



"Committed to Safe and Affordable Housing"

REQUEST FOR LEASE APPROVAL

Dear Landlord:

Please complete the following "Request for Lease Approval" in its entirety. This information will allow the Yakima Housing Authority to inspect the desired unit for a prospective Section 8 tenant. After you complete this packet and it is turned back into the YHA office, our inspector will have 15 days, usually less, to get to your unit and conduct an inspection. We also need documentation stating you have ownership/management of the property. **Please attach a copy of a current property tax statement or title to this request.**

AFTER THE UNIT PASSES INSPECTION

- 1. Contact the YHA Housing Facilitator working with your prospective Section 8 tenant to determine the move-in date.**
- 2. Please provide a copy of your new signed 12-month lease to YHA within 2 business days in order for staff to complete a Housing Assistance Payment (HAP) Contract promptly.**
- 3. After receiving a copy of your signed lease, YHA staff will send you all required documentation, including the HAP contract, so we can initiate payment to your account as soon as possible. We now use DocuSign for HAP Contracts! Be sure we have your current email address.**

Remember, owners have the responsibility to screen tenants, check references, and take all steps necessary to be sure a prospective tenant is acceptable. YHA does not screen applicants for family behavior or suitability for tenancy. It is the YHA policy to provide additional screening information upon written request. However, information will be limited to prior landlord names and addresses known to YHA for up to three years. Please submit requests for this information in writing to the YHA Housing Facilitator working with your prospective Section 8 tenant..

Please also note: The Housing Authority is not allowed to approve a unit if the owner is a family member to the prospective tenant, unless approving the unit would provide reasonable accommodation for a family member with disabilities. (This of course must be verified and documented ahead of time.)

Thank you,

Yakima Housing Authority
Section 8 Department

I, _____, do hereby swear and attest that I am legally allowed to rent this
Print Name

property and I am not related to this prospective tenant. _____
Signature of Landlord

For tax and I.D. purposes. Do you *currently* have other rentals on Section 8? _____

FOR OFFICE USE ONLY:

Received by: _____ Date Received: _____

Unit has been checked for rent suitability per the information provided in this packet and is now ready to be inspected.

Signature of Caseworker

P.O. BOX 1447 Yakima WA 98907 • www.yakimahousing.org

810 N. 6th Ave. Yakima WA 98902 • PH 509. 453. 3106 • FX 509. 453. 3111 • TDD 1. 800. 545. 1833 ext 560

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. 09/30/201)

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) <div style="font-size: 1.2em; font-weight: bold; text-align: center;">Yakima Housing Authority</div>			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 <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise					
10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit <input type="checkbox"/> 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			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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.

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)



"Committed to Safe and Affordable Housing"

Please complete the information requested below and the attached W9 form. It is imperative our office has all Owner/Landlord's identification number (TIN) to report the rental income paid to you to the IRS.

Name you wish checks to be paid to: _____

Current Mailing Address: _____

Current Physical Address: _____

Home Phone Number: _____ Work or Cell Phone Number: _____

Are you incorporated? ☐ Yes ☐ No

Do you have a late fee? ☐ Yes ☐ No Amount: \$ _____ After what day? _____

NSF Check Charge? ☐ Yes ☐ No Amount: \$ _____

Do you allow pets? ☐ Yes ☐ No Indoors? _____ Outdoors? _____

How many pets? _____ What kind of pets? _____

Other lease provisions:

Should you have any questions, please call (509) 453-3106.

Thank you,

Yakima Housing Authority
Section 8 Department

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Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
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 on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

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.



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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Use this form to add, change, or cancel a direct deposit. Each account requires a separate form and must be turned into the Yakima Housing Authority no later than the 20th of the month to take effect for the following months HAP payments. All changes must be in writing.

To set up a direct deposit you must:

- Have the account currently set up at your bank.
- Find out if the bank accepts direct deposit. Verify the bank's transit number and your account number.
- Notify the bank that you are setting up direct deposit of your HAP payment through the Yakima Housing Authority.
- Determine if the bank has special requirements.

Please check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> New Account | <input type="checkbox"/> Change Account or Bank |
| <input type="checkbox"/> Change Partial Amount | <input type="checkbox"/> Cancel Account |

Bank Name _____

Bank Transit & ABA# _____

Bank Account # _____

Account Type: (Check One): ☐ Checking ☐ Savings

Authorization given by:

Landlord Name: _____

Email Address: _____

Landlord Signature: _____

Date: _____

**YAKIMA HOUSING AUTHORITY
RENT REASONABLENESS FORM**

RE: _____

1. For the unit located at: _____
- a. \$ _____ is the most recent monthly rent **paid**.
- b. (x) 12 historical months **occupied** during the last 12 months for which rent was **paid**.
2. The monthly rent listed in 1.a. (above) is:
- a. ☐ the amount I will charge during the next year for monthly rent (\$ _____),
- b. ☐ is too high due to changes in market or FMR rental rate maximums. I will lower my rent to \$ _____, or
- c. ☐ does not represent the overall monthly rate I am able to get from this rental unit because of increased costs as a result of Utility and/or Tax Rate Increases; Improvements made to the unit; Refinancing of the property/recent purchase, or other:

Therefore, I feel a fair rental amount is \$ _____. I believe this is market rate that the unit merits.

3. I certify that the information listed above is true and complete to the best of my knowledge.

I further certify that the rent charged above:

- a. ☐ does not /will not exceed rents I charge for comparable unassisted units in the private market, or
- b. ☐ I have no other comparable units at this time.

Owner/Representative Signature

Date

YHA Unassisted "COMPARABLE" UNIT(S) LOCATED AT (DATA ATTACHED):

1. _____, monthly rental amount = \$ _____
2. _____, monthly rental amount = \$ _____
3. _____, monthly rental amount = \$ _____

ADDENDUM TO LEASE

Disclosure of Information on 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 hazards (check one below):

☐

Known lead-based paint and/or lead-based 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 one below):

☐

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 Acknowledgement (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 Acknowledgement (initial)

_____(e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(d) 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



HQS / HCV Inspection Check List

In most cases when a unit does not pass inspection the failing item(s) are easy and in-expensively fixed to meet our requirements. Housing Authority inspectors are glad to advise you on items that may need repairs.

Listed below is a brief description of some (not all) of the basic requirements needed in a rental unit. Every unit must have at least a living room, kitchen and a bathroom; excluding Single Room Occupancies (SRO"s).

Ceilings & Walls

No large cracks or holes that allow drafts or severe bulging.

Floors

No large cracks or holes. No exposed unfinished wood. No holes in the carpeting.

No missing or severely warped floorboards or coverings that could cause someone to trip.

Electricity

No broken or cracked outlets or light switches. No broken or cracked outlet or light switch covers.

No open breaker ports in the main or sub-panels, frayed or exposed wires, uncovered junction boxes etc.

All three-prong outlets need to be grounded or have a GFCI outlet installed. GFCI breakers in the main electrical panel that controls the ungrounded outlets would also qualify.

Locks

Must be in working condition on all windows, doors and sliding glass doors that can be reached from the outside (1st floor). This includes common hallways. No "double keyed" deadbolt locks for entry doors. A *wood rod* is not a lock.

Paint

No paint that is badly chipped or peeling, especially **LEAD BASED PAINT**. **Lead based paint applies to homes constructed before 1978.**

Kitchen Requirements

Storage and preparation space for food.

A working range, oven and refrigerator (can be supplied by the tenant).

A sink with running hot and cold water.

Living Room and Sleeping Room Requirements

At least two electrical outlets or one outlet and one permanent overhead light fixture.

At least one window.

A sleeping room must have at least one window which can be opened.

Other Room Requirements

There must be either natural illumination (a window) or an electric light fixture or outlet.

Building Exterior and Site Requirements

A roof that does not leak or have severe sagging.

Walls with no large holes that would allow outside air to enter the unit.

A foundation in good condition with no serious cracks.

No large exposed holes in the ground or heaved and broken sidewalks (trip hazard).

Water & Sewage

A plumbing system that is served by an approved public or private water system.

A plumbing system that is connected to an approved public or private sewage disposal system.

Plumbing

Pipes with no leaks and no serious rust that causes discolored water.

Water Heater

An electric water heater needs to have an appropriate electrical clamp to the vessel.

A temperature / pressure relief valve (TPR valve) with an attached discharge tube.

Both are required by HUD and County Code.

Ventilation / Cooling

Air circulation during the warm months which can include windows that open & fans and / or air conditioning.

At least two windows need to have screens in good condition per each level of the home.²⁵

Heating

Enough heating equipment so that the unit is warm during the cold months—68 degrees Fahrenheit minimum.

Portable heaters are NOT acceptable; the system must be permanently and correctly installed.

Health & Safety Requirements

Fire Exits – At least 2 exits from the building.

Elevators – If applicable must be safe and working properly with an L & I current inspection certificate displayed.

Entrance – Must not be necessary to go through anyone else's private apartment to get into a unit.

Lights – Must work in all common hallways and stairways *and* interior hallways, stairways and bathrooms.

Stairs – Must have a handrail with four or more steps, inside and outside of the unit.

Windows – No broken or cracked window panes.

Rodents & Vermin – No sign of rats or a large number of mice or vermin (cockroaches) and no bedbugs.

Mobile Homes

Tie Downs or anchors are required.

Smoke & CO Detectors

State law and HUD require working smoke alarms in all rental units.

State law and YHA require working Carbon Monoxide (CO) detector(s).

You must have one smoke & CO detector on each level of the home, outside of the bedrooms, *except for attic(s) or crawl space(s)*.

All housing constructed in 1995 or later is required to have all smoke detectors inter-connected. When one detector is tested, all detectors will sound off.

Housing Authority Inspectors are not required to enforce building codes as per county or state. If, after a unit is inspected and it is found that repairs are needed, you as a landlord have the option to not do the required repairs, thereby choosing not to participate in the HCV Housing Rental Assistance Program.

If you have any questions regarding our program or our unit requirements, please do not hesitate to contact our office at (509)453-3106.