

LANDLORD INFORMATION PACKET

This packet contains the following:

- Overview of the Rapid Re-Housing (RRH) 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 Rapid Re-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. RAPID RE-HOUSING PROGRAMS

INTRODUCTION

HOM, Inc., administers tenant-based rental assistance programs in our community for our homeless neighbors in partnership with several local nonprofit organizations. These programs assist individuals and families experiencing ***homelessness*** to secure and retain permanent, affordable rental housing in the community and to achieve greater levels of self-sufficiency, independence, recovery and overall improved quality of life.

This Overview is intended to serve as a brief summary and explanation of the major components of the **RAPID RE-HOUSING PROGRAM (RRH)**. The information provided in this Overview is subject to applicable program guidelines and state and federal regulations for these programs. The materials are available for your review at the HOM, Inc. office Monday through Friday during normal business hours.

RAPID RE-HOUSING

There are three levels of assistance in Rapid Re-Housing Programs:

- First level - ***Housing Relocation and Stabilization Financial Assistance***.
    - Under this level, rental application fees and deposits can be paid for eligible households receiving assistance.
- Second Level - ***Short Term Rent & Utility Assistance.***
    - This level *may* be combined with the first level of assistance and includes up to 100% of the rental and/or utility amount for eligible households for up to 3 months.
- Third Level - ***Medium Term Rent and Utility Assistance***
    - Rental and/or utility assistance may extend beyond 3 months after a re-examination of the household's income and determination of eligibility and need. Households contribute a percentage of the contract rent for the unit. HOM provides rental assistance payments to the landlord for the balance.
    - The goal of the program is to provide rental assistance and services to re-stabilize the household so that they are able to maintain housing stability at the end of the assistance period. Assistance levels may be capped (depending on the funder) in both the amount of assistance that can be received and the time frame for receiving the assistance.

At no time will HOM, Inc. be responsible for any RRH Households rent or utility charges beyond what is approved on the Rapid Re-Housing Authorization for Financial Assistance Form which attached to this Landlord Information Packet. Should a RRH Household be approved for continuing assistance under the Medium Term Assistance, the Landlord will be provided a written notification by HOM, Inc. stating the amount of rent and/or utility assistance that will be paid along with the time frame for the assistance.

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**
- **Ownership Verification**
- **Request for Taxpayer Identification, W-9 for Payee**
- **Payment 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

Application fees, refundable and non-refundable deposits required for move-in for approved households in the RRH program will be paid by HOM Inc. These fees will be paid following the proper execution and receipt of all required program paperwork, including the approved and executed lease. 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 households are to be **refundable to tenant** at the termination of the lease in accordance with 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 the lease. ***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, Inc. Following a passed inspection, we will **email** you:

- A Move-In Breakdown and Confirmation Form
- the **HOM Rental Assistance Agreement (RAA)**

Please execute the RAA and email it back to HOM, Inc. along with a copy of your properly executed lease with the tenant.

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 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 Rental Assistance Agreement 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 Rental Assistance Agreement is the contract between the Landlord and HOM. The purpose of the Rental Assistance Agreement is to is to provide the terms and conditions in which subsidy will be provided. The Rental Assistance Agreement contains the entire agreement between HOM and the Landlord. This Overview will summarize the major components of the Rental Assistance Agreement; ***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 RRH household is assigned a Case Manager with a Supportive Service Provider. The Case Managers provide the Tenant with supportive services so that they are able to obtain and maintain housing stability in the community. It will be important for you, as the landlord, to establish contact with the Case Manager and obtain their contact information at or before move in should you have any issues of non-compliance during tenancy.

In the event that there are issues of non-compliance at the property with a RRH participant, the Supportive Services Provider Case Managers are the Landlord's first points of contact. As the RRH household is the leaseholder for the unit, all notices of non-compliance must be served directly to the RRH Household. ***However, all notices of non-compliance must also be provided to HOM at the time that they are served to the Tenant.***

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

ADJUSTMENTS TO THE TENANT'S PORTION OF RENT

The tenant portion of the rent for the unit will change during the term of the assistance. Changes in the Tenant's portion of rent will be provided to the Tenant and Landlord in writing as an amendment to the Rental Assistance Agreement. 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 RAA 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 Subsidy 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.***

TERMS AND CONDITIONS OF THE PROGRAM

This Overview is intended merely as a brief summary of the major components of the Program. The HOM Rental Assistance Agreement contains 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!

NSPIRE LANDLORD TIP SHEET

Preparing for HOM Inspections

NSPIRE organizes inspection findings into three inspectable areas:

UNIT
Individual apartments or dwelling units

INSIDE
Shared interior spaces and centralized building systems

OUTSIDE
Grounds, parking, amenities and exterior building components

COMMON AREAS ARE NOW INCLUDED

Gyms, lobbies, hallways, stairs, offices, community rooms, recreational spaces and other shared areas may be inspected.
(Applies to HOM housing programs but is not a policy change initiated solely by HOM.)

BEFORE THE INSPECTION

- [ ] Make sure electricity, gas and water are on.
- [ ] Inspect every area residents can access: Unit, Inside and Outside.
- [ ] Prioritize health and safety concerns, especially Life-Threatening deficiencies.
- [ ] Respond promptly to resident concerns and maintenance requests.
- [ ] Review previous findings and confirm every repair was completed.
- [ ] Conduct routine property and quality-control inspections.

BEST PRACTICES

- [ ] Know current NSPIRE standards, deficiency levels, and repair timelines before inspections.
- [ ] Use HUD checklists and job aids to identify common deficiencies and repair timelines.
- [ ] Prioritize alarms, moisture and mold, infestations, and handrails or guardrails.
- [ ] Review past findings, verify repairs, and conduct routine quality-control inspections.
- [ ] Confirm design elements are present and working as intended; check current HUD guidance before each inspection.

KNOW THE DEFICIENCY LEVELS

LIFE-THREATENING	SEVERE	MODERATE
Correct within **24 HOURS**	Correct within **14 DAYS**	Correct within **30 DAYS**

HIGH-PRIORITY NSPIRE FOCUS AREAS

SMOKE & CARBON MONOXIDE ALARMS
New requirements for installation, type, location, and number of alarms

MOLD-LIKE SUBSTANCES
Inspectors may use specialized equipment to detect elevated moisture and mold-like substances.

PESTS & INFESTATIONS
The inspection process covers more than roaches and bedbugs, with different repair times based on severity.

HANDRAILS & GUARDRAILS
Updated requirements and repair timeframes, including handrails on both sides of certain ramps.

INSPECTION-READY CHECKLIST

Common items to review before an NSPIRE inspection

ELECTRICAL & ALARMS

- [ ] Smoke detectors: non-removable 10-year battery or hardwired; one per level, one in each room, and one within 21 feet of the bedrooms.
- [ ] Confirm required GFCI/AFCI protection within 6 feet of water sources, where applicable.
- [ ] Correct exposed fuse-box connections, missing panel blanks and damaged/missing outlet or switch covers.
- [ ] Make sure habitable rooms have required outlets and/or light fixtures.

PLUMBING

- [ ] Repair leaking fixtures and clear plugged drains.
- [ ] Toilets must be present, unclogged and fully operational.
- [ ] Check the water-heater TPR valve and properly installed discharge line ending approximately 2-6 inches above the ground.

WINDOWS, DOORS & FLOORS

- [ ] Windows designed to open must close securely and lock; replace broken glass and missing weather stripping.
- [ ] Doors must close, latch and lock; repair damaged doors, frames, thresholds and trim.
- [ ] Repair lifted carpet/vinyl, hazardous cracked tile and uneven flooring that creates a trip or cutting hazard.

Reminder: All design elements present must operate as designed.

Review previous findings and conduct routine inspections year-round.

KITCHEN & COOLING

- [ ] All stove burners must operate and the oven must produce heat; replace unsafe missing components.
- [ ] Refrigerator: 32-40°F. Freezer: below 10°F.
- [ ] Mechanical A/C: habitable rooms at 82°F or lower. Evaporative cooling: 86°F or lower.
- [ ] Check thermostats, vents, grilles, filters and installed components.

INSIDE / COMMON AREAS

- [ ] Inspect gyms, lobbies, hallways, stairs, offices, community rooms, laundry rooms, recreational areas and other shared spaces.
- [ ] Review centralized HVAC, domestic hot water, fire-safety equipment, lighting, exits, doors and accessibility components.
- [ ] Keep common areas clean, clear, secure and free from trip, fall, electrical, moisture and infestation hazards.

OUTSIDE

- [ ] Repair significant chipped or peeling paint and deteriorated exterior finishes.
- [ ] Check handrails, guardrails, fences and gates.
- [ ] Remove debris and control overgrown grass, weeds and shrubbery.
- [ ] Inspect parking lots, signage, curbs, ramps and walkways for damage and hazards.
- [ ] Review exterior amenities, walls, foundations, roofing, drainage and other accessible site components.

ASK  **SCHEDULE**  **PREPARE** 

The HOM Inspection Department is here to help with NSPIRE inspection questions and scheduling.

email: inspectiondepartment@hominc.com

For more information, visit the NSPIRE website at https://www.hud.gov/reac/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.

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

HOM	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: Street Address: Unit #	City: Zip Code:
Floor Plan Name:	Number of Units on Property:

☐ Non-Renovated	☐ Semi-Renovated	☐ Fully Renovated

Date Avail for Inspection	Lease Start Date	Lease End Date	# Bedrooms	# Bathrooms	Year Built	Square Footage
	Lease must be a minimum of 12 months ending on the last day of the month					

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:				
☐ Single Family Detached	☐ Semi-Detached / Row House	☐ Manufactured Home	☐ Apartment	☐ Elevator/High-Rise

5. If this unit is subsidized, indicate the type of subsidy:						
☐ Section 202 or 811	☐ Section 221 (d)(3)(BMIR)	☐ Section 236 (Insured or noninsured)	☐ Section 515 Rural Development	☐ HOME	☐ Tax Credit (LIHTC)	☐ Other (Specify):

6. Management Structure	
☐ Owner Operated	☐ Management Company **(Please include Property Management Agreement)**

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

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

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

HOM	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 toperform 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 memberwho 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 Fed Taxpayer ID # or Soc. Sec #:	Present Address of Family
Telephone Number ( )	Telephone Number ( )
Fax Number ( )	Other Telephone Number ( )
E-Mail Address	E-Mail Address

HOM	**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

Address and Unit Number	# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	FOR HOM USE ONLY: Utility Allowance	FOR HOM USE ONLY: Gross Rent
					$	$	$

Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	☐	☐	☐	☐	☐	Cooling/Air Conditioning	☐	☐
Heat Pump	☐	☐	☐	☐	☐	Water	☐	☐
Cooking	☐	☐	☐	☐	☐	Well Water	☐	☐
Water Heating	☐	☐	☐	☐	☐	Sewer	☐	☐
Other Electric (Lights)				☐	☐	Trash Collection	☐	☐

Comparable Unit #2

Address and Unit Number	# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	FOR HOM USE ONLY: Utility Allowance	FOR HOM USE ONLY: Gross Rent
					$	$	$

Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	☐	☐	☐	☐	☐	Cooling/Air Conditioning	☐	☐
Heat Pump	☐	☐	☐	☐	☐	Water	☐	☐
Cooking	☐	☐	☐	☐	☐	Well Water	☐	☐
Water Heating	☐	☐	☐	☐	☐	Sewer	☐	☐
Other Electric (Lights)				☐	☐	Trash Collection	☐	☐

Comparable Unit #3

Address and Unit Number	# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	FOR HOM USE ONLY: Utility Allowance	FOR HOM USE ONLY: Gross Rent
					$	$	$

Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	☐	☐	☐	☐	☐	Cooling/Air Conditioning	☐	☐
Heat Pump	☐	☐	☐	☐	☐	Water	☐	☐
Cooking	☐	☐	☐	☐	☐	Well Water	☐	☐
Water Heating	☐	☐	☐	☐	☐	Sewer	☐	☐
Other Electric (Lights)				☐	☐	Trash Collection	☐	☐

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 inthe 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
☐ 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)
☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).
_____
_____
☐ 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)
☐ Landlord has provided the Tenant with all available records and reports pertaining to lead-based paint and/orlead-based paint hazards in the housing (list documents below).
_____
_____
☐ 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 *Protect Your Family From Lead in Your Home*.	_____(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) ☐ Property Owner* ☐ Property Management * ☐ 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	

<u>*Provide W-9 for the Payee*</u>

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

1099 Information

All Entities who receive more than the current IRS threshold 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**

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions)

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 . . . . . ☐

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)

(Applies to accounts maintained outside the United States.)

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.

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.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

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

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

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*.

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