

**VERMILLION
HOUSING
AUTHORITY**

LANDLORD PACKET
(Request for Tenancy Approval Instructions)

Dear Landlord:

Vermillion Housing Authority extends a warm welcome and thank you for participating in the Housing Choice Voucher Program. In this letter you will find the information and instructions necessary for Vermillion Housing to proceed with processing the Section 8 Voucher Assistance.

The following forms must be completed by you and returned to Vermillion Housing Authority. When completing the forms please indicate "n/a" if an area is not applicable:

- Request for Tenancy Approval
- Addendum to Request for Tenancy Approval
- Property Manager/Landlord/Owner Representative Address Information
- W-9 (***must be returned to be processed***)

Please return the above completed documents to Vermillion Housing Authority.

After receiving the completed forms Vermillion Housing will:

- Review the Landlord Packet to ensure that it has been completed thoroughly and check for signatures on all required pages.
- Ensure the rent and utilities "Gross Rent" is within the applicant's calculation limit.

Once the applicant's file is processed and approved:

- Vermillion Housing will send the Housing Assistance Payment (HAP) contract to the landlord for signature. This original paperwork is to be returned as soon as possible.
- Upon receipt of the signed HAP contract and signed lease, payment from Vermillion Housing should be issued with the next monthly check run. We do not pay for partial months, so our first payment would be for the first full month the tenant will be living in the unit. We do our best to make sure payments are made by the first of the month, however, depending on weekends or holidays, the date you receive your check may be later, but typically shouldn't be after the 5th of the month.

Again, welcome to Vermillion Housing Authority! If you have any questions, please feel free to contact us at 605.677.7191 or at vermillionhousing@yahoo.com.

Sincerely,

Vermillion Housing Authority

25 Center St.

PO Box 362

Vermillion, SD 57069

•PH: 605.677.7191

•FAX: 605.677.7192

•vermillionhousing@yahoo.com

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and

Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

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

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

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

11. Utilities and Appliances

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

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

12. Owner's Certifications

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

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

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

c. Check one of the following:

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

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

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

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

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

Addendum to Request for Tenancy Approval for address:

Street	Apt#	City	State	Zip
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to be rented by (name of New Tenant)

Head of Household	Other Adult
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The rental unit is located within Clay County: YES NO

If the rental unit is located within the Vermillion city limits, is it registered with the City? YES NO

*****If you answered no, please contact City Code Enforcement at 605.677.7050 to do so. We cannot accept a unit that is not registered.***

OWNER REPRESENTATIVE ADDRESS INFORMATION

Property Owner:

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Owner Representative:

Local Contact Name: _____

Local Contact Phone #: _____ Fax #: _____

Email: _____

Correspondence Address:

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

The above information is true and correct to the best of my knowledge. If any change in this information occurs I agree to report it in writing to the Vermillion Housing office.

Owner Signature

Date

Print Owner Name