

St. Joseph County Housing Authority

107 W. Center St., P.O. Box 425, North Liberty, IN 46554

Ph: 574-656-3545 // Fax: 574-804-1005

mail@sjcha-in.com

Ingrid Reese, Executive Director

Dear Landlord:

Please take the time to screen all your prospective tenants, as the Housing Authority only screens for verification of income eligibility.

If, after careful consideration, you decide you wish to rent to this applicant, please do the following:

1. You and the applicant complete and sign the Request for Tenancy Approval.
2. Complete and sign the Landlord Verification Form.
3. Complete and sign the Landlord Certification Form.
4. Send a copy of your driver's license
5. Complete and sign ACH form
6. Complete and sign the Background Check Form
7. Use the move-in checklist to determine if the unit is ready.
8. Attached a copy of your lease for approval.
9. Return all signed documents to the Section 8 office,

St. Joseph County Housing Authority
PO Box 425, North Liberty, IN 46554
email: mail@sjcha-in.com
Fax: 574-804-1005

Once we have received the signed documents, a rent reasonableness comparison and verification of ownership will be done. If both are approved, our inspector will contact you to schedule an inspection.

If you have any questions, please call the office at 574-656-3545.

Sincerely,

Ingrid Reese
Executive Director
Saint Joseph County Housing Authority

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SECTION 8 LANDLORD CERTIFICATION

RE: Property located at: _____

In order for the St. Joseph County Housing Authority to provide Rental Assistance to as many eligible families as possible, all participants in this HUD sponsored program must properly utilize Government funds and follow the program requirements. Incidences of fraud, willful misrepresentation, or intent to deceive with regard to the Rental Assistance Program are criminal acts. If you are suspected of committing any fraudulent actions, we are required to refer the matter to the proper authorities for appropriate action. This could lead to being terminated from participation in the program and an investigation of the allegation could result in your being accused of a Federal crime.

Ownership of assisted unit: I certify that I am the legal owner of the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit. I certify that I am not a parent, child, grandparent, grandchild, sister, or brother of any member of the assisted family.

Approved residents of assisted unit: I understand that the family members listed on the dwelling lease agreement approved by St. Joseph County Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards: I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards. I understand that I am to provide utility services according to the conditions of the lease.

Tenant rent payments: I understand that the tenant's portion of the contract rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been approved by the Housing Authority. I understand that rent may not be increased during the first year and future rent increases must be approved by SJCHA. I understand that notification of rent increase must be provided to SJCHA in writing 60 days prior to proposed rent increase.

Reporting Vacancies to the Housing Authority: I understand that should the assisted unit become vacant, I must notify the Housing Authority immediately, in writing.

Administrative and criminal actions for intentional violations: I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments Contract is grounds for termination of participation in the Section 8 Rental Assistance Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State law.

You must report any violations of the Rental Assistance Program immediately. If you know of any violations or fraud committed by other persons, including SJCHA employees, tenants, or other owners, please contact the SJCHA office.

I hereby certify that I have been informed by the SJCHA office of my responsibilities as an owner/agent concerning Rent Assistance fraud and abuse.

Owner/Agent signature

Date

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OWNER VERIFICATION FORM

LANDLORD: It is necessary for you to complete this form and return it to the Saint Joseph County Housing Authority office before . We need this information to complete the contract and lease on the unit that is coming on the Housing Choice Voucher Rental Assistance Program. If you have any questions concerning this matter, please feel free to contact the SJCHA at 574-656-3545.

OWNER LEGAL NAME: _____

OWNER PHYSICAL ADDRESS: _____

OWNER MAILING ADDRESS: _____

OWNER HOME PHONE: _____ OWNER CELL PHONE: _____

E MAIL: _____

OWNER TAX ID NUMBER OR SOC. SEC. NUMBER THAT IS TO BE USED FOR 1099'S AT THE END OF THE YEAR:

1099 TO BE ISSUED IN: _____

PLEASE INDICATE THE ADDRESS THAT EACH OF THE FOLLOWING SHOULD BE SENT TO:

1099 AT THE END OF THE YEAR

CHANGE IN TENANT'S RENTAL PAYMENT CORRESPONDENCE PREFERENCE: email or mail (circle one)

NOTICE OF REPAIRS TO UNIT CORRESPONDENCE PREFERENCE: email or mail (circle one)

IF THERE IS A RENTAL PROPERTY MANAGER FOR THIS UNIT PLEASE FILL OUT NEXT PORTION:

MANAGER NAME: _____

MANAGER PHYSICAL ADDRESS: _____

MANAGER MAILING ADDRESS: _____

MGR HOME PHONE: _____ MGR WORK PHONE: _____

DOES THE RENTAL PROPERTY MANAGER HAVE THE AUTHORITY TO SIGN LEASES AND CONTRACTS ON BEHALF OF THE OWNER: _____

SIGNATURE OF OWNER/LANDLORD

DATE



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mail.sjcha@gmail.com

Direct Deposit Authorization

I hereby authorize The St. Joseph County Housing Authority, here in after called Company, to direct deposit Housing Assistance Payment to the financial institution(s), hereinafter called Depository, and the account number(s) designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I understand that the rental payments will be deposited into the account designated as my Main Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Required Question:

Will any of the direct deposits paid to you under this authorization be redirected to an account outside of the United States*?

Yes No

Financial Institution: _____

City: _____ State: _____

Deposit Account Number: (should be a 9 digit number) _____

Bank Transit Router Number: _____

Type of Account (circle one): Checking Savings

Owner Name: _____

Tax ID: _____

Signature: _____

*(This further defined is the tenitorial jurisdiction of the United States which includes all 50 states, U.S. territories. U.S, military bases and U.S. embassies in foreign countries)

HQS Inspection Checklist

Each unit rented to a Section 8 Voucher holder must pass a Housing Quality Standards (HQS) inspection. The checklist below is a tool for tenants and owners to prepare their unit for an HQS inspection. This checklist highlights some of the COMMON violations found during unit inspections. This is not a complete list of things that will be checked.

- Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- No chipping or peeling paint inside or outside the unit.
- Stove must be clean and in working order and secured.
- Refrigerator must be clean and be in working order with a good door seal.
- There must be a permanently installed working heating system.
- Hot and cold running water in the kitchen and bathroom(s).
- There must be a shower or bathtub that works.
- There must be a flush toilet that works, is 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 plumbing leaks.
- There must not be any plugged drains (check for slow drains).
- All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
- All ground floor windows and exterior doors shall open and close as designed and must have working locks. Doubled keyed dead bolts are not permitted.
- Each living space must have two means of fire egress (i.e. door & window)
- All electrical outlets/switches must have cover plates and be in good working condition.
- All ground fault circuit interrupters (GFCIs) must work properly.
- There must not be any missing, broken, or cracked windows.
- The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- 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 inches to eight inches from the floor or directed outside the unit (no PVC). CPVC is acceptable.
- The floor covering cannot be torn or have holes that can cause someone to trip.
- If there are stairs and railings, they must be secure.
- Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
- Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.
- There must be working smoke detectors properly mounted on each level of the unit and in each bedroom, including the basement and walk up attics.**
- 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.
- All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
- The unit must be free from roaches or rodents.

This brief listing is for the purposes of information only is not intended as a completed listing. Check HUD and local codes for other requirements.