#### **BOARD OF COMMISSIONERS**

Wayne A. Orio, Chairman
John R. O'Connor, Vice-Chairman
Harold Burns, Treasurer
Rosemarie Paine
Jasmin Nugent



John P. Counter Executive Director

#### REQUEST FOR TENANCY APPROVAL.

#### TO ALL POTENTIAL LANDLORDS AND TENANTS:

SAVIN ROCK COMMUNITIES WILL NO LONGER PROCESS INCOMPLETE REQUESTS FOR TENANCY APPROVAL.

ALL PAPERWORK MUST BE COMPLETED AND ALL REQUESTED FORMS MUST BE ATTACHED (IE, PROOF TAXES ARE CURRENT, PROOF OF OWNERSHIP, ETC). \*\* in addition to providing proof of ownership, if you are a landlord representative and/or management agency please provide copy of management contract

THE PAPERWORK MUST BE COMPLETED FOR EACH REQUEST SUBMITTED REGARDLESS OF THE NUMBER OF EXISTING SECTION 8 TENANTS YOU CURRENTLY HAVE.

ALL MOVE INS FOR EXISITNG TENANTS MOVING FROM ONE UNIT IN WEST HAVEN TO ANOTHER WILL NEED TO MOVE IN BY THE FIRST OF THE MONTH. WE WILL NOT DO MID MONTH MOVE INS FOR EXITING TENANTS. NEW TENANTS ON THE PROGRAM AS WELL AS PORT-INS FROM OTHER TOWNS MAY BE ABLE TO MOVE IN AT ANY TIME WITHIN THE MONTH.

NAMES, ADDRESSES AND SIGNATURES OF TENANTS AND LANDLORDS MUST BE COMPLETED ON PAGE 2 OF THE REQUEST.

COMPLETED REQUESTS MUST BE RECEIVED BY THIS OFFICE NO LATER THAN THE  $22^{ND}$  OF THE MONTH IN ORDER FOR A POSSIBLE  $1^{ST}$  OF THE MONTH MOVE IN. ANY REQUESTS RECEIVED AFTER THE  $22^{ND}$  WILL BE PROCESSED THE FOLLOWING MONTH.

\*\* in addition to proof of ownership, if you are a landlord representative, property manager, management agency please provide copy of management contract and or verification of LL representation

If you need forms, documents, services or information in a language other than English, to read or understand this or any other communications from the Savin Rock Communities (SRC), or to fully utilize our programs and services, please notify our agency at, 203-934-9266 x 100 or email us at <a href="mailto:section8@savinrockcommunities.org">section8@savinrockcommunities.org</a>.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please notify our agency at, 203-934-9266 x 100 or email us at <a href="mailto:section8@savinrockcommunities.org">section8@savinrockcommunities.org</a>.

Si necesita, formularios, documentos, servicios o información en un idioma que no sea inglés, para leer o comprender esta o cualquier otra comunicación de Savin Rock Communities (SRC), o para utilizar plenamente nuestros programas y servicios, notifique a nuestra agencia al 203-934-9266 ext. 100 o envíenos un correo electrónico a section8@savinrockcommunities.org.

Si usted o alguien de su familia es una persona con discapacidades y necesita una adaptación específica para utilizar plenamente nuestro programas y servicios, notifique a nuestra agencia al 203-934-9266 ext.100 o envíenos un correo electrónico a section8@savinrockcommunities.org.

Section 8 Offices • 23B Glade Street • West Haven, CT 06516 Tel: (203) 934-9266 • Fax: (203) 937-0306

Section 8 Inspection Office • Tel: (203) 691-8444• Fax (203) 691-8426

www.savinrockcommunities.org

Equal Opportunity Housing

#### 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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions. 1. Name of Public Housing Agency (PHA) 2. Address of Unit (street address, unit #, city, state, zip Savin Rock Communities 23 B Glade ST West Haven 06516 3. Requested Lease 4. Number of 5. Year Constructed 6. Proposed 7. Security 8. Date Unit Start Date Bedrooms Rent Deposit Amt Available for Inspection 9. Structure Type 10. If this unit is subsidized, indicate type of subsidy: ☐ Single Family Detached (one family under one roof) □Section 202 □ Section 221(d)(3)(BMIR) Semi-Detached (duplex, attached on one side) □ Tax Credit □ HOME Rowhouse/Townhouse (attached on two sides) □ Section 236 (insured or uninsured) Low-rise apartment building (4 stories or fewer) □Section 515 Rural Development □Other (Describe Other Subsidy, including any state or High-rise apartment building (5+ stories) local subsidy) Manufactured Home (mobile home) 1. Utilities and Appliances The owner shall provide or pay for the utilities/appliances indicated below by an "0". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave. Item Specify fuel type Paid by □ Natural gas Heating □ Bottled gas □ Electric □ Heat Pump □ Other □ Natural gas □ Bottled gas Cooking □ Electric □ Other □ Natural gas Water Heating □ Bottled gas □ Electric □ Oil □ Other Other Electric Water Sewer Trash Collection Air Conditioning Other (specify) Provided by Refrigerator

Range/Microwave

rent charged to the housing more than the rent charged units. Owners of projects wit complete the following section comparable unassisted units	on for most recently leased	Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 197  The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common are have been found to be lead-based paint free by a lead-ba paint inspector certified under the Federal certification program or under a federally accredited			
rent charged to the housing more than the rent charged units. Owners of projects wit complete the following sectic comparable unassisted units  Address and unit number D  1.	choice voucher tenant is not for other unassisted comparable th more than 4 units must on for most recently leased within the premises.	Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 197  The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common are have been found to be lead-based paint free by a lead-ba paint inspector certified under the Federal certification program or under a federally accredited			
complete the following section comparable unassisted units  Address and unit number D  1. 2.	on for most recently leased swithin the premises.	painted surfaces associated with such unit or common are 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			
comparable unassisted units  Address and unit number D  1.  2.	within the premises.	painted surfaces associated with such unit or common are 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			
1. 2.	ate Rented Rental Amoun	paint inspector certified under the Federal certification program or under a federally accredited			
2.		program or under a federally accredited			
		State certification program.			
3.		A completed statement is attached containing disclosure			
		known information on lead-based paint and/or lead-base paint hazards in the unit, common areas or exterior paint			
		surfaces, including a statement that the owner has provide the lead hazard			
b. The owner (including a principal		information pamphlet to the family.			
not the parent, child, grandp	arent, grandchild, sister or	13. The PHA has not screened the family's behavior or			
brother of any member of th determined (and has notified	d the owner and the family of	suitability for tenancy. Such screening is the owner's			
such determination) that app	proving leasing of the unit,	responsibility.			
notwithstanding such relatio		<ul><li>14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.</li><li>15. The PHA will arrange for inspection of the unit and will</li></ul>			
person with disabilities.	for a family member who is a				
		notify the owner and family if the unit is not approved.			
	tion tive and/or management ago	ency, please provide copy of management contract			
wust be completed in full & sign	ed by landlord & tenant. This fol	rm will not be processed if return incomplete.			
Print or Type Name of Owner/O	wner Representative	Print or Type Name of Household Head			
Print or Type Name of Owner/O	wner Representative	Print or Type Name of Household Head			
Print or Type Name of Owner/Ovner/Owner Representative S					
		Print or Type Name of Household Head  Head of Household Signature			
Owner/Owner Representative S		Head of Household Signature			
Owner/Owner Representative S		Head of Household Signature  Present Address			
Owner/Owner Representative S  Business Address	ignature	Head of Household Signature			

#### **Rent Reasonableness**

Address of unit:			
Name of Complex (if applaic	able):		
Number of bedrooms	_ # of full baths # Ha	If bathssqu	are footage year Built
Type of unit:  Apartment, Condo  Mobile home, Row Hous	_ Duplex, Low Rise, e, TH/Villa, condo(T	High rise (+10 sto H/VILLA), trip	ry), single family house, lex, 4 plex
Type of heating system <b>CIRC</b> Baseboard, boiler, central window /wall			radiator, space heater,
Are any utilities included in t	he rent? Y or N list what is	incl:	
Amenities – CIRCLE ALL THA	T APPLY		
INDOOR	<b>KITCHEN</b>	OUTDOOR	<u>OTHER</u>
Cable included	dishwasher	Balcony	gated community
Ceiling fans	Garbage Disposal	Pool	security cameras
Dryer	Microwave		on site management
Washer	Refrigerator		on site res svc coordinator
w/d hook ups	Stove		On site security personnel
onsite laundry	new appliances		full time on site maint staff
PARKING	MAINTENANCE		free wi-fi
Garage	lawn care		
Covered space	Pest Control		
Driveway	trash		
Street			
open			
None/ Unknown			

<sup>\*\*</sup> Proof of ownership & proof of paid up to date taxes attached (at initials and/or change of ownership)

<sup>\*\*</sup> Please make sure entire RFTA is complete – PLEASE REVIEW ALL PAGES/\*\* Incomplete RFTA's WILL NOT be processed

### 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 managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's	Disclosure		
(a) Prese	ence of lead-based paint and/or lead	-based paint hazards (checl	k (i) or (ii) below):
	Known lead-based paint and/or (explain).		
(ii)	Lessor has no knowledge of lea	d-based paint and/or lead-	based paint hazards in the
) Reco	rds and reports available to the lesso	or (check (i) or (ii) below):	
(i)	Lessor has provided the lessee was lead-based paint and/or lead-babelow).	vith all available records ar sed paint hazards in the ho	nd reports pertaining to ousing (list documents
(ii)	Lessor has no reports or records paint hazards in the housing.	pertaining to lead-based p	aint and/or lead-based
	Acknowledgment (initial)		
	Lessee has received copies of al		
ı)	Lessee has received the pamphi	et <i>Protect Your Family from L</i>	ead in Your Home.
gent's A	Acknowledgment (initial)		
_	Agent has informed the lessor of is aware of his/her responsibility	of the lessor's obligations ur To ensure compliance.	nder 42 U.S.C. 4852(d) and
ertificat	ion of Accuracy		
he follov	ving parties have reviewed the informat nation they have provided is true and ac	ion above and certify, to the b curate.	est of their knowledge, that
essor	Date	Lessor	Date
essee	Date	Lessee	Date
\gent	Date	Agent	Date

## SAVIN ROCK COMMUNITIES SECTION 8 LANDLORD CERTIFICATION OF RESPONSIBILITY

- 1. I certify that I am the legal or the legally designated agent for the above referenced unit, and that the tenant has no ownership in this dwelling unit.
- 2. I understand that I must comply with equal opportunity requirements.
- 3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.
- I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
- 5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants.
- 6. I understand that the family members listed on the Housing Assistance Payments Contract (form HUD-52641) are the only individuals permitted to reside in the unit. I understand that SAVIN ROCK COMMUNITIES and I must grant prior written approval for other persons to be added to the household. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
- I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B and C. I understand that it is imperative that I fully understand the terms and conditions of the lease, Tenancy Addendum (form HUD-52641-A), and the HAP Contract.
- 8. I understand that I must submit to the tenant for their consideration and the SAVIN ROCK COMMUNITIES for their review, any new lease or lease revision a minimum of forty-five (45) days in advance of the effective date of the lease or lease revision.
- I understand that I must provide SAVIN ROCK COMMUNITIES with a written request for any rent increase a minimum of forty-five (45) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.
- 10. I understand that the tenant's portion of the contract rent is determined by SAVIN ROCK COMMUNITIES 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 specifically approved by SAVIN ROCK COMMUNITIES.
- 11. I understand that I may not lease a unit to my family members, including all occupants, who are related to me in any of the following ways: parent, child, grandparent, grandchild, sister or brother. I understand that the SAVIN ROCK COMMUNITIES may grant prior written approval if the rental unit will provide reasonable accommodations for a family member who is a person with disabilities.
- 12. I understand that I may not assign the HAP Contract to a new owner without the prior written consent of SAVIN ROCK COMMUNITIES.
- 13. I understand my obligations in compliance with the HAP Contract to perform necessary maintenance so that the unit continues to comply with Housing Quality Standards.

- 14. I understand that should the assisted unit become vacant, I am responsible for notifying SAVIN ROCK COMMUNITIES immediately, verbally and in writing. I also understand that the HAP Contract and payment will terminate immediately.
- 15. I understand that I should attempt to resolve disputes between the tenant and me and contact SAVIN ROCK COMMUNITIES, in writing only in serious disputes that we are unable to resolve.
- 16. I understand that I must promptly give SAVIN ROCK COMMUNITIES a copy of any owner-eviction notice to the tenant and to comply with all State and local eviction procedures.
- 17. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in SAVIN ROCK COMMUNITIES housing programs.
- 18. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law.

	<del></del>	Signature
of Owner/Agent	Date	
Signature of Co-Owner/Agent	Date	
Home Phone #	Email Address	
Cell Phone #	Business Phone#	
makes false or fraudulent statemer	tion 1001, states that a person who k nts to any Department or Agency of th so provide penalties for false or fraud	e United States is
Re Statement #11:		
I am not renting to a relativ	e.	
I am renting to a relative.		
Relationship to owner		
Pagagan		

(Rev. December 2014) Department of the Treasury Internal Revenue Service

#### **Request for Taxpayer Identification Number and Certification**

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

	1 Name (as shown on your income tax return). Name	is required on this line; do not leave this line blank	ς.	<u> </u>	<u> </u>	
5.	2 Business name/disregarded entity name, if different from above					
Print or type See Specific Instructions on page	Note. For a single-member LLC that is disregard the tax classification of the single-member owner.  ☐ Other (see instructions) ►  5 Address (number, street, and apt. or suite no.)  6 City, state, and ZIP code	ration S Corporation Partnership  tion (C=C corporation, S=S corporation, P=partner  ded. do not check I.I.C: check the appropriate box	in the line above	certain entinstruction Exempt pa Exemption code (if ar	counts maintained ou	iduals; see
	7 List account number(s) here (optional)					
Par			······································			
reside entitie TIN or	your TIN in the appropriate box. The TIN provide p withholding. For individuals, this is generally yon alien, sole proprietor, or disregarded entity, se s, it is your employer identification number (EIN).	our social security number (SSN). However, to the Part I instructions on page 3. For other, if you do not have a number, see How to get the see How to get the part of the part of the see How to get the see How the see H	for a er et a or	ial security numb	-	
<b>Note.</b> guidel	If the account is in more than one name, see the ines on whose number to enter.	instructions for line 1 and the chart on page	e 4 for Emp	loyer identificati	on number	
Parl	II Certification					
	penalties of perjury, I certify that:					
1. The	e number shown on this form is my correct taxpa	ayer identification number (or I am waiting for	r a number to	be issued to me	e); and	
36	n not subject to backup withholding because: (a) vice (IRS) that I am subject to backup withholdin longer subject to backup withholding; and	) I am exempt from backup withholding, or (t ng as a result of a failure to report all interest	b) I have not b or dividends,	een notified by or (c) the IRS h	the Internal F as notified m	Revenue le that I am
3. l ar	n a U.S. citizen or other U.S. person (defined bel	low); and				
	FATCA code(s) entered on this form (if any) indic		na is correct.			
Certification because interest general instructions	ication instructions. You must cross out item 2 se you have failed to report all interest and divide it paid, acquisition or abandonment of secured pally, payments other than interest and dividends, tions on page 3.	above if you have been notified by the IRS the ends on your tax return. For real estate trans	that you are cu	2 does not appl	y. For mortg	age
Sign Here	Signature of U.S. person ▶	Di	ate ►			
Gen	eral Instructions	• Form 1098 (home mo	ortgage interset)	1098-F (etudent	loan interest\	1008_T

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer Identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 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. See What is FATCA reporting? on page 2 for further information.

#### **BOARD OF COMMISSIONERS**

Wayne A. Orio, *Chairman* 

John R. O'Connor, Vice- Chairman Harold Burns, Treasurer

Rosemarie Paine Jasmin Nugent



John P. Counter Executive Director

In accordance with Savin Rock Communities (SRC) policy enacted April 9, 2002, this verification of tax status must be completed by the Office of the Tax Collector of the City of West Haven and submitted with your Request for Tenancy Approval (RFTA) form.

To engage a Section 8 contract with SRC ALL taxes must be current with the City of West Haven.

To obtain verification, please have this form competed by the:

Office of the Tax Collector City of West Haven 355 Main Street West Haven, CT 06516

All forms submitted to the housing authority must be the original and bear the tax collectors information & stamp. NO faxes accepted

Please print:		
Property owner name:		
Mailing address:		
Property Address:		
Property list #:(List number may be obtained at Asses	ssors office)	
Tax Status Veri For Tax Collector's		
Paid Current:yesNo		
Signature:(Tax Collector)	Date:	
Statement attached:yesno	Stamp:	

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