

RFTA Packet Instruction Sheet

Please fill out the RFTA and all attached documents completely. Inspections are scheduled according to the date and time they are received. RFTA packets will not be considered received until all forms have been filled out completely and returned.

Do Not leave any blanks on the RFTA form. The instructions below will explain how to complete each field. If a field does not apply to your unit, mark Not Applicable (N/A)

1. GHA use only
2. Complete address of the unit, including city, state, and zip code
3. When you would like to begin the lease with the tenant
4. Actual number of bedrooms in the unit
5. Year of original construction. If substantially rehabilitated, date of Certificate of Occupancy
6. Amount of rent you would charge in the open market (except for tax credit properties)
7. Amount you have negotiated with the applicant
8. Date the unit will be READY to pass inspection with all utilities in service
9. Type of unit
10. Only applies to tax credit properties or properties that receive other subsidy

11. Utilities and Appliances.

In the Provided by column, please indicate by placing an "O" for Owner or a "T" for Tenant who is providing the system.

Owner typically provides the heating, cooking, water heating, electrical, air conditioning, plumbing, and sewage systems. Another way to think of this column is who would be responsible for service/repair to the system. Example: Owner would be responsible for repairing the heating, leaks to the plumbing, or the gas lines to which the cooking system (stove) is connected.

In the Paid by column, please indicate who is responsible for paying for the utility usage of the system.

Refrigerator / Range- On refrigerator and range, both the Provided by and Paid by columns refer to who purchased the appliances.

12. Owner's Certification

- a. Rent reasonableness: Applies only to apartment complexes with 4 or more non-Section 8 units. If you have 4 or more occupied non-Section 8 units, please fill in lines 1 – 3 to indicate you are not charging higher rents to Section 8 tenants that you charge on the open market.
- b. By signing the RFTA form you are certifying that you are not a relative of the applicant.
- c. Lead-based paint. You are required to check one of the lead-based paint statements.

13., 14., 15., Please read

Please see the 25 Most Common Fail Items on the back of this page for important information.

RFTA Procedure

- The RFTA must be completed and signed by both the landlord and the tenant.
- The landlord must schedule an appointment with the appropriate caseworker to bring the RFTA to the office.
- The caseworker evaluates the RFTA for completeness and has the landlord make corrections if necessary.
- The caseworker completes a Rent Comparability Schedule with the landlord and negotiates the amount of contract rent that is acceptable for the unit.
- The caseworker must inform the landlord that by presenting the form, he/she is certifying that the unit is ready for inspection. All the utilities are required to be in service at the time the RFTA is submitted. (Landlord must either provide documentation showing that the utilities are on in the tenant's name or sign a landlord utility certification form that utilities are on for the inspection).
- The landlord is informed that he/she must be present for the initial inspection and that the inspection will be completed within fifteen days of submission of the RFTA.

New Landlords:

1. Must provide a copy of the deed, settlement statement, tax notice, or other documentation showing legal ownership.
2. Must provide a copy of their social security card or documentation with their Federal Tax ID number.
3. Must complete a W-9 form.
4. Must provide an e-mail address.
5. Must complete an Authorization Agreement for Direct Deposit form and attach a void check.

The caseworker must indicate the following on all submitted RFTA's:

- Upper left-hand corner- Indicate inspection type by writing **Initial**, **Transfer**, or **CO** (Change ownership).
- Upper right-hand corner- Write the number of children under the age of six who will reside in the household.
- Bottom of page (under utilities)- Write utility receipts on file or landlord certification on file. If the applicant lives in the unit, this must also be written at the bottom.
- The form must be date and time stamped in the upper right-hand corner.

**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 .08 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) Gastonia Housing Authority | 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)(B)MIR
 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.

| Item | Specify fuel type | Provided by | Paid by |
|------------------|--|-------------|---------|
| Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other | | |
| Cooking | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other | | |
| Water Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other | | |
| Other Electric | *Provided by - who is responsible for the service, maintenance and/or repair on the system of service. **Paid by - who is responsible for paying for the cost of the utility. ***Refrigerator/Range/Microwave - who purchased the appliance and will be responsible for the repairs. | | |
| Water | | | |
| Sewer | | | |
| Trash Collection | | | |
| Air Conditioning | | | |
| Refrigerator | | | |
| Range/Microwave | | | |
| Other (specify) | | | |

Affordable / Unaffordable

Estimated UA \$ _____
Maximum Rent \$ _____

New / Transfer / Port
 Tenant # _____
 Voucher size _____ BR
 Children under 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.**

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

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

c. Check one of the following:

____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

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

Name of Apartment Complex if Applicable

| | | | |
|--|-------------------|--|-------------------|
| Print or Type Name of Owner/Owner Representative | | Print or Type Name of Household Head | |
| Signature | | Signature (Household Head) | |
| Business Address | | Present Address of Family (street address, apartment no., city, State, & zip code) | |
| Telephone Number | Date (mm/dd/yyyy) | Telephone Number | Date (mm/dd/yyyy) |

Landlord Email-_____

Head of Household Email-_____

AMENITIES CHECKLIST

ADDRESS _____

#BR/#BA _____

APPROX. SQ. FT. _____

| Amenities: (Exclusive us of the unit) | |
|--|--|
| Central AC | |
| Carpet | |
| Other high quality flooring (hardwood) | |
| High quality wall covering (wall paper) | |
| Drapes | |
| Miniblinds | |
| Shades | |
| Working fireplace/woods stove | |
| Special windows (ex. Bay windows) | |
| Special doors (ex. French doors) | |
| Private patio/deck/balcony | |
| Exceptionally large rooms | |
| Ceiling fans | |
| Vented range hood | |
| Dishwasher | |
| Garbage disposal | |
| Eating counter/breakfast nook | |
| Pantry or abundant shelving & cabinets | |
| Double oven | |
| Self-cleaning oven | |
| Microwave (in addition to range) | |
| Double sink | |
| High quality cabinets | |
| Abundant cabinet space | |
| Modern appliances | |
| Washer/Dryer | |
| Washer/Dryer hookups | |
| Separate shower & tub | |
| Shower doors | |
| Extra bathroom cabinets | |
| Finished basement | |
| Other (Specify) | |

| Facilities: | |
|--|--|
| Intercom | |
| Security System | |
| Cable TV hookups (Cable ready) | |
| Storm Windows/Thermopane | |
| Storm doors | |
| Extra Insulation | |
| Insulation (crawlspcace) | |
| Screens for windows | |
| Screens for doors | |
| Laundry facilities (if no W/D hookups) | |
| Garage/carport | |
| On-site parking facilities | |
| Private driveway | |
| Fenced yard | |
| Large yard | |
| Swimming pool or hot tub | |
| Party or rec. room | |
| Exercise facility | |
| Playground | |
| Tennis courts | |
| Additional rec. equiptment or facilities | |
| Storage facility | |
| Housing Services: | |
| On-site management | |
| Security personnel | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |
| Other (specify) | |

INSPECTOR'S OBSERVATIONS

UNIT TYPE: Detached Semi-detached/Row-house Townhouse Garden

OVERALL QUALITY: Poor Fair Average Good Excellent

NEIGHBORHOOD: Residential Mixed (Commercial/Residential) Industrial Rural

NEIGHBORHOOD QUALITY: Poor Average Excellent

To be completed by the Landlord

GASTONIA HOUSING AUTHORITY
340 W. Long Avenue
PO Box 2398
Gastonia, NC 28053
ghanc.org

Landlord Utility Certification

THE GASTONIA HOUSING AUTHORITY WILL NOT ACCEPT A REQUEST FOR TENANCY APPROVAL IF THE UTILITIES HAVE NOT BEEN TURNED ON.

I certify that all applicable utilities (Electric, water, and gas) for the unit located at _____ are currently in service under:
(Unit Number, Street and City)

- My Name Company name Applicant/Tenant name

It is my understanding that it is the landlord's responsibility to physically insure that all utilities are in service, electrical breakers are on, all pilot lights (If any) are lit, and all water valves (Main and under sinks) are turned to the open position. Failure to have the utilities in operation on the day of inspection will result in a failed inspection (2 being the maximum). Should a unit fail the initial inspection, reinspection will not be made for 30 days. It is my understanding that a Housing Assistance Payments contract cannot be entered into nor any HAP payments made until all the utilities for which the tenant will be responsible have been transferred into the head of household's name and the applicant has submitted a Utility Account Verification Form or receipts from each utility (company) showing the date the service began and the account number. Utility verification forms or receipts must be submitted by the applicant within 5 days of the date the unit passes inspection. Failure to do so may result in the denial of the applicant's housing assistance.

The landlord must check each utility listed below that the tenant will be responsible for and list the name of the utility provider:

- ELECTRICITY _____
(Utility Company Name)
- WATER _____
(Utility Company Name)
- SEWER _____
(Utility Company Name)
- GAS _____
(Utility Company Name)
- TRASH PICKUP _____
(Utility Company Name)

OWNER'S SIGNATURE

DATE

To be completed by the Landlord and the Tenant together

**Sample Disclosure Format for Target Housing Rentals and Leases
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 dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

____ (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

- 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 seller (check one below):

- Lessor has provided the purchaser 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 (initial)

- (c) _____ Lessee has received copies of all information listed above.
- (d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

- (e) _____ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

| | | | |
|--------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| Lessor | Date | Lessor | Date |
| _____ | _____ | _____ | _____ |
| Lessee | Date | Lessee | Date |
| _____ | _____ | _____ | _____ |
| Agent | Date | Agent | Date |

To be completed by the Landlord and Tenant together

**GASTONIA HOUSING AUTHORITY
Section 8 Housing Choice Voucher Program
Lease Addendum**

(GHA Office Use Only)

Term of Lease:

Lease shall be for the term of one year and shall commence on _____.

Lease shall end on _____.

Utilities and Appliances:

The **TENANT** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **OWNER** shall be responsible for supplying the following utilities/services to the unit:

Electricity Gas Water Sewer Trash Pickup None

The **TENANT** shall be responsible for supplying the following appliances to the unit:

Stove Refrigerator Microwave Dishwasher None

The **OWNER** shall be responsible for supplying the following appliances to the unit:

Stove Refrigerator Microwave Dishwasher None

Criminal Activity:

Owner reserves the right to terminate tenancy should lessee or any person under lessee's control* become involved with any type of violent or drug-related criminal activity or any activity that threatens the health, safety, or right to peaceful enjoyment of the other occupants or neighbors.

*HUD defines 'person under lessee's control' to mean: any family member(s), guest(s), visitor(s), etc which the family allows access to the assisted unit or grounds of the assisted unit.

Landlord's Signature

Date

Tenant's Signature

Date

****All terms of this addendum override any language contained in the owner's lease.*

Dear Tenant,

In order for the Gastonia Housing Authority (GHA) to inspect your home, you or an adult family member must be present at the time of the inspection. If you miss an inspection appointment you are in danger of losing your housing assistance. You can avoid this potential problem by signing and submitting the form below. Please read all forms carefully before you sign.

THE GASTONIA HOUSING AUTHORITY

Consent to Inspect and Indemnification Agreement

I. Purpose and Definitions

Pursuant to the Gastonia Housing Authority's legal obligation to provide Section 8 housing in accordance with applicable housing quality standards under 24 C.F.R. 982, the following agreement is entered voluntarily by the Gastonia Housing Authority, _____, as tenant and Section 8 recipient (tenant), and _____, as property owner and landlord of property located at _____.

II. Consent to Enter and Inspect

To facilitate the Gastonia Housing Authority's obligations relating to the provision of Section 8 housing, and in consideration of its payment of the tenant's rent obligation as determined under the appropriate calculations, the undersigned tenant hereby authorizes the Gastonia Housing Authority to enter the occupied premises as needed for the purpose of conducting either routine or follow-up inspections to assure that the housing meets housing quality standards. The Housing Authority may enter all closets, bathrooms, and other confined spaces, and open cabinets and fixtures in order to complete this inspection. The undersigned tenant further agrees to hold the Gastonia Housing Authority harmless from any claims incurred during the ordinary course of an inspection.

III. Agreement to Indemnify

The undersigned owner agrees to make all housing leased under Section 8 available for inspection and assist agents of the Gastonia Housing Authority in accessing all areas required to be inspected. The undersigned owner further agrees to hold the Gastonia Housing Authority harmless from any claims incurred during the ordinary course of an inspection, and to indemnify the Gastonia Housing Authority from liability arising from all such claims.

IV. Obligations of the Housing Authority

The Gastonia Housing Authority agrees that at least 72 hours prior to the inspection, the Housing Authority shall provide written notice to both the tenant and owner of the date and approximate time of the inspection and offer each the opportunity to be present. The same standards for time and manner apply to follow up inspections.

Tenant

Date

GHA Representative

Landlord

Date

Date

Instructions: To be completed by the Tenant. This form must be completed and returned to Pam Clark once you have had your utilities turned on for the new unit. All blanks must be completed. Make sure you have this form available when calling the utility company so that you can fill in the information for Date services was turned on and Utility account number. If you fail to complete and return this form within 5 days of the date your unit passes inspection, your housing assistance may be denied.

**GASTONIA HOUSING AUTHORITY
SECTION 8
UTILITY ACCOUNT CERTIFICATION FORM**

Tenant's (Head of Household) Name: _____

Tenant's new address:
(Address where service was turned on) _____

Please complete one entry below for each utility you will be responsible for (power, gas, water, trash collection. Do Not include telephone, cable, etc.)

Name of Utility Provider Company _____

Date service was turned on: _____ Utility account number: _____
(IMPORTANT: You must get this information from the utility company when you have utility turned on)

Name of Utility Provider Company _____

Date service was turned on: _____ Utility account number: _____
(IMPORTANT: You must get this information from the utility company when you have utility turned on)

Name of Utility Provider Company _____

Date service was turned on: _____ Utility account number: _____
(IMPORTANT: You must get this information from the utility company when you have utility turned on)

ALL UTILITY ACCOUNTS MUST BE IN THE HEAD OF HOUSEHOLD'S NAME.

Failure to maintain utility service in the head of household's name may result in the termination of housing assistance.

By signing below, I certify that the information provided by me in this document is true and complete.

Tenant Signature

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

***To be completed by the Tenant: Please read, complete and return the form below once you have had your utilities turned on for the new unit. This form must be received back in our office within 5 days of the date your unit passes inspection or your application may be denied.**

UTILITY PAYMENT ASSIGNMENT FORM

Effective January 1, 1984, it is the policy of the Gastonia Housing Authority to issue utility payments directly to the utility provider on the tenant's behalf.

Complete the form below indicating which utility company you would want to receive any utility payments made by GHA on your behalf. Even if you do not currently receive a utility payment from GHA, you must still sign and return this form so it will be on file in the event a utility payment needs to be made on your behalf in the future.

Please remember that you are **ALWAYS** responsible for keeping your utilities in service. Always pay any amounts you owe to the utility companies. If the GHA utility payment is late, it will be credited against the next month. Failure to maintain utility service at all times will result in the termination of your housing assistance.

PLEASE COMPLETE THE BOTTOM PORTION OF THIS FORM AND RETURN IT TO THE GASTONIA HOUSING AUTHORITY.

NAME: _____

ADDRESS: _____

LANDLORD: _____

(Please check the utility company of your choosing and enter the account number---select only **one**)

DUKE POWER ACCOUNT # _____

PUBLIC SERVICE ACCOUNT # _____

CITY OF GASTONIA ACCOUNT # _____

Name of other utility company if different than above _____

Account #: _____

(Tenant Signature)

(Date)