HOM Inc. by email to the assigned housing specialist, regular mail, in person or via fax at (602) 265-4680.** Your assistance and cooperation are greatly appreciated.

1. Property/ Unit Information

Complex Name:		City:	
Street Address:		Zip Code:	
Unit #			
Floor Plan Name:		Number of Units on Property:	
<input type="checkbox"/> Non-Renovated		<input type="checkbox"/> Semi-Renovated	
<input type="checkbox"/> Fully Renovated			
Date Avail for Inspection	Lease Start Date	Lease End Date	# Bedrooms
			# Bathrooms
			Year Built
			Square Footage
<i>Lease must be a minimum of 12 months ending on the last day of the month</i>			

2. One-time up front or initial fees

Fee Description	Amount	Property Notes	FOR HOM USE ONLY
Application Fee	\$		
Refundable Security Deposit	\$		
Security Deposit Alternative	\$		Not available in California
Non-Refundable Fee	\$		
Pet Deposit	\$		Pet deposits will NOT be paid by the program

3. Monthly Fees ** Please list all Mandatory fees charged to ALL Tenants**

Fee Description	Amount	Property Notes	FOR HOM USE ONLY
Base Rent	\$		
Flat rate - Water	\$		Only list if rate does not change
Flat rate - Sewer	\$		Only list if rate does not change
Flat rate - Trash	\$		Only list if rate does not change
Flat rate - Electric	\$		Only list if rate does not change
Flat rate - Gas	\$		Only list if rate does not change
Internet/Cable	\$		
Valet Trash	\$		
Facilities	\$		
Pool Service Fee	\$		
Technology Package	\$		
Rental Insurance	\$		Not Covered In California
Parking Fee	\$		
Storage Unit	\$		
Mail/Parcel Locker Service Fee	\$		
Pet Rent	\$		Pet rent or fees will NOT be paid by the program
Other: _____	\$		
Rental Concessions/Move in Special	\$		
Total Contract Rent	\$	*PLEASE PROVIDE MOVE-IN COST SHEET*	
Inspection Instructions (i.e. Gate code/Lockbox code)			



4. Type of House / Apartment:

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Semi-Detached / Row House	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Elevator/High-Rise
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5. If this unit is subsidized, indicate the type of subsidy:

<input type="checkbox"/> Section 202 or 811	<input type="checkbox"/> Section 221 (d)(3)(BMIR)	<input type="checkbox"/> Section 236 (Insured or noninsured)	<input type="checkbox"/> Section 515 Rural Development	<input type="checkbox"/> HOME	<input type="checkbox"/> Tax Credit (LIHTC)	<input type="checkbox"/> Other (Specify):
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6. Management Structure

<input type="checkbox"/> Owner Operated	<input type="checkbox"/> Management Company (Please include Property Management Agreement)
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7. Utilities and Appliances:

The owner shall provide or pay for the utilities and appliances indicated below by checks in the "Owner" boxes. The tenant shall provide or pay for the utilities and appliances indicated below by checks in the "Tenant" boxes. Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Electric	Natural Gas	Propane	Utility Billing			Utility Providers
				Included in Rent	Billed to Tenant on Usage	Tenant Pay Third Party Provider	
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric Provider:
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural Gas Provider:
Other Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Check): <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Evaporative Cooling				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Provider:
Water				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Well Water	<input type="checkbox"/> Public	<input type="checkbox"/> Private		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Private Well Water, Is it Filtered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Provider:
Trash Collection				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Area Maintenance				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appliance: Range	<u>Provided By -></u>			<input type="checkbox"/> Owner		<input type="checkbox"/> Tenant	Sanitation Provider:
Appliance: Refrigerator	<u>Provided By -></u>			<input type="checkbox"/> Owner		<input type="checkbox"/> Tenant	
Other (Specify):				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

8. Amenities and Facilities: Please check the applicable unit amenities and property facilities for the dwelling unit

Unit Amenities		Property Facilities	
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Double Sinks (Bathroom)	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Patio	<input type="checkbox"/> Racquetball Court	<input type="checkbox"/> Lighted Walkways
<input type="checkbox"/> Microwave	<input type="checkbox"/> Balcony	<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Covered Parking
<input type="checkbox"/> Ceiling Fan(s)	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Basketball Court	<input type="checkbox"/> Community Grills
<input type="checkbox"/> Walk-In Closet(s)	<input type="checkbox"/> Double-Paned Windows	<input type="checkbox"/> Jacuzzi	<input type="checkbox"/> Security Patrol
<input type="checkbox"/> Vaulted Ceilings	<input type="checkbox"/> Cable Ready	<input type="checkbox"/> Laundry Facilities	<input type="checkbox"/> Elevators
<input type="checkbox"/> Track Lighting	<input type="checkbox"/> New Appliances	<input type="checkbox"/> Weight Room	<input type="checkbox"/> Close to Bus Line
<input type="checkbox"/> French Doors	<input type="checkbox"/> Washer / Dryer	<input type="checkbox"/> Club House	<input type="checkbox"/> Close to Shopping





Request for Tenancy Approval

Tenant-Based Rental Assistance

Prospective Tenant Name:

9. Owner's Certifications:

By executing this request, the owner certifies that:

a. The person completing and executing this request for tenancy approval is the legal owner or the legally designated agent for the above referenced unit and the applicant / prospective tenant has no ownership interest in the dwelling unit whatsoever. The owner or agent understands that HOM, Inc. will verify ownership of the unit through the county assessor's office, however, may request additional information to verify ownership if necessary.

Please provide a copy of the property management agreement if the unit is being managed by an agent.

b. The family members listed on the proposed lease agreement as approved by HOM, Inc. are the only individuals permitted to reside in the unit. Neither the owner nor the agent is permitted to live in the unit while receiving housing assistance payments for the unit.

c. The most recent rent charged for the above dwelling unit was \$ _____ per month. This rent included the following utilities:

- Heating Cooking Water Heating
 Cooling Other Electric
 Water Sewer Trash

The reason for any *difference* between the prior rent and the proposed rent for this lease is:

d. The owner understands his obligations in compliance with the Housing Assistance Payments (HAP) Contract to perform necessary maintenance, so the unit initially meets and continues to comply with housing quality standards.

e. The amount of the security deposit requested is in compliance with state and local law. The tenant's portion of the monthly rent to the owner is determined by HOM, Inc. and it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by HOM, Inc.

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

g. A completed Lead Warning Statement is attached containing disclosure of any 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.

h. The owner has received a copy of the Overview of the HOM, Inc. Rental Assistance Programs.

HOM, Inc. has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

i. The owner's lease must include word-for-word all provisions of the Tenancy Addendum.

j. HOM, Inc. will arrange for an inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

k. Requested rent is comparable to non-subsidized market tenants.

Applicant Signature Required for Mainstream

Business Name of Property or Name of Owner / Owner Representative		Name of Applicant / Family	
Signature	Date	Signature(s)	Date
Business Address		Present Address of Family	
Fed Taxpayer ID # or Soc. Sec #:			
Telephone Number ()		Telephone Number ()	
Fax Number ()		Other Telephone Number ()	
E-Mail Address		E-Mail Address	





**Request for Tenancy Approval
Tenant-Based Rental Assistance**

Prospective Tenant Name:

10. Rent Reasonableness:

Properties with more than four (4) comparable units must complete the following section using units leased within the past 12 months, unsubsidized, "market rate" units within the premises. Owners of individual properties may also submit comparables with validated supported documentation.

Comparable Unit #1

FOR HOM USE ONLY

Address and Unit Number		# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	Utility Allowance	Gross Rent
						\$	\$	\$
Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling/Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Water	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Other Electric (Lights)				<input type="checkbox"/>	<input type="checkbox"/>	Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

Comparable Unit #2

FOR HOM USE ONLY

Address and Unit Number		# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	Utility Allowance	Gross Rent
						\$	\$	\$
Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling/Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Water	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Other Electric (Lights)				<input type="checkbox"/>	<input type="checkbox"/>	Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

Comparable Unit #3

FOR HOM USE ONLY

Address and Unit Number		# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	Utility Allowance	Gross Rent
						\$	\$	\$
Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling/Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Water	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Other Electric (Lights)				<input type="checkbox"/>	<input type="checkbox"/>	Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

RENT REASONABLENESS DETERMINATION – FOR HOM USE ONLY

Subject Unit: Address and Unit Number	Unit Size	Square Footage	Requested Contract Rent	Utility Allowance	Gross Rent
			\$	\$	\$

In accordance with 24 CFR Part 982.507, I certify that, based upon the information provided by the owner in Section 18 above, the requested Contract Rent is reasonable. (Reference Notice PIH 2003-12)

HOM Representative Signature

Title

Date





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 managed 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/or lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention. In lieu of completing this form Landlords may submit an unexecuted lease addendum that covers lead-based paint to satisfy this requirement.

LANDLORD DISCLOSURE	
<input type="checkbox"/> Property was built after 1978. Lead Disclosure does not apply. (Please initial here and sign form below)	_____(initial)
CHECK ONE OF THE FOLLOWING BOXES AND INITIAL HERE:	
1. Presence of lead-based paint or lead-based paint Hazards	_____(initial)
<input type="checkbox"/> Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____ _____	
<input type="checkbox"/> Landlord has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.	
CHECK ONE OF THE FOLLOWING BOXES AND INITIAL HERE:	
2. Records and reports available to the Landlord (check one below):	_____(initial)
<input type="checkbox"/> Landlord 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). _____ _____	
<input type="checkbox"/> Landlord has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.	
TENANT ACKNOWLEDGMENT	
3. Tenant has received copies of all information listed above.	_____(initial)
4. Tenant has received the pamphlet <i>Protect Your Family From Lead in Your Home</i> .	_____(initial)
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	Date
Tenant	Date





**HOUSING ASSISTANCE PAYMENTS
AUTHORIZATION FORM**

The purpose of this form is to collect necessary Payment Recipient Information for the entity receiving payments under HOM, Inc. Rental Assistance Programs. Once completed, this form can be returned to the assigned Housing Specialist at HOM Inc., by email to landlordengagement@hominc.com, regular mail, in person or via fax at (602) 265-4680.

Property Information	
Property Name (if applicable)	Property Street Address (not necessarily unit address)
Email (for program correspondence)	Phone Number (for program correspondence)

Property Manager Information (if managed) *Please Attach Property Management Agreement*	
Name of Property Management Company	Mailing Address
Contact Name	Contact Title
Contact Email Address	Contact Phone Number

Property Owner Information		
Name of Property Owner, as recorded at the County Assessor	DBA (if applicable for payment information)	
Mailing Address	Email Address	Phone Number

Payment and Account Information	
Payment Account Owner (Select One) <input type="checkbox"/> Property Owner* <input type="checkbox"/> Property Management * <input type="checkbox"/> Trust Account on behalf of Owner *	Payee Name (as it appears on bank account)
Name for Payment Remittance (HOM, Inc. payments will be made payable to this name)	Contact Name for Payments
Address for Payment Remittance (HOM, Inc. payments will be mailed to this address)	Contact Phone Number for Payments
City, State, ZIP Code	Contact Email Address for Payments

Taxpayer Identification Number of Payee, SNN or EIN

Provide W-9 for the Payee

Financial Institution Name	
Routing Number (<u>NOT</u> the number on the direct deposit slip)	Account Number
Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Depository <input type="checkbox"/> Paper Check	Supporting Documentation Provided (Required; Select One) <input type="checkbox"/> Voided Check <input type="checkbox"/> Bank Letter

1099 Information
 All Entities who receive more than \$600 in payments a 1099 form will be mailed to the payee in accordance with IRS.
 Must be associated with payment account

AUTHORIZATION AGREEMENT

I hereby authorize HOM, Inc. to deposit Housing Assistance Payments (HAP) by electronic funds transfer (EFT) into the account with the Financial Institution indicated above. The information above is complete and true to the best of my knowledge. I attest that I am a legal representative of the property and entities listed above. This authority is to remain in full force and effect until HOM, Inc. has received written notice to terminate this authorization.

Authorized Signature	Date
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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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they