Welcome to the District of Columbia Housing Authority’s Housing Choice Voucher Program (HCVP)

Below is a general time frame of the Lease-Up Process that will start at receipt of your complete RFTA Packet.

(Calculated in business days.)

**START**

**RFTA Submission**
Owner or Voucher Holder submits a complete and accurate RFTA packet to DCHA
- Owners must upload the RFTA for immediate submission and track the entire lease up process at [https://dcha.hcvportal.org](https://dcha.hcvportal.org).
- You may contact your assigned Housing Program Specialist to confirm receipt.

**1 Scheduling Inspection**
Estimated Timeframe: 7 Business Days from submission of RFTA.

DCHA will schedule an initial inspection.
- You will receive a phone call and/or email informing you of the time and date of your inspection appointment.
- Owner or representative and participant should be present. Participants are required to be present at annual inspections.

**2 Determining Eligibility**
Estimated Timeframe: 5 Business Days from submission of RFTA.

Information in the RFTA packet is used to determine the eligibility of the Owner or Property Manager
- DCHA verifies proof of ownership and management authorization. The approved contract rent for your unit will be determined at this step in the process. DCHA will approve the contract rent based off submarket rents.

**3 Conducting Inspection**
Estimated Timeframe: 14 Business Days

DCHA will conduct an inspection of the unit according to Housing Quality Standards
- The unit must be rent ready and complete RFTA packet submitted. DCHA will not proceed with your scheduled inspection without receipt of all required RFTA documents.
- If the inspection does not pass, you will be allowed 14 days to make repairs and pass a re-inspection. If the unit does not pass the re-inspection, DCHA will cancel the move process for this unit and a new RFTA packet will need to be submitted to initiate the first step in the process.

**4 Contract Sent**
Estimated Timeframe: 30 Business Days from receipt of the completed RFTA packet.

DCHA sends the contract via the requested method (fax or e-mail) and we are waiting for the owner to sign the contract and return it with the corresponding lease
- If documents are not received within 10 days of our sending the contract, DCHA will cancel the move, and a new RFTA packet will need to be submitted to initiate the first step in the process.

**5 Contract Execution**
Estimated Timeframe: 30 Days from receipt of the completed RFTA packet.

DCHA receives the signed contract and corresponding lease and sets up the account for payment
- DCHA will execute the contract with the owner and process payment by the next available check run.

*Failure to submit correct and complete documents will results in delays.*
Request for Tenancy Approval Packet

Quick, efficient processing of the Request for Tenancy Approval (RFTA), Housing Quality Standards (HQS) inspection and Housing Assistance Payment (HAP) requires the prompt submission of this entire packet.

Note: The family should not move in to the unit until all of the following occur:
1. The unit passes inspection by DCHA
2. The rent amount is approved by DCHA and the owner
3. The lease and Housing Assistance Payment Contract is signed
4. Move-in date is approved by the assigned Housing Program Specialist

<table>
<thead>
<tr>
<th>TENANT INFORMATION</th>
<th>OWNER/LANDLORD INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Program Type:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROPOSED UNIT INFORMATION</th>
<th>AGENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Name:</td>
</tr>
<tr>
<td>Proposed Rent:</td>
<td></td>
</tr>
<tr>
<td>Proposed Security Deposit:</td>
<td></td>
</tr>
<tr>
<td>Approved Rent Amount:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When you submit your RFTA packet, you must include this page along with all of the documents listed in the checklist below.

Are you a new Owner to DCHA? (circle one) Yes  No  ____

Owner: Have you screened your potential tenant? (check one) □ Yes □ No

Note: Tenant screening for suitability and reference checks are the owner’s responsibility.

Required Documentation Checklist:

All required documentation must be complete and submitted before the request is sent to the Inspections Department. To protect the integrity of personal information, Property Owners/Managers may submit them separate from the RTA. For faster processing of your request, you can upload this RTA and other required documents using the Owner Portal at [https://dcha.hcvportal.org](https://dcha.hcvportal.org) or e-mail these documents directly to your assigned Housing Program Specialist listed on the Owner Portal.

- COPY OF IRS EMPLOYER IDENTIFICATION NUMBER (Corporations/LLC) - OR - (New owners only) Copy of SSN Card
- COPY OF DEED (only if the landlord is a new owner and/or the property is new to HCVP)
- ARTICLES OF INCORPORATION (for LLC’s only)
- OWNER/AGENT INFORMATION (Check if new owner/agent only)
- DIRECT DEPOSIT PAYMENT INFORMATION FORM (New owners only)
- COPY OF VOIDED CHECK (only for new direct deposit acct/new owners)
- W-9 FORMS (if applicable, joint owner(s) must submit a separate W-9) (New owners only)
- COPY OF OWNER/AGENT PHOTO ID(s) (if a management agreement is on file or provided, then we will accept a copy of the agent’s company work ID. If there is no management agreement on file or provided, we will only accept a copy of the Owner’s government issued ID. We cannot accept an agent’s driver’s license without a management agreement. This information is only required once. Owners/agents are responsible for updating DCHA when any ownership or management information changes and will be required to submit new documents with the updated information.
- INITIAL INSPECTION CHECKLIST FOR INSPECTIONS
- MANAGEMENT AGREEMENT (if applicable)
- LEAD BASED PAINT NOTICE AND DISCLOSURE (total of 3 pages)
- TENANT’S SELF-CERTIFICATION OF INTENT TO VACATE (if applicable)
- TENANT’S CURRENT WATERBILL W/ BALANCE OF $50.00 OR LESS (if applicable)
- DISTRICT OF COLUMBIA TENANT RIGHTS FORM

*This document certifies that you have submitted a completed Lease-Up Package and it is pending final approval.
**All information submitted must match that reflected in the IRS and Recorder of Deeds databases. The documents will be reviewed and a request for an inspection will be made.**

For any updates on package submittal, please contact your prospective landlord, then, if necessary, any HCVP Communication Clerk at 202.535.1500.

DCHA Customer Service Call Center
Phone: (202) 535-1000
[www.dchousing.org](http://www.dchousing.org)
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. 09/30/2017)

Public reporting burden for this collection of information is estimated to average 0.8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA)  
2. Address of Unit (street address, apartment number, city, State & zip code)

3. Requested Beginning Date of Lease  
4. Number of Bedrooms  
5. Year Constructed  
6. Proposed Rent  
7. Security Deposit Amt.  
8. Date Unit Available for Inspection

9. Type of House/Apartment  
   - Single Family Detached  
   - Semi-Detached / Row House  
   - Manufactured Home  
   - Garden / Walkup  
   - Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:  
   - Section 202  
   - Section 221(d)(3)(BMIR)  
   - Section 236 (Insured or noninsured)  
   - Section 515 Rural Development  
   - Home Tax Credit  
   - Other (Describe Other Subsidy, Including Any State or Local Subsidy)

11. Utilities and Appliances
   The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

<table>
<thead>
<tr>
<th>Item</th>
<th>Specify fuel type</th>
<th>Provided by</th>
<th>Paid by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Natural gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bottle gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coal or Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Natural gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bottle gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coal or Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Heating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Natural gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bottle gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coal or Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Electric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trash Collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Conditioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range/Microwave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Previous editions are obsolete
Page 1 of 2

form HUD-52517 (09/2014)  
ref. Handbook 7420.6
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.

<table>
<thead>
<tr>
<th>Address and unit number</th>
<th>Date Rented</th>
<th>Rental Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 own 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 as to whether or not the unit will be approved.

<table>
<thead>
<tr>
<th>Print or Type Name of Owner/Owner Representative</th>
<th>Print or Type Name of Household Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature (Household Head)</td>
</tr>
<tr>
<td>Business Address</td>
<td>Present Address of Family (street address, apartment no., city, State, &amp; zip code)</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>
DISTRICT OF COLUMBIA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
1133 North Capitol Street, NE, Washington, DC 20002
202-535-1000
Tyrone Garrett, Executive Director

HOUSING CHOICE VOUCHER PROGRAM
Property Owner/Agent Information Form

Request for: (Please Check)

□ New Landlord/Agent □ Tax ID/SSN Correction □ Change in Contact Information □ New Owner

CHECKLIST

□ Complete This Form
□ Provide a Copy of the Deed
□ Obtain Signature of Deed Holder OR (notarized) Release Form
□ List all addresses to which the deed applies.
□ Attach Photo Identification to Match Each Signature
□ Provide certified letter of authorized signer, on behalf of the organization. (LLC or LP Only)

A. Rental Property Address: (If Multiple, Please List Units Only)

________________________________________________________________________
________________________________________________________________________

B. PAYEE INFORMATION OR AGENT INFORMATION (This will be used as Mailing Address)

Company Name: __________________________ Tax ID: __________________________
Payee Name (First Last): __________________________________________________________________________
Address: ______________________________________________________________________________________
Cell Number: __________________________ Daytime Number: __________________________
Evening Number: __________________________ Fax Number: __________________________
Email Address: __________________________ SSN: __________________________

C. OWNER INFORMATION (If you are an Agent, please use same mailing address as above)

Company Name: __________________________________________________________________________
Payee Name: __________________________________________________________________________
Address: ______________________________________________________________________________________
Cell Number: __________________________ Daytime Number: __________________________
Evening Number: __________________________ Fax Number: __________________________
TAX ID: __________________________ SSN: __________________________

Please note: If you choose to use a P.O. Box as your mailing address, you must also provide us with a street address. This address will not be disclosed to anyone other than employees of DCHA.

Owner/Agent Signature: __________________________ Joint Owner Signature: __________________________

Owner Address (Please Insert Owner Address, if you are an agent):
________________________________________________________________________

REVISED 05/18/2018
www.dchousing.org
AUTHORIZATION AGREEMENT FOR EFT/DIRECT DEPOSIT

PLEASE READ THIS ENTIRE FORM CAREFULLY AND WRITE CLEARLY.

If you have just set up a new account at the bank and wish to use, you must first:

1. Find out if they accept direct deposits. Verify the bank's transit number and your account number.
2. Notify the bank that you are going to set up a direct deposit to receive checks from the District of Columbia Housing Authority. Ask if there is any additional information required.

PLEASE CHECK THE ACTIONS BELOW THAT APPLIES TO THIS TRANSACTION.

___ I am cancelling a previous direct deposit account set up with DCHA (Complete C below).
___ I want to set up a new direct deposit account with DCHA (Complete A, B, and C below).
___ I have an account already set up with DCHA, but want to replace it with a new account (Complete A, B, and C below).

A. Payee Name:__________________________________________

B. Bank Name:__________________________________________

C. ABA/Transit Number:________________________________

D. Bank Account Number:_______________________________________
   __Checking Account        __Savings Account

   • DIRECT DEPOSIT REQUEST TO A SAVINGS ACCOUNT MUST INCLUDE FORM PROVIDED DIRECTLY FROM BANK.
   • YOU MUST INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNT DEPOSITS.
   • WRITTEN NOTIFICATION OF ALL CHANGES MUST BE SUBMITTED TO DCHA AT LEAST TWENTY (20) CALENDARS PRIOR TO PAYMENT DATE.

As a housing provider with District of Columbia Housing Authority, I hereby authorize District of Columbia Housing Authority to make subsidy payments, or deductions for any payment made to me in error to my account designated above. I also certify that I am in compliance with, and are following all rules and regulations that accompany these payments in accordance with my Housing Assistance Payments (HAP) Contract issued by District of Columbia Housing Authority. I understand that submitting fraudulent information may subject me to a fine and/or imprisonment. Stet 18, U.S.C. 1001

Owner Complete

SSN/Tax ID Number:________________________________________
Print Name:______________________________________________
Signature:__________________________________________ Date:__________________________

Joint-Owner Complete (if applicable)

SSN/Tax ID Number:________________________________________
Print Name:______________________________________________
Signature:__________________________________________ Date:__________________________

For any changes in your banking information, please notify the District of Columbia Housing Authority, Housing Choice Voucher Program Quality Assurance Division immediately at 202-535-100.

REVISED 05/18/2018  www.dchousing.org
Request for Taxpayer Identification Number and Certification

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

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

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) if applicable.
   - 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 FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no). See instructions.

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. Also see 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 line 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, line 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.

General Instructions

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

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

Purpose of Form

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

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1098-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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

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

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

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

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

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

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

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

Backup Withholding

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

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1985 only).

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

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, for more information.

Updating Your Information

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

Penalties

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

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.
Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

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

Specific Instructions

Line 1
You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

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

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

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

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

Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 5.

IF the entity/person on line 1 is an(a) . . . THEN check the box for . . .

- Corporation
- Individual
- Sole proprietorship, or
- Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.
- LLC treated as a partnership for U.S. federal tax purposes,
- LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or
- LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.
- Partnership
- Trust/estate

Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to payments to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(k)
2—The United States or any of its agencies or instrumentalities
3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
5—A corporation
6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7—A futures commission merchant registered with the Commodity Futures Trading Commission
8—A real estate investment trust
9—An entity registered at all times during the tax year under the Investment Company Act of 1940
10—A common trust fund operated by a bank under section 584(a)
11—A financial institution
12—A middleman known in the investment community as a nominee or custodian
13—A trust exempt from tax under section 664 or described in section 4947
The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for...</th>
<th>THEN the payment is exempt for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,0001</td>
<td>Generally, exempt payees 1 through 52</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.
2 However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B—The United States or any of its agencies or instrumentalities
C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G—A real estate investment trust
H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I—A common trust fund as defined in section 584(a)
J—A bank as defined in section 581
K—A broker
L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have a TIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification
To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account: Give name and SSN of:

1. Individual The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI The actual owner of the account or, if combined funds, the first individual on the account
3. Two or more U.S. persons (joint account maintained by an FFI) Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act) The minor
5. a. The usual revocable savings trust (grantor is also trustee) The grantor-trustee
   b. So-called trust account that is not a legal or valid trust under state law The actual owner
6. Sole proprietorship or disregarded entity owned by an individual The owner
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) The grantor

For this type of account: Give name and EIN of:

14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) The trust

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.
2 Circle the minor’s name and furnish the minor’s SSN.
3 You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
4 List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:
• Protect your SSN,
• Ensure your employer is protecting your SSN, and
• Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-7478 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 8027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.
Request for Taxpayer Identification Number and Certification

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

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

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

2. Business name/deregarded entity name, if different from above.

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Other (see instructions)

   Note: Check the appropriate box in the line above for the federal tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) 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. Also see 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.

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1098-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
HCVP HQS MOVE-IN INSPECTION CHECKLISTS FOR LANDLORDS

Submission Date: __________________________

Addressed of Proposed Unit: __________________________

Proposed Tenant Name: __________________________

Owner of Record: __________________________

Pre-Inspection Completed by: __________________________ Date: __________

Each unit to be rented in the Housing Choice Voucher Program (HCVP) MUST pass a Housing Quality Standards (HQS) inspection: The checklist below is a tool for owners/landlords to prepare their unit for a HQS inspection. This checklist highlights some of the COMMON violations found during unit inspections. The items on this checklist must be working or completed prior to the HQS inspection. Please check all conditions that apply.

General:

☐ The Unit must be empty/vacant from previous tenant and free and clear of all furnishing and debris.
☐ There must be working smoke detectors properly mounted on each level of the unit including the basement and walk-up attics.
☐ All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
☐ The entire unit must be freshly painted.
☐ Utilities (water, gas, electric) must be turned on for the completion of the inspection.
☐ No chipping or peeling paint, cracks, holes or lose plaster inside or outside the unit.
☐ Interior and exterior wood surfaces shall be properly painted and kept intact at all times.
☐ There must not be a permanently installed working heating system.
☐ The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six (6) inches to eight from the floor or directed outside to the unit (no PVC). CPVC is acceptable.
☐ There must not be any plumbing leaks.
☐ All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
☐ The floor covering cannot be torn or have holes that can cause someone to trip. Carpets, if installed shall be clean and free of stains.
☐ All electrical outlets/switches must have cover plates and be in good working condition.
☐ All ground fault circuits interrupters (GFCIs) must work properly.
☐ All ground floor windows and exterior doors shall open and close as designed and must have workings locks. Double keyed dead bolts are not allowed.
☐ All security bars and windows must have a quick release mechanism.
☐ All sliding glass doors must have a lock or security bar on the door that works.
☐ Each living space must have two means of egress (i.e. door and window).


DISTRICT OF COLUMBIA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
1133 North Capitol Street, NE, Washington, DC 20002
202-535-1000
Tyrone Garrett, Executive Director

☐ Windows and doors shall be weather tight with glass, free of cracks to prevent wind, air, and/or rain penetration.
☐ No room which contains a furnace, open flame heating unit without proper ventilation or gas meter is designated as a bedroom.
☐ Bedrooms must have at least seventy (70) square feet of floor space and a separate entrance without going through another bedroom.

Kitchen/Bath

☐ Stove must be clean and in working order and secured.
☐ Refrigerator must be clean and in working order and with a good door seal.
☐ Hot and cold running water in kitchen and the bathroom(s).
☐ There must be a shower or bathtub that works.
☐ There must be a flush toilet that works, securely mounted and does not leak.
☐ The bathroom must have either an outside window or an exhaust fan vented to the outside.
☐ There must not be any plugged drains (check for slow drains).

Exterior

☐ House or apartment shall be properly numbered with proper illumination (lighting).
☐ There must be stepping stones or a walkway to the unit.
☐ The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
☐ All common all ways, walk ways, and parking areas must be free of cracks and tripping hazards and properly illuminated.
☐ Weeds and grass shall be less than four (4) inches in height.
☐ All units shall have adequate garbage containers with covers.
☐ Four or more exterior stairs must handrails 34 inches to 38 inches from the ground.
☐ Walk offs or porches 30 inches above ground must have guard rails 36 inches from the ground.

I, as the owner/agent/landlord of the property hereby acknowledge that all applicable conditions above have been checked and are in compliance with Housing Quality Standards (HQS). By signing this form I understand that if HCVP conducts and initial inspection of this unit and finds any of the above conditions are in compliance—HCVP has the right to CANCEL unit inspection and Request for Tenancy Approval. If inspection is cancelled, HCVP will not schedule a re-inspection and will require family to search for a new unit.

Owner/Agent/Landlord: _______________________________ Date: ______________
(Please Circle One) SIGNATURE

Owner/Agent/Landlord: _______________________________
(Please Circle One) (PRINT NAME)

This checklist covers the majority of violations that cause a unit to fail. For additional information on what will bring your unit to code, please refer to the DCMR TITLE 14, HUD Housing Quality Standards (HQS) guidelines, and BOCA National Property Maintenance Code. If you have any questions or concerns, please call 202-535-1000 and ask for the Inspections Department.

PRE MOVE-IN INSPECTION (PMI) FORM 2 Revised 8/2015
Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

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

Lessor's Disclosure
a) Presence of lead-based paint and/or lead-based hazards (check (i) or (ii) below):
   i. ______ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

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

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

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

Lessee's Acknowledgment (Please Initial)
a) ______ Lessee has received copies of all information listed above.
b) ______ Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

Agent’s Acknowledgment (Please Initial)
a) ______ Agent has informed the lessor of the lessor’s obligation under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy
The following parties have reviewed the information about and certify, to the best of their knowledge, that the information they have provided is true and accurate.

<table>
<thead>
<tr>
<th>Lessor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lessee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHAT HAPPENS IF DCHA DISCOVERS POTENTIAL LEAD PAINT HAZARDS DURING AN INSPECTION?

Pursuant to HUD regulations, any units that are to be used as housing for our client families must be inspected and passed by the Inspections Department of the District of Columbia Housing Authority (DCHA).

An initial inspection is scheduled after a lease-up packet is submitted through our owners’ portal. HCVP now conducts our lease-up packet reviews and inspections simultaneously in order to facilitate a quick, efficient process for both Landlords and our client families. That means that while our specialists are reviewing your documentation for completeness, we are moving forward with making sure that your unit passes our HQS standards. HCVP conducts various types of inspections, so an inspection of an occupied unit can occur at varying times and focus on different things.

INITIAL INSPECTIONS FOR NEW UNITS OR FAMILIES TRANSFERRING TO NEW UNITS

If at any time during this process, the unit fails its initial inspection because a visual assessment indicated evidence of possible lead paint hazards, both the Landlord of this new unit and our client family will be notified via letter. The letter explains that the Landlord is allowed a short window of time (14 days) within which to address items noted in the visual assessment, after which time a re-inspection will be scheduled. While the document review piece will continue, the rest of the process stalls during this 14 day window (inspections, rent calculations, etc.). Assuming the unit passes this re-inspection, the lease-up process will resume in full.

If however, the unit fails the re-inspection and/or the packet was not completed, the packet will be cancelled and the entire process stops and we will recommend that the client family identify an alternative unit. To pass re-inspection, the Landlord must complete the entire lead paint hazard correction process and provide HCVP with a clearance report from a firm or worker certified by the District of Columbia Department of the Energy and the Environment (DOEE). This means that the unit must pass re-inspection and the packet must be completed in order for the process to resume.

INSPECTIONS IN UNITS THAT ARE ALREADY OCCUPIED BY AN HCVP FAMILY

If a visual assessment shows evidence of possible lead paint hazards after a client family has already moved into or is occupying the unit, HCVP recommends that both the Landlord and client family review lease terms for each party’s responsibilities during this time (including whether the Landlord needs to pay for temporary housing during the correction period). If the Landlord successfully reduces the lead paint hazards in the unit by our deadline, then the client family’s housing in this unit will remain undisturbed. In other words, client families can remain in or return to their unit and all payments and requirements originally in place remain intact.

If, however, the Landlord is unable to meet our deadline for properly addressing the lead paint hazard, DCHA may suspend doing business with that Landlord and stop making HAP payments to them. If that occurs, the client family will be issued an emergency transfer voucher so that they can move to another unit.
DCHA does not have the authority to pay any subsidy on a client family's behalf during the HAP abatement period. If the unit does not pass re-inspection before the HAP Contract terminates (the date will be included in your notice letter), and the family chooses to remain in the unit, that family will convert to a market rate tenant and be responsible for the entire rent amount as per the lease. All HCVP participating Landlords have been notified to follow the District of Columbia rental laws that govern further rent collection and/or legal eviction remedies after the contract termination date.

Client families that reside in a moderate rehabilitation (MOD), single room occupancy (SRO) or project-based (PB) unit should speak with a CAD representative for questions.

A COMPLETED LEASE-UP PACKAGE INCLUDES THIS NOTICE WHICH MUST BE SIGNED BY BOTH THE LANDLORD AND CLIENT. IF THIS NOTICE IS NOT SIGNED BY BOTH PARTIES, THE PACKET WILL BE CANCELLED.

I, ______________________ (HCVP Client/Head of Household), acknowledge that I have read and understood all of the Lead Paint Hazard information contained in this notice.

______________________________               __________________________
Signature                                      Date

I, ______________________ (Landlord/owner/Agent), acknowledge that I have read and understood all of the Lead Paint Hazard information contained in this notice.

______________________________               __________________________
Signature                                      Date
District of Columbia Tenant Bill of Rights

The Tenant Bill of Rights Amendment Act of 2014, effective December 17, 2014 (D.C. Law 20-147; D.C. Official Code §§ 42-3531.07(8) & 42-3502.22(b)(1)) requires the D.C. Office of Tenant Advocate to publish a “D.C. Tenant Bill of Rights” to be updated periodically and noticed in the D.C. Register. This document is not exhaustive and is intended to provide tenants with an overview of the basic rights of tenancy in the District. Except for rent control, all these rights apply to every tenant in the District.

1. **LEASE:** A written lease is not required to establish a tenancy. If there is one, the landlord must provide you with a copy of the lease and all addendums. The landlord must also provide you with copies of certain District housing regulations, including those for Landlord & Tenant relations. Certain lease clauses are prohibited, including waiver of landlord liability for failing to properly maintain the property. The landlord may not change the terms of your lease without your agreement. After the initial lease term expires, you have the right to continue your tenancy month-to-month indefinitely on the same terms, except for lawful rent increases. (14 DCMR §§ 101, 106 & 300-399)

2. **SECURITY DEPOSIT:** The amount of the security deposit may not exceed the amount of 1 month’s rent. The landlord must place your security deposit in an interest-bearing account. The landlord must post notices stating where the security deposit is held and the prevailing interest rate. If there is a “move-out” inspection, the landlord must notify you of the date and time. Within 45 days after you vacate the apartment, the landlord must either return your security deposit with interest, or provide you with written notice that the security deposit will be used to defray legitimate expenses (which must be itemized within 30 more days). (14 DCMR §§ 308-311)

3. **DISCLOSURE OF INFORMATION:** Upon receiving your application to lease an apartment, the landlord must disclose: (a) the applicable rent for the rental unit; (b) any pending petition that could affect the rent (if rent control applies); (c) any surcharges on the rent and the date they expire (if rent control applies); (d) the rent control or exempt status of the accommodation; (e) certain housing code violation reports; (f) the amount of any non-refundable application fee, security deposit, and interest rate; (g) any pending condo or coop conversion; (h) ownership and business license information; (i) either a 3-year history of “mold contamination” (as defined) in the unit and common areas, or proof of proper remediation; and (j) a copy of this D.C. Tenant Bill of Rights document. The landlord must make this information accessible to you throughout your tenancy. Upon a tenant’s request once per year, the landlord must also disclose the amount of, and the basis for, each rent increase for the prior 3 years. (D.C. Official Code §§ 42-3502.22 & .13(d))
4. **RECEIPTS FOR RENTAL PAYMENTS:** The landlord must provide you with a receipt for any money paid, except where the payment is made by personal check and is in full satisfaction of all amounts due. The receipt must state the purpose and the date of the payment, as well as the amount of any money that remains due. (14 DCMR § 306)

5. **RENT INCREASES:** “Rent control” limits the amount and the frequency of rent increases. For units that are exempt from rent control, generally only the lease terms limit rent increases. If rent control applies, the landlord may not raise the rent: (a) unless the owner and manager are properly licensed and registered; (b) unless the unit and common areas substantially comply with the housing code; (c) more frequently than once every 12 months; (d) by more than the Consumer Price Index (CPI) for an elderly tenant (age 62 or over) or tenant with a disability, regardless of income, if registered with the Rent Administrator; (e) by more than the CPI + 2% for all other tenants. A rent increase larger than (d) or (e) requires government approval of a landlord petition, which tenants may challenge. You also may challenge a rent increase implemented within the prior 3 years.

6. **BUILDING CONDITIONS:** The landlord must ensure that your unit and all common areas are safe and sanitary as of the first day of your tenancy. This is known as the “warranty of habitability.” The landlord must maintain your apartment and all common areas of the building in compliance with the housing code, including keeping the premises safe and secure and free of rodents and pests, keeping the structure and facilities of the building in good repair, and ensuring adequate heat, lighting, and ventilation. The tenant has the right to receive a copy of a notice of violation issued to the landlord (14 DCMR §§ 106; 301; & 400-999)

7. **LEAD PAINT HAZARD:** For properties built prior to 1978, the landlord must (a) provide a prospective tenant household with a form issued by the District Department of the Environment about their rights under the D.C. lead laws; (b) provide a current lead-safe “clearance report” to (i) a prospective tenant household that includes a child less than 6 years of age or a pregnant woman, (ii) an in-place tenant household that gains such a person and requests the report in writing from the landlord, and (iii) any tenant household regularly visited by such a person; and (c) disclose to a tenant household what the landlord reasonably should know about the presence in the tenant’s unit of a lead-based paint hazard or of lead-based paint, which is presumed to be present unless there is documentation showing otherwise. (20 DCMR §§ 3300 et seq.)

8. **MOLD:** Upon written notice from a tenant that mold or suspected mold exists in the unit or a common area, the landlord must inspect the premises within 7 days and remediate within 30 days. Mold assessment and remediation must be performed in compliance with District regulations. (D.C. Official Code § 8-241)
9. **QUIET ENJOYMENT AND RETALIATION:** The landlord may not unreasonably interfere with the tenant’s comfort, safety or enjoyment of a rental unit, whether for the purpose of causing the housing accommodation to become vacant or otherwise (D.C. Official Code § 42-3402.10). The landlord may not retaliate against you for exercising any right of tenancy. Retaliation includes unlawfully seeking to recover possession of your unit, to increase the rent, to decrease services or increase your obligations; and also includes violating your privacy, harassing you, or refusing to honor your lease. (D.C. Official Code § 42-3505.02)

10. **DISCRIMINATION:** The landlord may not engage in discriminatory acts based upon the actual or perceived: race, color, religion, national origin, sex, age, marital status, genetic information, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, disability, matriculation, political affiliation, source of income, status as a victim of an intra-family offense, or place of residence or business of any individual. Discriminatory acts include refusing to rent; renting on unfavorable terms, conditions, or privileges; creating a hostile living environment; and refusing to make reasonable accommodations to give a person an equal opportunity to use and enjoy the premises. (D.C. Official Code § 2-1401.01 et seq.)

11. **RIGHT TO ORGANIZE:** The landlord may not interfere with the right of tenants to organize a tenant association, convene meetings, distribute literature, post information, and provide building access to an outside tenant organizer. (D.C. Official Code § 42-3505.06)

12. **SALE AND CONVERSION:** Tenants must be given the opportunity to purchase an accommodation before the landlord sells or demolishes the accommodation or discontinues the housing use. The landlord may not convert the rental accommodation to a cooperative or condominium unless a majority of the tenants votes for the conversion in a tenant election certified by the District’s Conversion and Sale Administrator. (D.C. Official Code §§ 42-3404.02 & 42-3402.02)

13. **RELOCATION ASSISTANCE:** If you are displaced by alterations or renovations, substantial rehabilitation, demolition, or the discontinuance of the housing use, you may have the right to receive relocation assistance from your landlord. (D.C. Official Code § 42-3507.01)

14. **EVICTION:** The landlord may evict you only for one of ten specific reasons set forth in Title V of the Rental Housing Act of 1985. For example, you may not be evicted just because your lease term expires, or because the rental property has been sold or foreclosed upon. Even if there is a valid basis to evict you, the landlord may not use “self-help” methods to do so, such as cutting off your utilities or changing the locks. Rather, the landlord must go through the judicial process. You generally must be given a written Notice to Vacate (an exception is non-payment of rent where you waive the right to notice in the lease); an opportunity to cure the lease violation, if that is the basis for the action; and an opportunity to challenge the landlord’s claims in court. Finally, any eviction must be pursuant to a court order, and must be scheduled and supervised by the U.S. Marshal Service. (D.C. Official Code § 42-3505.01)
### RESOURCES

| D.C. Dept. of Housing and Community Development |
| 1800 Martin Luther King Avenue, SE |
| Washington, DC 20020 |
| **Phone:** (202) 442-9505  **Fax:** (202) 645-6727 |
| **Website:** [www.dhcd.dc.gov](http://www.dhcd.dc.gov) |

| D.C. Office of the Tenant Advocate |
| 2000 14th Street, NW, Suite 300 North |
| Washington, DC 20009 |
| **Phone:** (202) 719-6560  **Fax:** (202) 719-6586 |
| **Website:** [www.ota.dc.gov](http://www.ota.dc.gov) |

| D.C. Dept. of Consumer and Regulatory Affairs |
| 1100 4th Street, SW |
| Washington, DC 20024 |
| **Phone:** (202) 442-4400  **Fax:** (202) 442-9445 |
| **Website:** [www.dcr.a.dc.gov](http://www.dcr.a.dc.gov) |

| District Dept. of the Environment |
| 1200 First Street, NE |
| Washington, DC 20002 |
| **Phone:** (202) 535-2600  **Fax:** (202) 535-2881 |
| **Website:** [www.ddoe.dc.gov](http://www.ddoe.dc.gov) |

I/We, ____________________________, confirm that I/We have received a Tenant Bill of Rights and Responsibilities Form on (insert date): ____________________________.
SELF CERTIFICATION THAT INTENT TO VACATE WAS SERVED TO LANDLORD

GENERAL FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Head of Household Name</th>
<th>Last Four Digits of SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Current)</th>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prepaid New Address</th>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone#</th>
<th>Work Phone#</th>
<th>Initial Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DECLARATION AND CERTIFICATION

☐ I swear or affirm that I have provided my landlord with a minimum of 30 days written notice that I intend to vacate my current unit by ____________ (MM/DD/YYYY).

☐ I understand that I must provide my landlord with all keys, pay any outstanding utilities for which I am responsible and vacate the unit by the date above or my landlord can charge me for any over stays.

☐ I understand that DCHA will not pay for any days that I have remained in the unit after the date above unless both I and my landlord both agree to extend the lease on a monthly basis. I understand that all lease extensions must be in writing and signed by both parties. DCHA will verify signatures. Lease extensions must be provided to DCHA at least 10 days before the date above or they will be denied.

☐ I understand that if DCHA learns that I did not provide my landlord with proper notice that I intend to vacate in accordance with my lease, or that I failed to vacate the unit and surrender all keys to the landlord by the date above. I may be recommended for termination of my housing assistance.

☐ I understand that any misrepresentations of information or failure to disclose information requested on this form may be grounds for termination of assistance.

Signature of Head of Household Applicant

Date

DCHA USE ONLY

NAME OF DCHA STAFF ACCEPTING PACKAGE

☐ Termination Letter Sent to Current Landlord

☐ Hold Placed on unit effective date of lease termination

Created 4/13