



Pender County Housing Department

Post Office Box 1149
805 South Walker Street
Burgaw, North Carolina 28425

Telephone: (910) 259-1208
FAX: (910)259-1343

****ATTENTION LANDLORDS - READ CAREFULLY****

Attached is the *Request for Tenancy Approval (RFTA) Form*. You must complete the form in order to start the process of allowing an assisted family to move into your unit. Include a copy of the *proposed lease (not signed)* with the RFTA. Make sure you follow all of the steps below.

1. **RFTA Approval – 40% Test**

When we receive the RFTA, we will review the information to make sure the unit is affordable for the family. Families must have enough income to afford the unit without spending more than 40% of their monthly adjusted income for the part of the rent and utilities they are be required to pay.

2. **Rent Reasonable**

The rent for a unit must be reasonable compared to other similar units in the area (where your unit is located) that are NOT receiving rental assistance. You must show that your “asking rent” compares to the market in the area for units of the same size (# of bedrooms) and type (house/mobile home/apartment). We will check market information. You cannot charge more rent to an assisted family than you would to a private-pay family for the same or a similar unit.

3. **Housing Quality Standards (HQS) Inspection**

A HQS Inspection is scheduled after steps 1 & 2 are complete and NO EARLIER than the date you tell us the unit will be available (RFTA Item # 8). For us to perform an inspection, the unit MUST:

- a. **Be move-in ready** – Repairs and cleaning must be complete. We do not give a “check-list” of “must-fix” items. The unit must be ready for anyone to move-in.
- b. **All utilities MUST be on** – the **owner** is responsible for providing utilities for the inspection.
- c. **FAILED INSPECTIONS** – If the unit fails the Move-in inspection, we will re-inspect only once. The owner is responsible for scheduling the re-inspection with our office.

DO NOT ALLOW APPLICANTS TO MOVE-IN PRIOR TO THE DATE OF INSPECTION.

4. **Lease Execution**

After the unit passes inspection; you may sign the lease with the family. Provide a fully executed copy to us, which must include the HUD Lease Addendum. Leases start on the date the unit passes inspection **OR** the date the tenant takes possession (keys in hand), **whichever is later**. We do not pay for vacant units. The tenant is responsible for all deposits. Leases end at the end of a full month.

5. **Housing Assistance Payment (HAP) Contract Execution**

After we get a copy of the lease, you will get a HAP Contract from us. READ IT CAREFULLY **before** you sign it. Your rights and obligations are in the contract. We will not pay you until you return a fully executed HAP contract to us.

6. **New Landlords**

If you have not worked with us in the last 12 months, you must complete a W-9 and a Direct Deposit Sign up form. Contact our office to get the needed forms.

We pay landlords twice a month. All paperwork must be complete at least five days before the payment date in order for a payment to be issued. If you have questions or need more information, call us or see our website:
<http://www.pendercountync.gov/hse/>

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REQUEST FOR TENANCY APPROVAL (RFTA) HOUSING CHOICE VOUCHER PROGRAM

The family applying to rent your unit is responsible for submitting the completed RFTA to the PHA. The PHA uses the information to determine if the family is eligible to rent the unit, if the unit is eligible, and if the lease complies with both program and statutory requirements. Your responses are required to obtain a benefit from the Federal Government. This information is not confidential.

PHA: <div style="border: 1px solid black; padding: 2px;"> Pender County Housing Authority 805 S. Walker St, Burgaw, NC 28425 housinginfo@pendercountync.gov </div>	Address of Rental Unit: (must be complete incl. zip code) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Number of Bedrooms: <input style="width: 60px;" type="text"/>	Year Built (required): <input style="width: 60px;" type="text"/>
Proposed Rent: <input style="width: 160px;" type="text"/>	Security Deposit Amount: <input style="width: 160px;" type="text"/>
What date will the unit be vacant, cleaned/repaired and ready for inspection? <input style="width: 160px;" type="text"/>	
What date would you like the lease to begin? <input style="width: 160px;" type="text"/>	

What type of Housing Unit is this?

<input type="checkbox"/> Stick built house/modular	<input type="checkbox"/> Townhome/Plex	<input type="checkbox"/> Apartment (no elevator)
<input type="checkbox"/> Highrise Apartment (elevator)	<input type="checkbox"/> Single-wide Trailer	<input type="checkbox"/> Double-wide Trailer

Do you receive any subsidies/assistance payment for this unit from any other agency? (such as RD, HOME, LIHTC, Sect. 202, Sect. 221(d)(3)(BMIR) NO Yes

If yes, from whom?

How are the following appliances powered?

Heating (furnace, etc):	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Oil <input type="checkbox"/>	Other (explain): _____
Cooking (stove):	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Oil <input type="checkbox"/>	Other (explain): _____
Water Heater:	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Oil <input type="checkbox"/>	Other (explain): _____

Who is responsible for paying for utilities?

electricity	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	Name of Electricity Provider: _____
Gas	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	None <input type="checkbox"/>
water	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	Well <input type="checkbox"/>
sewer	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	Septic tank <input type="checkbox"/>
trash removal	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	Haul away/dump sticker <input type="checkbox"/>

Who will provide the following appliances?

A/C Units (window)	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	HVAC System <input type="checkbox"/>
Refrigerator	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	
Stove	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	

Other appliances (List): _____

Check any other amenities that are provided:

Washer/Dryer	<input type="checkbox"/>	W/D Hookups only	<input type="checkbox"/>	Low-flo Plumbing	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Acreage	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	Carport only	<input type="checkbox"/>	Other (list below)	<input type="checkbox"/>
Carpet throughout	<input type="checkbox"/>	Sunroom	<input type="checkbox"/>		
Drapes/Blinds	<input type="checkbox"/>	Deck/Patio	<input type="checkbox"/>		

**REQUEST FOR TENANCY APPROVAL (RFTA)
HOUSING CHOICE VOUCHER PROGRAM**

OWNER CERTIFICATIONS:

The program regulations and the PHA require the owner to certify that the rent charged to the assisted tenant is not more than rent charged to tenants who rent without assistance.

OWNERS WITH PROJECTS THAT HAVE MORE THAN 4 UNITS (APARTMENT COMPLEXES & MOBILE HOME PARKS) MUST COMPLETE THE FOLLOWING SECTION FOR RECENTLY LEASED COMPARABLE UNITS (same size & type) THAT WERE RENTED TO UNASSISTED TENANTS:

Address of Unit	Date rented	Rent Amount

Owners must disclose potential lead-based paint hazards by choosing one of the following:

- This home was built on or after January 1, 1978.
- The unit, including common areas, has been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or a federally accredited State program.
- A completed statement is attached containing disclosures of known information on lead-based paint hazards in the unit, common areas, and/or exterior surfaces.

By signing below, the owner certifies that he/she is not the parent, child, grandparent, grandchild, sister, or brother of any member of this family's household. (Unless the PHA has already approved a reasonable accommodation to allow the family to rent from a relative.)

By signing below, the owner acknowledges that it is his/her responsibility to screen families for suitability as tenants. The PHA does not screen family behavior for suitability.

The PHA will arrange for inspection of the unit and will notify the family and owner as to whether the unit will be approved.

The owner's lease must include the HUD Tenancy Addendum to the Lease, either word-for-word or by attaching the addendum and including the necessary language in the lease.

THE OWNER HAS ATTACHED A BLANK COPY OF THE PROPOSED LEASE TO THIS FORM. (if no lease is attached, the form will not be reviewed)

Owner Information:

Proposed Tenant Information:

Print Name: _____	Print Name: _____
Mailing address: _____	Mailing address: _____
Phone number: _____	Phone number: _____
E-mail address: _____	E-mail address: _____

Signature: _____

Signature: _____



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SECTION 8 HCV PROGRAM LANDLORD CERTIFICATION

RE: _____ **NC**
Street Address of Unit to be Assisted City State Zip Code

By my signature below, I certify the following to be true and correct:

- **Ownership:** I am the legal owner *or* the legally designated agent for the owner for the above referenced dwelling unit (unit) and that the prospective tenant has no ownership interest in the unit whatsoever.
- **Approved Residents:** I understand that the family members listed on the lease agreement as approved by myself, the tenant and the Housing Authority are the only individuals permitted to live in the unit. I also understand that I am not permitted to live in the unit while I am receiving assistance payments from the Section 8 Housing Choice Voucher Program.
- **Housing Quality Standards:** I understand that I am obligated to remain in compliance with the Housing Assistance Payment (HAP) Contract at all times and to perform all necessary maintenance and maintain all appliances/systems supplied by me at the tenant’s initial occupancy so that the unit complies with Housing Quality Standards (HQS) at all times.
- **Tenant Rent Payments:** I understand that the tenant’s portion of the rent is determined by the Housing Authority and that the tenant’s portion may vary as determined by the Housing Authority. I also understand that it is illegal to charge any additional amounts for rent or any other item not specified in the lease, which has not been specifically approved by the Housing Authority.
- **Vacancy Reporting:** I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately and in writing. I also understand that I am responsible for notifying the Housing Authority of all lease violations immediately and in writing.
- **Computer Matching:** I understand that the HAP Contract permits the Housing Authority &/or HUD to verify my compliance with the Contract. I consent for the Housing Authority &/or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority &/or HUD may release and exchange information regarding my participation in the Section 8 program with other Federal and State agencies.
- **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 program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law.

WARNING: Title 18, US Code Section 1001, states that a person who knowingly & willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law also provides penalties for false or fraudulent statements.

Signature of Landlord/Agent

Date