

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

**This packet has been updated, please review ALL Pages and sign where indicated
There are new items to review, acknowledge & sign**

REQUEST FOR TENANCY APPROVAL (RFTA)

- Savin Rock Communities will not process incomplete RFTAs
- For our offices to process the request in a timely manner please have the COMPLETED RFTA & all requested documents to our offices **no later than the 15th of the month** so we may process for the first of the following month (please be advised, dates and timelines are subject to change)
- RFTAs must be reviewed, completed & signed in all designated fields by the landlord and tenant (we will not process an incomplete RFTA), It is landlord responsibility have the tenant sign & completed where indicated.
- All requested documents must be submitted with each new RFTA (paperwork must be submitted/completed for all RFTAs regardless of the number of existing tenants you have on the Savin Rock Communities Housing Choice Voucher Program)
- Proof of ownership MUST be provided with all RFTAs (paperwork must be submitted/completed for all RFTAs regardless of the number of existing tenants you have on our program)
- If the owner of the property employs a management company – please supply a copy of the management agreement between owner and management company
- Once we have processed & approved a completed RFTA & verified ownership, our inspectors will reach out to the landlord to schedule an inspection. ****Utilities MUST be on at the time of inspection. **** Please see attached Housing Quality Control Inspection Checklist for other tips to prepare for your inspection

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 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 section8@savinrockcommunities.org.

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 si usted o alguien de su familia es una persona con discapacidades y necesita una adaptación específica 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.

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. 04/30/2026

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.

1. Name of Public Housing Agency (PHA) Savin Rock Communities 23 B Glade ST West Haven CT 06516			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			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"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <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/appliances indicated below by an "O". 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
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

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. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- 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 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 if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Landlord email address _____

Tenant email address _____

Rent Reasonableness (complete ALL fields)

Address of unit: _____

Name of Complex (if applicable): _____

Number of bedrooms _____ # of full baths _____ # Half baths _____ square footage _____ year Built _____

Type of unit:

Apartment _____, Condo _____, Duplex _____, Low Rise _____, High rise (+10 story) _____, single family house _____, Mobile home _____, Row House _____, TH/Villa _____, condo(TH/VILLA) _____, triplex _____, 4 plex _____

Type of heating system **CIRCLE TYPE OF HEATING SYSTEM**

Baseboard, boiler, central, furnace, heat pump, none, other, radiator, space heater, window /wall

Are any utilities included in the rent? Y or N list what is incl: _____

Amenities – **CIRCLE ALL THAT APPLY**

INDOOR

Cable included

Ceiling fans

Dryer

Washer

w/d hook ups

onsite laundry

PARKING

Garage

Covered space

Driveway

Street

open

None/ Unknown

KITCHEN

dishwasher

Garbage Disposal

Microwave

Refrigerator

Stove

new appliances

MAINTENANCE

lawn care

Pest Control

trash

OUTDOOR

Balcony

Pool

gated community

security cameras

on site management

on site res svc coordinator

On site security personnel

full time on site maint staff

free wi-fi

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

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

Savin Rock Communities Housing Choice Voucher Program Landlord Certification of Responsibility

Ownership of Assisted Unit: I certify that I am the legal owner of the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever. (Please provide the Housing Authority proof of ownership and a copy of a Management Agreement if property is being managed by an agent.) I understand that I must comply with equal opportunity requirements.

Tenant Screening: 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 must comply with equal opportunity requirements.

Security Deposit and Tenant Rent Payments: I understand that I determine the amount of security deposit must be in compliance with State and local law. The tenant's portion of the contract rent is determined by the Housing Authority, it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Authority

Approved Residents 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

Lease & HAP contract: 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. 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

Administrative and Criminal Action 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 law

Housing Quality Standards: I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance, so the unit continues to comply with Housing Quality Standards

Reporting Vacancies to the Housing Authority: I understand the assisted unit become vacant; I am responsible to notify the Housing Authority immediately in writing

Tenant violations: 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

Tenant/landlord Relationship Disclosure: CFR, Section 982, states "(d) The Housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister or brother of the Voucher holder." Exception: The Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This exception does not apply to an elderly person unless he/she is disabled

Computer Matching Consent: I understand the Housing Assistance Payment 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 and HUD may release and exchange information regarding my participation in Section 8 with other Federal and State agencies

Warning-Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agent of the United States. State law may also provide penalties for false or fraudulent statements.

Landlord Signature, email address & Date: _____

CHECK ONE:

_____ **I am not renting to a relative**

_____ **I am renting to a relative; if yes what is relationship to tenant** _____

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) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ 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 (i) or (ii) below):

(i) _____ 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).

(ii) _____ 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 lessor of the lessor's obligations under 42 U.S.C. 4852(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 they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

Housing Quality Standard Inspection Checklist

Electricity and or Gas must be turned ON in the unit

GFI's: Properly grounded GFCI's within 6' feet of water source (sink, Tub, toilet, etc.)

Smoke alarms must be EITHER hardwired OR 10yr tamper proof SEALED battery alarms & located on interior & exterior of each sleeping areas, living area, basement, & ALL levels of common stairways

Operational Carbon Monoxide Detector that have fuel fired/burning mechanicals or appliances. Must be located in the unit ("vicinity of sleeping areas") & basement

Painted surfaces, interior & exterior, must be free of deteriorated paint. (No peeling or chipping)

KITCHEN:

- Properly grounded GFCIs within 6' of water source. (Sink, Tub, Toilet, etc.) or eliminate outlet.
- All appliances (stoves, ovens, refrigerator, etc.) MUST be fully operational. Gas appliances must light with pilot or electronic ignition, NOT manually.
- All proper fitting control knobs must be attached.

BATHROOM:

- Properly grounded GFCIs within 6" of water source (Sink, Tub, Toilet, etc.) or eliminate outlet.
- Watertight tub surround.

BEDROOMS:

- Smoke detectors functioning properly. (EITHER hardwired OR 10yr tamper proof SEALED batteries)
- MUST be at least (1) window to outside of building and (2) receptacles or (1) receptacle and a permanent light fixture.

LIVING ROOM:

- (2) receptacles or (1) with permanent light fixture
- COMMON HALLS:
- Proper lighting
- Smoke detectors functioning property on each level

STAIRS & PORCHES:

- Stairs (four or more consecutive) must have handrails.
- Stairs, walks, porch floors must be secure and intact (free from tripping hazards).

WINDOWS:

- MUST lock within 6' feet from the ground, porches and roofs.
- Window sashes must be in good condition, solid and intact, and must fit property in the frames. Window glass must have NO CRACKS.
- Windows must be able to stay open on their own.

DOORS:

- Interior doors must have all trim intact and must open without a key.

Landlord signature & acknowledgement of above listed items _____

Date: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	2	Business name/disregarded entity name, if different from above.			
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____				
	3b		If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	6	City, state, and ZIP code			
7	List account number(s) here (optional)				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

BOARD OF COMMISSIONERS

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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 completed 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 Assessors office)

**Tax Status Verification
For Tax Collector's Use ONLY**

Paid Current: ___yes ___No

Signature: _____ Date: _____
(Tax Collector)

Statement attached: ___yes ___no Stamp: _____

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