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

- 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.

GASTONIA HOUSING AUTHORITY PASSING THE SECTION 8 HQS INSPECTION COMMONLY FAILED ITEMS

All property must pass a Section 8 HQS inspection before the property can be placed on the Section 8 program. The property passes inspection when it is in compliance with the HUD Housing Quality Standards and the GHA Acceptability Criteria Variations. These documents are available from the Gastonia Housing Authority main office located at 340 W Long Ave or GHA's website at www.ghanc.org.

The following 25 items are the main reasons why most properties fail the inspection. Correcting these items prior to the inspection will give an estimated 95% assurance that the property will be in compliance with HQS and ACV and pass inspection.

The first 10 items are by far the most commonly failed items. The next 15 also have been found to contribute significantly to failed inspections. The items are listed in order of highest to lowest failure rate.

- 1. Utilities not turned on. All utilities must be on and all appliances and equipment operable. The utilities may be in the landlords name for the inspection but must be transferred to the tenant before the Housing Assistance Payment (HAP) Contract is executed
- 2. Missing light globes
- 3. Cracked/missing electrical switch plates and receptacle covers
- 4. Windows painted shut
- 5. Smoke detectors, missing batteries
- 6. Chipping/peeling paint on siding, window sills, trim, porches, etc.
- 7. Open ground receptacles
- 8. Foundations vents missing or foundation vent screening missing or damaged
- 9. Water temps too high, must be between 100 and 120 degrees Fahrenheit (at tap)
- 10. Refrigerator temperature too high, must be no higher than 38 degrees
- 11. Handrails required for four (4) or more risers
- 12. Holes and cracks in foundation
- 13. Doors: Must be weather tight with workable locks and no double cylinder deadbolts
- 14. Handrails/guardrails: Maximum of 4" between vertical members
- 15. No GFCI receptacles in kitchen and bathroom
- 16. No attic access, R-19 or better insulation required in the attic
- 17. Water Heater: Must have drain pipe to T & P relief valve, no leaks
- 18. Broken/cracked window panes and windows without secure workable locks
- 19. Bathroom must have at least one window that can be opened or a mechanical vent system
- 20. Storm doors: All components must be present and operable
- 21. Bedrooms: No blocked egress (windows, doors) at least one window must provide unobstructed egress from the room
- 22. Stove: All burners and oven must be operable. All knobs must be present and marked.
- 23. Refrigerator: All components must be present and workable
- 24. Gutters and downspouts must be sound and secure and free from hazard
- 25. All dwellings units must display house numbers as assigned by the local jurisdiction

The above items are prioritized by the highest percentage rate of failure on first time out inspections.

Submit completed forms to: p.m.clark@ghanc.org or 704-867-3587

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. 9/30/2010)

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.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)				
Gastonia Ho	using Authority						
3. Requested Beginning Dat	e of Lease 4. Number of Bedrooms 5	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Uni	it Available for Ins	spection
9. Type of House/Apartment Single Family Det		ow House	Manufactured Ho	ome 🔄 Garden / V	/alkup	Elevator / Hig	jh-Rise
10. If this unit is subsidized, Section 202	indicate type of subsidy: Section 221(d)(3)(BMIR)	Section 2	236 (Insured or no	ninsured) 🗌 S	ection 515 F	lural Develop	ment
Home	Tax Credit						
Other (Describe O	ther Subsidy, Including Any State c	or Local Subsidy)					-
							-
	pay for the utilities and appliances indica specified below, the owner shall pay fo				and appliances	indicated below	
Item	Specify fuel type				Provided by $*$	Paid by **	
Heating	Natural gas Bottle gas	Oil	Electric	Coal or Other			
Cooking	Natural gas Bottle gas	Oil	Electric	Coal or Other			
Water Heating	Natural gas Bottle gas	Oil	Electric	Coal or Other			
Other Electric							
Water	*Provided by = who is a /repairs on the system/s	-	or service/mai	ntenance			
Sewer	**Paid by = who is resp		paying for the	cost of the			
Trash Collection	utility. ***Refrigerator / Rang	•	-				
Air Conditioning	appliance and will be re	esponsible fo	r repairs to th	eappliance			
*** Refrigerator				_			
Range/Microwave ***				-			
Other (specify)							
Affordable /	Unaffordable			-	w / Tsfr nant #		
Est. UA \$ Max Rent \$				Vo	ucher siz		BR

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.

*Question 12 applies only to apartment complexes with four or more non-Section 8 units

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)			
E-mail address:		E-mail address:			

AMEI	NITIES CHECKLIST
ADDRESS	APPROX. SQ. FT.
Amenities: (Exclusive us of the unit)	Facilities:
Central AC	Intercom
Carpet	Security System
Other high quality flooring (hardwood)	Cable TV hookups (Cable ready)
High quality wall covering (wall paper)	Storm Windows/Thermopane
Drapes	Storm doors
Miniblinds	Extra Insulation
Shades	Insulation (crawlspace)
Working fireplace/woods stove	Screens for windows
Special windows (ex. Bay windows)	Screens for doors
Special doors (ex. French doors)	Laundry facilities (if no W/D hookups)
Private patio/deck/balcony	Garage/carport
Exceptionally large rooms	On-site parking facilities
Ceiling fans	Private driveway
Vented range hood	Fenced yard
Dishwasher	Large yard
Garbage disposal	Swimming pool or hot tub
Eating counter/breakfast nook	Party or rec. room
Pantry or abundant shelving & cabinets	Exercise facility
Double oven	Playground
Self-cleaning oven	Tennis courts
Microwave (in addition to range)	Additional rec. equiptment or facilities
Double sink	Storage facility
High quality cabinets	Housing Services:
Abundant cabinet space	On-site management
Modern appliances	Security personnel
Washer/Dryer	Other (specify)
Washer/Dryer hookups	Other (specify)
Separate shower & tub	Other (specify)
Shower doors	Other (specify)
Extra bathroom cabinets	Other (specify)
Finished basement	Other (specify)
Other (Specify)	Other (specify)
UNIT TYPE: Detached Semi-detached/Row OVERALL QUALITY: Poor Fair Average	Good Excellent ercial/Residential) Industrial Rural

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	v 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

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 <i>Protect Your Family from Lead in Your Home</i>. 						
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 Date Date						
AgentDateAgentDate						

GASTONIA HOUSING AUTHORITY Section 8 Housing Choice Voucher Program Lease Addendum

(For Office Use Only)						
Term of Lease:						
Lease shall be for the term of one year and shall commence on						
Lease shall end on						
Jtilities 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 he 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.						
andlord'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	e Gastonia	Housing	Authority's le	egal	obligation	to provide	Section 8 ho	ousing in
accordance with	applicable	housing q	uality standar	rds un	der 24 C.F	⁻ .R. 982, the	following agre	ement is
entered volunta	rily by the G	Gastonia H	lousing Autho	ority,				,,
as tenant and	Section 8	recipient	(tenant), and	d				, 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
 Landlord

 Date
 Date

 GHA Representative
 Date

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