

Voucher
Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB No. 2577-0169
(exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 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. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to 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 issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.



APPLICANT REQUEST FOR TENANCY APPROVAL PACKET:

Client Name: _____ Tenant #: _____
 Program: _____ Bedroom Size: _____

Thank you for your decision to participate in the Housing Choice Voucher Program.

Included in this packet are the required documents necessary for owner participation. Please complete and return all forms in their entirety. You may complete the forms electronically, print, scan and attach to an email and submit to RFTA@SLHA.ORG, or fax to 314-289-7214 or print and mail using the USPS or another mail delivery service, or drop off to SLHA's headquarters located at 3520 Page Blvd., St. Louis, MO 63106.

**All parties (owner/agent and participant) must jointly complete the packet.
 Incomplete packets will not be accepted and/or processed.**

Included in this packet:

- Owner and Agent Information *(to be completed by owner/agent)*
- Direct Deposit Enrollment Form *(to be completed by owner/agent)*
- Owner W-9 (Request for Taxpayer Identification Number & Certification) *(to be completed by owner/agent)*
- Request for Tenancy Approval - Form HUD-52517 *(to be completed and signed by both owner/agent and participant)*
- Rent Reasonableness Self-Certification form *(to be completed by owner/agent)*
- Unit Type Form *(to be completed by owner/agent)*
- Disclosure of Lead Based Paint *(to be completed & signed by owner and participant)*

Owner/Agent,
please email the entire packet
with ALL required documents attached
to: RFTA@SLHA.ORG
YOU WILL BE SENT A
CONFIRMATION RECEIPT.

PROPERTIES WITHIN CITY OF ST. LOUIS HOUSING CONSERVATION DISTRICT:

****Must** submit Certificate of Inspection as required by City of St. Louis Ordinance.

For more information regarding Housing Conservation Districts please contact the City of St. Louis Building Division directly at 314-622-3313 or visit

WWW.STLCityPERMITS.COM

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PROOF OF PAID REAL ESTATE TAX:

****Must** submit official copy of real estate tax receipt for property, paid to date and not in arrears.

In addition, you must provide:

PROOF OF OWNERSHIP (Recorder of Deeds Stamp required) must include one of the following:

- Warranty Deed
- Special Warranty Deed
- Quit Claim Deed
- Beneficiary Deed
- Any Other Deed that Conveys Ownership

If using a managing agent, the executed management agreement between the owner and agent must be provided.

**If submitting a unit located in/at a tax credit property you must include the applicable
 MHDC information/schedule.**

If you have any questions or need additional information please contact the
 Intake Coordinator directly at either RFTA@SLHA.ORG or 314-286-4349.

**Please return all forms after completion, and retain both a copy of the completed packet and
 the 10-Steps to Successful Landlord Participation for your records.**



PARTICIPANT REQUEST FOR TENANCY APPROVAL PACKET:

Client Name: _____ Tenant #: _____
 Program: _____ Bedroom Size: _____

Thank you for your decision to participate in the Housing Choice Voucher Program.

Included in this packet are the required documents necessary for owner participation. Please complete and return all forms in their entirety. You may complete the forms electronically, print, scan and attach to an email and submit to RFTA@SLHA.ORG, or fax to 314-289-7214 or print and mail using the USPS or another mail delivery service, or drop off to SLHA's headquarters located at 3520 Page Blvd., St. Louis, MO 63106.

**All parties (owner/agent and participant) must jointly complete the packet.
 Incomplete packets will not be accepted and/or processed.**

Included in this packet:

- Owner and Agent Information *(to be completed by owner/agent)*
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- Owner W-9 (Request for Taxpayer Identification Number & Certification) *(to be completed by owner/agent)*
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Owner/Agent,
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 with ALL required documents attached
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 YOU WILL BE SENT A
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PROOF OF PAID REAL ESTATE TAX:

****Must** submit official copy of real estate tax receipt for property, paid to date and not in arrears.

In addition, you must provide:

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- Special Warranty Deed
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- Beneficiary Deed
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If using a managing agent, the executed management agreement between the owner and agent must be provided.

**If submitting a unit located in/at a tax credit property you must include the applicable
 MHDC information/schedule.**

If you have any questions or need additional information please contact the
 Intake Coordinator directly at either RFTA@SLHA.ORG or 314-286-4349.

**Please return all forms after completion, and retain both a copy of the completed packet and
 the 10-Steps to Successful Landlord Participation for your records.**

3520 Page Boulevard
Saint Louis, Missouri 63106

Section 8 Division



Office: 314.531-4770
TDD: 314.286.4223
email: RFTA@slha.org

Owner # _____

**Request for Tenancy Approval
Owner Information**

Owner Type: <input type="checkbox"/> Person <input type="checkbox"/> Organization		
Social Security No.		Tax I.D. No.
Last Name	First name	Middle Initial
Organization Name		
Mailing Address*		
City, State & Zip Code		
Owner Address		
Owner City, State & Zip Code		
Area Code & Phone Number:	Mobile Number:	Fax Number:
E-mail Address:		
Contact Person:		

*Correspondence will be sent to mailing address. P.O. Boxes are not accepted in this section.

Please provide the assisted family's name, address and zip code.

CLIENT NAME

ADDRESS

ZIP CODE

Signature of Owner / Authorized Agent

Date

Agent Information

Managing Agent for Tenant's Unit

(Complete this section if you have an address or Manager other than the information provided on the Owner Information Sheet)

Agent Type: <input type="checkbox"/> Person <input type="checkbox"/> Organization		
Social Security No.		Tax I.D. No.
Last Name	First name	Middle Initial
Organization Name		
Address*		
City, State & Zip Code		
Phone Number:	Mobile Number:	Fax Number:
E-mail Address:		
Contact Person:		

*P.O. Boxes are acceptable in this section only.

HAP should be paid to

Please Check One: <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT







ST. LOUIS **HOUSING** AUTHORITY

**DIRECT DEPOSIT ENROLLMENT/CHANGE FORM
INSTRUCTIONS**


For Housing Choice Voucher (Section 8) Program Owners/Agents Only

1. Complete the Direct Deposit Enrollment form on the back of the instructions. Indicate whether this is a "CHANGE" to an existing enrollment or "NEW" enrollment by checking the appropriate box. Enter all required information in sections I and II.
2. Check the type of account (checking or savings). For deposit to a checking account, attach an original voided check (deposit slips or temporary checks are not acceptable) for the checking account into which you would like the SLHA to deposit the funds. Write "VOID" across the front of the check and blacken the signature portion of your check. If no checks are available, or for a savings account, please submit a letter from your bank to include: the name on the account, account number and bank routing number.
3. Submit the completed form, together with your voided check or letter from your bank, to the St. Louis Housing Authority in person, by mail or fax to:

**St. Louis Housing Authority
Attention: Finance Department
3520 Page Boulevard
St. Louis, MO 63106
Fax: (314) 289-7241**

John Doe 123 Shady Lane YourCity, AA 12345		2048 Date
Pay to the order of _____		_____ Dollars
YOUR SAVINGS & LOAN Anywhere, USA		
For _____		
I: 241022233	339622222 I	02048
		
Routing Number 241022233 (9 digits)	Account Number 339622222	Check Number

4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
5. Please allow 30 days for your Direct Deposit Enrollment form to be processed.
6. To avoid interruption in payments, written notification of all changes must be submitted to the SLHA Finance Department at least 30 days prior to payment date using the Direct Deposit Enrollment Form.

 ST. LOUIS HOUSING AUTHORITY	DIRECT DEPOSIT ENROLLMENT FORM
<p>To enroll for Direct Deposit, the payee should fill in the information requested in sections I and II of the Direct Deposit Authorization Agreement, attach a voided check or letter from your bank and mail or fax both to:</p> <p align="center"> St. Louis Housing Authority Attention: Finance Department 3520 Page Boulevard St. Louis, MO 63106 Fax: (314) 289-7241 </p>	
DIRECT DEPOSIT AUTHORIZATION AGREEMENT – FOR AUTOMATIC DEPOSITS	
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	
Check the appropriate box above to indicate a “new” enrollment or “change” to an existing enrollment.	
SECTION I – PAYEE INFORMATION	
PAYEE NAME (must match payee on ownership paperwork)	OWNER/AGENT NUMBER <small>(assigned by SLHA)</small>
ADDRESS (STREET, P.O. BOX)	TELEPHONE NUMBER
CITY	STATE
EMAIL	
<p>I (we) do hereby authorize St. Louis Housing Authority to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account. This authority is to remain in full force and effect until the St. Louis Housing Authority has received written notification from me of its change or termination in such time and in such manner as to afford St. Louis Housing Authority and your financial institution a reasonable opportunity to act on it.</p>	
NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
Enter your Employer Identification Number (EIN) in the appropriate box to the right. The EIN provided must match IRS Form W-9. Individuals without an EIN should enter their social security number.	EMPLOYER IDENTIFICATION NUMBER
SIGNATURE	DATE
SECTION II – FINANCIAL INSTITUTION INFORMATION	
BANK NAME	ROUTING NUMBER
CITY	ACCOUNT NUMBER
STATE	ZIP CODE
TYPE OF ACCOUNT (SELECT ONE): <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person 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):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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.

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

Social security number									
				-				-	
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

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 brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (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, later.



List Your Property for FREE!



Receive **guaranteed rental payment** from government-housing programs like Section 8



Communicate instantly with thousands of prospective tenants through our safe and **secure dashboard**.



Access real-time market rent data and know how much your property could rent for with our **FREE Market Rent Estimator Tool**



Reduce your vacancy times with “**QuikMatch**” which instantly matches your properties to prospective renters



Free customer support via phone, email and online chat, M-TH 9am-8pm, F 9am-6pm, EST

Get started at:

AffordableHousing.com



Questions?

Call toll free at (866) 466-7328



How to List Your Rental Property Online

Step-By-Step Instructions



How to List Your Property For Free Online

Step 1. Sign Up

Go to AffordableHousing.com and click on **"Sign Up"** located on the top right corner of the homepage. You can use any web browser on your phone, computer, or tablet.

Select your user type- If you are posting an available rental property, you are an **"Owner"** (landlord). If you are looking for a place to live you are a **"Renter"**. Please refer to the "How to search for Affordable Housing Guide" for more information.

Confirm your Email- An email will be sent to the email address you provided. Open your email and click on **"Confirm"**.

Create a password- Create a password to be able to sign into your account again.

Step 2. Create a New Listing

Go to AffordableHousing.com and sign into your account. You should automatically be brought to the owner Dashboard. If you are not on the Dashboard, you can click on **"My Dashboard"** at the top of the page. Once you are on the Dashboard, you can see all of the tools available to you. (See step 9).

Click on **"+ Add New Listing"** then select which type of property you want to list.

Single unit- For property owners listing a single-family home, apartment, condo, or individual unit.

Entire Community- For property owners listing multiple units in the same building or complex.

If you are listing an entire community, refer to the **"Entire Community"** sections of these instructions, additional information is located page 4.

Step 3. Fill out the Property Details

This is where you enter all of the information about the property you are listing. You will need to fill out the address, property type, how many bedrooms and bathrooms and the monthly rent. Anything with an asterisk * can not be left blank, and you must make a selection or type in an answer.



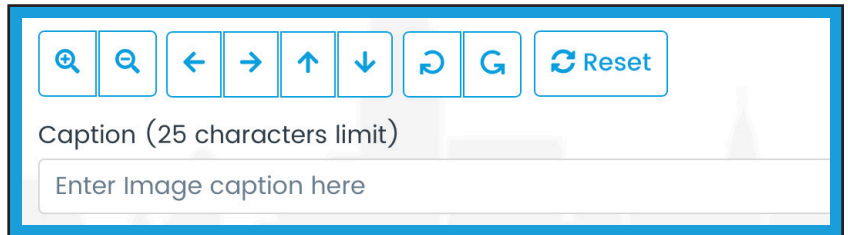
This is a tool tip; move your mouse over the symbol to read the helpful information provided.

For Entire Communities: Fill out the "Community Details" the same way.

→ Step 4. Add Photos

Adding photos can help get your property rented faster. You can add photos by dragging and dropping them into the square with the blue cloud or click on the blue square with a + sign. JPEG, PNG, GIF, BMP, and HEIC files are allowed. The image file must be greater and equal to 600 x 600 pixels.

Once your photo has uploaded, you can add a caption, edit the size, rotate the image, and crop your photo. Click on the edit symbol on the bottom left corner of your photo. You will see many different editing tools appear.



Editing tools: Zoom in (+), Zoom out (-), Left arrow, Right arrow, Up arrow, Down arrow, Rotate 90° CCW, Rotate 90° CW, and Reset.

Caption (25 characters limit)

Enter Image caption here

Zoom- To zoom in click on the magnifying glass with the **plus +** sign to zoom out click on the magnifying glass with the **minus -** sign.

Align- Clicking on each arrow will move the photo in the direction the arrow is pointing.

Rotate- Clicking on the  will flip the image in the direction the arrow is pointing.

Reset- Clicking on the button that says "Reset" will remove any edits that you made.

Caption- You can add a caption to your photo. There is a 25 character limit.

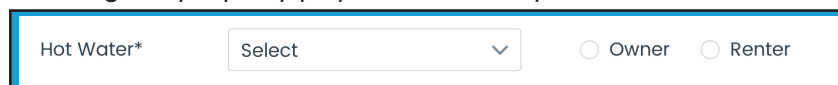
Crop- The blue box around our photo can be dragged and moved to crop the photo. Anything outside of the blue box will not be visible.

For Entire Community: Upload photos of the community or building, you will be able to upload photos of each available unit later.

→ Step 5. Fill out the Utilities and Maintenance

This is where you enter all of the utilities and maintenance types, and who is responsible for paying what (e.g., Owner or Renter). Some of the utilities require you to select a type. Click on the area that says "Select" and a drop down menu will appear.

Paid By Owner or Renter- If the property owner/ landlord pays for a utility click on the circle to the left of "Owner". If the person renting the property pays for that utility click on "Renter".



Hot Water* Select ☐ Owner ☐ Renter

→ Step 6. Fill out the Features and Amenities

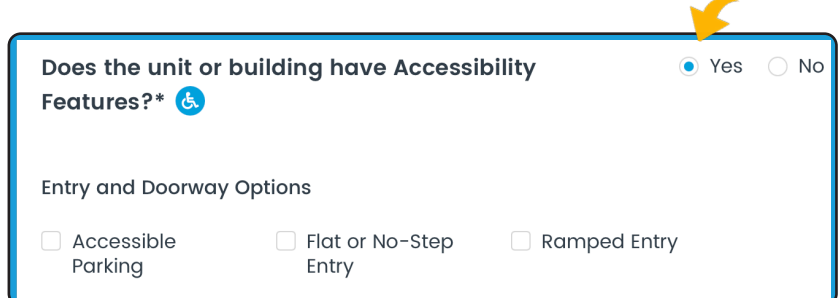
This is where you check off the features and amenities included in your rental property. You can select multiple features.


Unit Features- Click the box to the left of each unit feature included in your rental property.

Community Amenities- Click the box to the left of each community amenity that is included in your rental property.

Security Features- Click the box to the left of each security feature included in your rental property.

Accessibility Features- If your rental property has any handicap accessibility features you can add them here. Click yes next to the question "Does the unit or building have Accessibility Features?". A menu will appear with various accessibility feature options. Click the box to the left of each accessibility feature included in your rental property.



Does the unit or building have Accessibility Features?*  ☒ Yes ☐ No

Entry and Doorway Options

☐ Accessible Parking ☐ Flat or No-Step Entry ☐ Ramped Entry

➔ Step 7. Fill out the Affordability and Incentives

Does this property have an application fee?– If you are charging an application fee, select “Yes” and fill out the amount and a description.

Is this an income-restricted community or property?– Some communities or property have an age restriction. For example, some communities only allow senior citizens. If your property does have an age restriction click “Yes” and fill out the information.

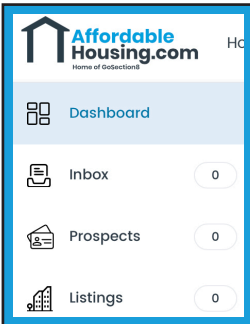
Add Incentive– If you want to add an incentive click “Yes” and fill out the incentive type, the amount, and a description.


➔ Step 8. Add Contact Information

You must identify a listing contact in order for your listing to be activated. To use the same information you entered when creating your account, click on “Use billing contact info for listing contact” and click “Add”. To enter new contact information, fill out the new contact information and click “Add”. To add more than one listing contact click on “Add Listing Contact”.

➔ Step 9. Activate your listing

This is the final step! Once you click “**Finish**”, a member of our customer support team will contact you to verify your listing. Once verified, your property will be posted on AffordableHousing.com. You can then edit, preview, and delete your listing(s) anytime.





Inbox– Once your rental property is listed you will receive messages in your inbox.

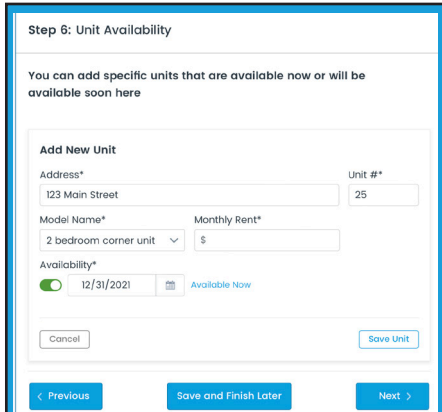
Prospects– See information about people interested in your property.

Listings– This is where you can see all of your listings, make edits, and more.

➔ For Entire Communities

Models and Floor Plans– This is where you enter unit models or floor plans. This makes it faster to list units when they become available. If you have several units that are the same, simply enter the model details and photos then save. You can add multiple model types for units that have different floor plans.

Unit Availability– Once a unit in your building or community becomes available or available soon, you can add them here. Enter the new unit information and choose the model type from your saved models and floor plans. You can list your property as available now or available soon.



Questions? Call us toll free at: (866) 466-7328
 Monday–Thursday 9am–8pm, Friday 9am–6pm EST.
 Email us at: HASupport@AffordableHousing.com or live chat on our website

Scan this code to see helpful videos >>>



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) Saint Louis Housing Authority 3520 Page Blvd., St. Louis, MO 63106			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: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME </div> <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		
Range/Microwave		

Provided by _____

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 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.

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)

ID Number:



Owner/Managing Agent/Organization/Development Name <small>(IF APPLICABLE):</small>							
TAX CREDIT PROPERTY/UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(if yes, please attach applicable MHDC information)</small>							
Address of Unit & <small>(APT # IF APPLICABLE):</small>	Zip Code:	# Bedrooms	# Full Baths	#Half Baths	Sqft	Year Built	<input type="checkbox"/> City <input type="checkbox"/> County <small>Check applicable locale</small>
Structure Type: <u>Check One</u> Single Family Detached Townhouse/Rowhouse Manufactured Home Semi-Detached/Duplex or 2 Family Flat Garden/Walk-Up/Low-Rise/Multi Family (3,4 or more family flat) High-Rise (5+ floors)				Class: <u>Check One</u> <input type="checkbox"/> New Construction <input type="checkbox"/> Newly Renovated <input type="checkbox"/> Renovated Last 2 – 4 years <input type="checkbox"/> Renovated Last 5 – 7 years <input type="checkbox"/> Renovated 7-10 years <hr/> Contact Name & Phone Number for Rent Negotiation			

*****Amenities (check all applicable amenities)***

Cooling System* Central Air Window/Wall A/C # of units supplied by owner () Indoor Cable Included Dryer W/D Hookups/Connections Alarm/Security System New/Well Maintained Flooring Carpet, Hardwood, Tile etc.) Kitchen Dishwasher Microwave	Outdoor Balcony Patio Deck Porch **Check Applicable Item/s Gated Entry/Community Pool Fitness Center **Check Applicable Item/s Garage Parking 1 2 3 **Check 1, 2 or 3 Covered Space/s 1or 2 (Carport Parking) **Check Applicable Item/s Off Street Parking **Driveway, Parking Pad, etc Street Parking Assigned Parking 1 / 2 **Check 1 or 2 spaces Maintenance Lawn Care Maintenance Staff Pest Control **Provided by Owner	Additional Amenities Extra Storage (Shed, Basement etc.) Pet Friendly Near Public Transportation Community Room/Space On-site Management Elevator Handicap Accessible Fenced Yard Playground
---	---	---

By signing this form I certify acknowledge and understand that this Self Certification is true, correct, and complete and will be relied upon for purposes deemed necessary to participate in the Housing Choice Voucher program administered by the St. Louis Housing Authority. In addition, I understand that any misrepresentation may be considered fraud and may cause repayment of all payments made on behalf of the assisted household.

Print Name

Signature

Date

SELECT UNIT TYPE – CHECK BOX THAT MOST CLOSELY DESCRIBES UNIT

Single Family Detached

A structure that contains one dwelling unit. The building has one address and all entrances go into one unit.


☐

Semi-Detached/Duplex/Two Family Flat

Any structure that contains two dwelling units, in any configuration.


☐

Row House/Town House

Two or more dwelling units in the same building each with its own private entrance from the street or the outside. The buildings are one or more stories.


☐

Garden/Walk-Up

A unit in a building that contains three or more units where all dwelling units are all one level and the building contains no elevator.


☐

Low Rise/Multifamily

An enclosed structure whose height is less than four stories, which is divided at regular intervals into dwelling units.


☐

High Rise/ Elevator Structure

A structure that is five or more stories tall and contains an elevator.


☐

Manufactured Home

A dwelling unit, of at least 320 square feet in size, with a permanent chassis to assure the initial and continued transportability of the home.


☐

Other: (Please describe)

Signature

Date

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. 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 they have provided is true and accurate.

_____ Lessor Print	_____ Date	_____ Lessor Signature	_____ Date
_____ Lessee Print	_____ Date	_____ Lessee Signature	_____ Date
_____ Agent Print	_____ Date	_____ Agent Signature	_____ Date



10 Steps to Successful Landlord Participation

Step #1 ➤ Contact St. Louis Housing Authority – Darrell Miller – Market Analyst at 314-286-4239 or DMiller@slha.org to Register & Attend a Housing Choice Voucher Program (Section 8) Landlord Orientation Briefing

Step #2 AffordableHousing.com (formerly GoSection8.com)
A free listing service for:

- Affordable Rentals
- Section 8 Rentals
- Tax Credit properties
- Special Needs Housing

Email landlordsupport@gosection8.com and contact Toll free – 1-866-466-7328

Step #3 Property Owner/Landlord Responsibilities

- Screens individuals/families/participants for suitability of tenancy
- Ensures that the participant is a SLHA housing choice voucher holder
- Verifies that the applicant's voucher has not expired
- Complies with fair housing and equal opportunity requirements
- Maintain contract unit/s and premises in accordance with Housing Quality Standards (HQS)
- Enforces the lease

Step #4 Submission of Documents to SLHA – have any questions, please contact the Intake Coordinator directly at RFTA@SLHA.ORG or 314-286-4349

- Request for Tenancy Approval Packet (RFTA)(completed jointly by landlord & participant)
- Owner & Agent Information
- Direct Deposit Enrollment Form
- W-9 (Request for Taxpayer Identification Number/Certification)
- Disclosure of Information on Lead Based Paint (signed & dated by both owner & participant)
- Rent Reasonableness Certification Form & Unit Type Form (must match form HUD-52517)
- Management Agent Agreement if Applicable
- Proof of Ownership - Warranty Deed with Recorder of Deeds Seal
- **Properties within City of St. Louis Housing Conservation District:**
Copy of Certificate of Inspection required by City of St. Louis Ordinance
- Official copy of Real Estate tax receipt for property, paid to date and not in arrears
- MHDC Schedule/Information for Unit Located in/at Tax Credit Property

Step #5 Setting of Rent & Affordability - have any questions, please contact the Market Analyst directly at RENTS@SLHA.ORG or 314-286-4239.

**** Rent will be negotiated prior to any SLHA initial inspection.**

- The St. Louis Housing Authority (SLHA) is responsible for ensuring that rents charged by owners are reasonable based upon objective comparable rents in the private unassisted market
- The HA shall certify for each unit which it approves, a lease that the contract rent for such unit is:
 - Reasonable in relation to rent currently being charged in the private market, taking into consideration the location, age, size, type, quality, amenities, utilities, improvements, management and maintenance service of such unit; and
 - Proposed rent is not in excess of rents currently being charged by the owner for comparable unassisted units on the premises
 - Affordability is based off of 30 to 40% of the participants annual adjusted income taking into consideration the payment standard and utility costs as well as market rate compability.

Step #6

Inspections & Inspection Scheduling – have any questions, please contact the Inspections Specialist directly at INSPECTIONS@SLHA.ORG or 314-286-4237

- Initial/Move-In -Conducted upon receipt of a complete Request for Tenancy Approval Packet
- Complaint -Conducted at the request of the owner, tenant, agency or third party
- Biennial -Conducted no more than 24 months after the most recent inspection
- Quality Control -A random sample of HQS inspections will be conducted for 10% of all units which have been inspected by the SLHA

Step #7

Move-In Authorization

- The Housing Choice Voucher Participant must receive written approval from the Housing Authority prior to moving into a new unit
- A participant who fails to receive this authorization and moves into a unit prior to or after an inspection, whether approved/disapproved, will be responsible for the full contract rental amount
- **Do not allow** a tenant to take possession of a unit until you have received the Tenant Authorization to Occupy New Unit Form
- Owner collects the security deposit & monthly rent due by Housing Choice Voucher participant

Step #8

Housing Assistance Payments Contract (HAP Contract)

- The Housing Choice Voucher participants assigned Housing Specialist will prepare and email to either the agent or owner (as specified in the Request for Tenancy Approval documents) the Housing Assistance Payments Contract
- The HAP contract is always for one year between the PHA and the owner
- The HAP contract only applies to the household and contract unit
- During the HAP contract term, the PHA will pay housing assistance payments to the owner in accordance with the HAP contract

Step #9

Lease & HAP Contract – have any questions, please contact the Housing Specialist directly at the senders email

- The Housing Assistance Payments Contract once received will specify the start and end dates of the initial term of the contract
- The dates in the HAP contract and the lease must match
- Review the HAP contract and lease carefully to ensure accuracy
- The lease must specify what utilities are provided or paid for by the owner or the tenant
- The lease must specify what appliances are to be provided by the owner and or tenant
- Sign, date and return both the HAP contract and lease to the St. Louis Housing Authority expeditiously

Step #10

- Additional Activities
 - Vendor Set-Up - Rent Café
 - Annual Recertification of the tenant
 - Annual Rent Adjustment (Must be Requested per the Request for Rental Increase Schedule by Owner/Agent on Applicable Form and submitted to RENTINCREASE@SLHA.ORG.)



NOTICE TO OWNERS AND AGENTS

Effective immediately, the St. Louis Housing Authority will begin reviewing public records to determine if a property address submitted for HCV approval by Owners or Agents is located in a Housing Conservation District. Per St. Louis City ordinance, a Certificate of Inspection must be obtained for any unit located within a Housing Conservation District. The Authority will not accept a Request for Tenancy Approval packet for a unit without the proper Certificate of Inspection.

Please note that a Certificate of Inspection is good for 12 months, and the Owner/Agent is required to get the Certificate of Inspection if:

- There is a change in occupancy; AND
- It's been 12 months or more since the last Certificate of Inspection was issued.
- The St. Louis City Ordinance states: It is unlawful for any person, firm, partnership, corporation, or any other legal entity to occupy or permit the occupancy for any purpose or collect the rent of any occupied dwelling unit when a complete change of occupancy has occurred without first securing a Certificate of Inspection for said dwelling unit.
- The ordinance also states that the landlord cannot require the tenant to pay for and/or obtain the certificate. Thus, it is the landlord's responsibility to obtain the Certificate of Inspection.
- The City may condemn for occupancy any building or portion thereof when a Certificate of Inspection has not been obtained thirty (30) calendar days after notification by the Code Official.

Authority:

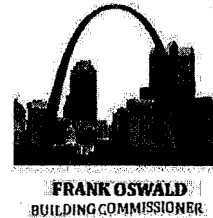
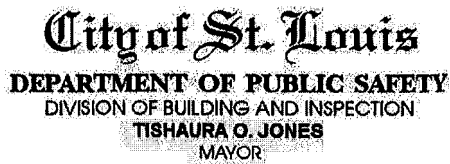
24 CFR 982.306 PHA Disapproval of Owner

In its administrative discretion, the PHA may deny approval of an assisted tenancy for any of the following reasons:

(6) The owner has a history or practice of renting units that fail to meet State or local housing codes....

24 CFR 982.4(b) Definitions

Owner = Any person or entity with the legal right to lease or sublease a unit to a participant.



HOUSING CONSERVATION DISTRICT SECTION

Certificate Number: #COI-#####-##

Issue Date: MONTH DAY, 20##2

CERTIFICATE OF INSPECTION

(b)

This certifies that the Unit/Property at ADDRESS OF UNIT, St. Louis, MO ZIP CODE has been inspected by the Division of Building and Inspection and has complied with applicable provisions of the Ordinances of the City of St. Louis, as amended and may be occupied as a ONE FAMILY UNIT, with occupancy limited to # person(s). This Certificate expires on: October 04, 2023

Issue to:

OWNER/CO INFO

ADDRESS

CITY, STATE & ZIP CODE

CITY OF ST. LOUIS
HOUSING CONSERVATION

This permit may or may not have been issued with minor violations that must be complied or legal action and or revocation of this certificate may occur.



NOTICE TO OWNERS AND AGENTS

Please note that as of June 1, 2011 the St. Louis Housing Authority will begin reviewing public records to determine if Owners or Agents are delinquent in their real estate taxes. The Authority will not approve packets for units whose Owner or Agent (including principals or other interested parties) are delinquent on their real estate taxes for any of their properties regardless of location or whether they are assisted units under the Section 8 program.

Authority:

24 CFR 982.306 PHA Disapproval of Owner

In its administrative discretion, the PHA may deny approval of an assisted tenancy for any of the following reasons:

(7) The owner has not paid State or local real estate taxes, fines or assessments;...

24 CFR 982.4(b) Definitions

Owner. Any person or entity with the legal right to lease or sublease a unit to a participant.



REQUEST FOR RENTAL INCREASE

PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRETY; THIS REQUEST MUST BE RECEIVED IN OUR OFFICE 60 DAYS PRIOR TO THE HOUSING ASSISTANCE PAYMENT CONTRACT (HAP) ANNIVERSARY DATE. THESE FORMS MAY BE: EMAILED DIRECTLY TO RENTINCREASE@SLHA.ORG, MAILED OR DROPPED OFF TO:

ST. LOUIS HOUSING AUTHORITY, SECTION 8 DEPT. ATTN: MARKET ANALYST – 3520 PAGE BLVD., ST. LOUIS, MO 63106.

DATE OF REQUEST:	
VENDOR NAME:	
VENDOR NUMBER:	
VENDOR ADDRESS:	
VENDOR CITY/STATE/ZIP:	
TELEPHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	

CLIENT NAME:	
CLIENT NUMBER:	
SECTION 8 UNIT ADDRESS (APT # IF APPLICABLE)	
CITY/STATE/ZIP:	<i>Check One:</i> <input type="checkbox"/> City <input type="checkbox"/> County

CURRENT RENT AMOUNT:	REQUESTED RENT AMOUNT:	APPROVED RENT AMOUNT: <i>To be determined/completed by SLHA</i>	DENIED
\$	\$	\$	

TAX CREDIT PROPERTY/UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(if yes, please attach applicable MHDC information)</i>
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REASON FOR APPROVED RENT INCREASE *(To be determined/completed by SLHA):*

- ☐ AREA FAIR MARKET RATE COMPARABLES SUPPORT REQUESTED AMOUNT

REASON FOR DENIED RENT INCREASE *(To be determined/completed by SLHA):*

- ☐ AREA FAIR MARKET RATE COMPARABLES DO NOT SUPPORT REQUESTED AMOUNT

**** ☐ COMPLETED RENT REASONABLENESS FORM S8RR3A ATTACHED – REQUIRED DOCUMENT ****

**** I VERIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE.**

PRINT NAME

SIGNATURE

DATE

FOR SLHA OFFICE USE ONLY

APPROVED/PASSED INSPECTION DATE:	UNIT NUMBER:	HAP ANNIVERSARY DATE:
DATE PROCESSED:	RENT INCREASE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED BY:



Owner/Managing Agent/Organization/Development Name <small>(IF APPLICABLE):</small>							
TAX CREDIT PROPERTY/UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(if yes, please attach applicable MHDC information)</small>							
Section 8 Address & <small>(APT # IF APPLICABLE):</small>	Zip Code:	# Bedrooms	# Full Baths	#Half Baths	Sqft	Year Built	<input type="checkbox"/> City <input type="checkbox"/> County <small>Check applicable locale</small>
Structure Type: <u>Check One</u> Single Family Detached Townhouse/Rowhouse Manufactured Home Semi-Detached/Duplex or 2 Family Flat Garden/Walk-Up/Low-Rise/Multi Family (3,4 or more family flat) High-Rise (5+ floors)				Class: <u>Check One</u> New Construction Newly Renovated Renovated Last 2 – 4 years Renovated Last 5 – 7 years Renovated 7-10 years			

****Amenities** (check all applicable amenities): *Provided and/or Paid by Owner must match HUD form 52517*

**Check Applicable Heat Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Heat **Check Applicable Cooking Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Cooking **Check Applicable Water Heating Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Owner Paid Water Heating <input type="checkbox"/> Owner Paid Electric <input type="checkbox"/> Owner Paid Water <input type="checkbox"/> Owner Paid Sewer <input type="checkbox"/> Central Air <input type="checkbox"/> Window/Wall A/C # of units supplied by owner ()	<input type="checkbox"/> Cable Included <input type="checkbox"/> Dryer <input type="checkbox"/> W/D Hookups/Connections <input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Stove/Range Balcony Patio Deck Porch **Check Applicable Item/s <input type="checkbox"/> Gated Entry/Community <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Playground <input type="checkbox"/> Lawn Care **Provided by Owner <input type="checkbox"/> Owner Paid Trash <input type="checkbox"/> Pest Control **Provided by Owner	Ceiling Fans Washer Onsite Laundry Garbage Disposal Refrigerator Pool Fitness Center **Check Applicable Item/s Garage Parking 1 2 3 **Check 1, 2 or 3 Covered Space/s 1or 2 (Carport Parking) **Check 1 or 2 Off Street Parking **Driveway, Parking Pad, etc Street Parking Assigned Parking 1 / 2 **Check 1 or 2	<input type="checkbox"/> Alarm/Security System <input type="checkbox"/> Extra Storage (Shed, Basement etc.) <input type="checkbox"/> Finished Basement <input type="checkbox"/> New/Well Maintained Flooring Carpet, Hardwood, Tile etc.) <input type="checkbox"/> Window Treatments (Blinds, drapes etc.) <input type="checkbox"/> Fireplace <input type="checkbox"/> Pet Friendly <input type="checkbox"/> Near Public Transportation <input type="checkbox"/> Community Room/Space <input type="checkbox"/> On-site Management <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Elevator <input type="checkbox"/> Handicap Accessible
--	--	--	--

By signing this form I certify acknowledge and understand that this Self Certification is true, correct, and complete and will be relied upon for purposes deemed necessary to participate in the Housing Choice Voucher program administered by the St. Louis Housing Authority. In addition, I understand that any misrepresentation may be considered fraud and may cause repayment of all payments made on behalf of the assisted household.

Print Name

Signature

Date



Request for Rental Increase Schedule

SLHA

OWNER/AGENT

HAP Anniversary Month	Request for HAP Increase Submittal Month**
January	October (<i>prior to November 1st</i>)
February	November (<i>prior to December 1st</i>)
March	December (<i>prior to January 1st</i>)
April	January (<i>prior to February 1st</i>)
May	February (<i>prior to March 1st</i>)
June	March (<i>prior to April 1st</i>)
July	April (<i>prior to May 1st</i>)
August	May (<i>prior to June 1st</i>)
September	June (<i>prior to July 1st</i>)
October	July (<i>prior to August 1st</i>)
November	August (<i>prior to September 1st</i>)
December	September (<i>prior to October 1st</i>)

****Those submitted prior to or after the submittal month will be DENIED.**



NOTICE TO OWNERS AND AGENTS

The statutory requirement to have carbon monoxide devices in HUD-assisted rental properties is effective immediately to include public housing and properties participating in the Housing Choice Voucher, Project-based Voucher and Multifamily housing programs. As described in PIH and Housing Notice 2022-01 (see attached), these devices are required in properties with carbon monoxide sources, such as those with fuel-burning appliances or attached garages. To comply, Public Housing Authorities (PHAs) and owners must install carbon monoxide alarms or detectors in accordance with the standards of the 2018 International Fire Code (IFC). If any state law or local ordinance or code in which the dwelling unit is situated also requires carbon monoxide alarms or detectors, you are to comply with the most stringent of these requirements.





U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410

OFFICE OF PUBLIC AND INDIAN HOUSING
OFFICE OF HOUSING
OFFICE OF LEAD HAZARD CONTROL
AND HEALTHY HOMES

SPECIAL ATTENTION OF:

Regional Administrators; Directors of HUD
Regional, Hub, and Field Offices of Public
Housing; Multifamily Regional
Center/Satellite Office Directors; Public
Housing Agencies; Housing Choice Voucher,
Project-based Voucher, Project-Based Rental
Assistance, Section 202, and Section 811
Property Owners; Healthy Homes
Representatives

NOTICE PIH 2022-01

NOTICE H 2022-01

NOTICE OLHCHH 2022-01

Issued: January 31, 2022

This notice remains in effect until amended,
superseded, rescinded.

Cross References:

NOTICE PIH 2019-06

NOTICE H 2019-05

NOTICE OLHCHH 2019-01

Section 3(b)(6) of the United States Housing
Act of 1937 (42 U.S.C. 1437a(b)(6),
42 U.S.C. 1437 et. seq.)

Subject: Carbon Monoxide Alarms or Detectors in U.S. Housing and Urban Development
(HUD)-Assisted Housing

I. Purpose

Public housing agencies and authorities (PHAs), and Owners of properties that receive federal rental assistance have an important role to prevent potential loss of life and severe injury associated with carbon monoxide (CO) in housing they own or manage. This notice reminds PHAs and Owners of CO poisoning risks in housing, identifies resources for preventing and detecting CO exposure, and provides notice of Section 101, "Carbon Monoxide Alarms or Detectors in Federally Insured Housing" of Title I of Division Q, Financial Services Provisions and Intellectual Property, of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 2162 (2020) ("the Act"), that requires CO alarms or detectors be installed in certain HUD-assisted housing within two years of enactment.

This notice clarifies that HUD will enforce the requirements instituted by Congress requiring that all Public Housing (PH), Housing Choice Voucher (HCV), Project Based Voucher (PBV), Project Based Rental Assistance (PBRA), Section 202 Supportive Housing for the Elderly (Section 202), and Section 811 Supportive Housing for Persons with Disabilities (Section 811) comply with the International Fire Code (IFC) 2018 standards on the installation of CO alarms or detectors by December 27, 2022. For the full 2018 IFC Code, as well as Chapter 9 and Chapter 11 regarding CO alarms or detectors, please visit <https://codes.iccsafe.org/content/IFC2018>;

<https://codes.iccsafe.org/content/IFC2018/chapter-9-fire-protection-and-life-safety-systems;>
[https://codes.iccsafe.org/content/IFC2018/chapter-11-construction-requirements-for-existing-buildings.](https://codes.iccsafe.org/content/IFC2018/chapter-11-construction-requirements-for-existing-buildings)

PIH Notice 2019-06¹, HN 2019-05, and Office of Lead Hazard Control and Healthy Homes (OLHCHH) Notice 2019-01 reminded Owners and operators of PH, PBRA, HCV, PBV, and Section 202²/811³ properties to have operational CO detectors, where specified, as required by the state or local law, code, or other regulation.

Additionally, this notice identifies resources for the types of devices to install, ideal placement, maintenance, and monitoring; and is applicable to housing with fuel-fired/burning appliance(s) or an attached garage.

This notice remains in effect until amended, superseded, or rescinded.

II. Definitions

Carbon Monoxide Alarm: A single or multiple station alarm intended to detect carbon monoxide gas and alert occupants by a distinct audible signal. It incorporates a sensor, control components and an alarm notification appliance in a single unit.

Carbon Monoxide Detector: A device with an integral sensor to detect carbon monoxide gas and transmit an alarm signal to a connected alarm control unit.

III. Background

The Act requires the installation of CO alarms or detectors in certain Federally Assisted Housing by December 27, 2022.⁴ The Act CO alarms or detectors be installed in each dwelling unit(s) receiving tenant-based or requires project-based assistance or is owned or operated by a PHA or by the owner of a dwelling unit receiving project-based assistance in a manner that meets or exceeds the standards described in Chapters 9 and 11 of the 2018 publication of the International Fire Code (IFC), as published by the International Code Council (ICC).⁵

This notice is being issued to provide notice that the Secretary of Housing and Urban Development will, consistent with the Act, enforce standards relating to CO alarms and detectors and in support of decent, safe, and habitable housing in HUD's low-income housing assistance programs.

HUD recognizes CO poisoning as an important safety issue for families in assisted housing. According to the National Center for Environmental Health, "each year more than 400 Americans die from unintentional CO poisoning not linked to fires, more than 20,000 visit the

¹ <https://www.hud.gov/sites/dfiles/PIH/documents/PIH-2019-06.pdf>.

² https://www.hud.gov/program_offices/housing/mfh/progdesc/eld202.

³ https://www.hud.gov/program_offices/housing/mfh/grants/section811ptl.

⁴ <https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf#page=981>.

⁵ The Act's requirements also apply to several other Federally Assisted Housing programs administered by other HUD components; those requirements will be addressed separately.

emergency room, and more than 4,000 are hospitalized.”⁶

CO is an odorless, colorless, and toxic gas. It is impossible to see, and is a tasteless gas produced by incomplete combustion of fuel burned in vehicles, small engines, stoves, lanterns, grills, fireplaces, gas ranges, or furnaces. It can build-up indoors and poison people and animals who breathe the toxic fumes. The effects of CO exposure can vary from person to person depending on age, overall health, and the concentration and length of exposure. Exposure can cause harmful health conditions, permanent brain damage, life-threatening cardiac complications, fetal death or miscarriage, and death in a matter of minutes. Individuals who are asleep or intoxicated may die from CO poisoning before experiencing any symptoms.⁷

IV. Requirement to Install Detectors and Alarms

The ICC publishes the IFC and periodically updates it. Among other standards, the IFC establishes minimum requirements for CO alarms or detectors in jurisdictions which adopt the IFC into its codes or laws, except for properties where the International Residential Code (IRC) applies. In its administration section, the 2018 IFC notes the model code provisions do not apply to properties covered under the 2018 IRC (Single Family Housing, Duplexes & Townhomes) with some limited exceptions⁸.

HUD encourages PHAs and Owners to adopt standards at or above the standards of the [2018 International Fire Code \(IFC\)](#) as soon as possible for the health and safety of residents. PHAs and Owners are on notice that these requirements will be enforced by HUD after the effective date of December 27, 2022.

V. Preventing CO Intrusion and Funding Resources

This Notice provides HUD’s intent to identify building-related sources of CO for PHA and Owner awareness and education for residents or tenants. The material in this and the next section summarizes guidance provided by the U.S. Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention (CDC), the Consumer Product Safety Commission (CPSC), the Federal Emergency Management Agency, and the U.S. Fire Administration. CO alarms or detectors are not a replacement for the proper installation, use, and maintenance of fuel-burning appliances or for well-ventilated garages. PHAs, Owners (e.g., landlords), and managers should ensure that combustion equipment is maintained and properly adjusted. Vehicle use should be carefully managed adjacent to buildings and in vocational programs through signage or policy updates. Where feasible, Owners and managers can provide additional ventilation as a temporary measure when high levels of CO are expected for short periods of time.⁹

⁶ CDC. Carbon Monoxide FAQs <https://www.cdc.gov/co/faqs.htm>, July 1, 2021.

⁷ *Ibid.*

⁸ 2018 IFC: 102.5 Application of residential code. [Chapter 1 Scope and Administration, 2018 International Fire Code \(IFC\) | ICC Digital Codes \(iccsafe.org\)](#)

⁹ EPA. Carbon Monoxide's Impact on Indoor Air Quality. <https://www.epa.gov/indoor-air-quality-iaq/carbon-monoxides-impact-indoor-air-quality>.

Examples of activities to prevent CO intrusion include:

- Ensure gas appliances are properly adjusted.
- Install, properly maintain, and assure through periodic inspection that exhaust fans are functional and vented to outdoors over gas stoves.
- Ensure that flues over fireplaces are operational and capable of opening and closing by residents.
- Use appropriately sized wood stoves certified to meet EPA emission standards with tightly fitting doors.¹⁰
- Perform annual inspections, clean, and tune-up central heating systems (furnaces, flues, chimneys) and ensure that these activities are conducted by a trained professional.
- Ensure leaks are repaired promptly.
- Provide regular resident CO education through policies or signage.

Sources of CO that can be found in a housing environment, as described in the EPA's webpage *Carbon Monoxide's Impact on Indoor Air Quality*, include:¹¹

- Unvented kerosene and gas space heaters.
- Leaking chimneys and furnaces.
- Back-drafting from furnaces, gas water heaters, wood stoves, and fireplaces.
- Gas stoves.
- Generators and other gasoline powered equipment.
- Automobile exhaust from attached garages.
- Auto, truck, or bus exhaust from attached garages, nearby roads, or parking areas.
- Incomplete oxidation during combustion in gas ranges and unvented gas or kerosene heaters.
- Worn or poorly adjusted and maintained combustion devices (e.g., boilers, furnaces) if the flue is improperly sized, blocked, or disconnected; or the flue is leaking.

Rental property owners, managers, and residents all play an important role in preventing CO intrusion and responding quickly when it occurs and where sources of CO exist. Common exposures occur when residents introduce a CO source or result from building related sources, such as an inadequately exhausted vent or a faulty boiler. Other CO exposures occur during a natural disaster or utility interruption. Residents should avoid the use of portable generators, fired grills, vehicles, or fuel-burning space heaters as a heat or fuel-burning electric sources indoors. Therefore, resident education is strongly encouraged particularly during seasonal increases in CO use or during periods of electric or heat outages. PHAs and Owners should inform residents that CO exposure can be prevented. Examples to avoid unintentional CO poisoning include:

- Avoiding portable generators indoors and only using generators outdoors in well-ventilated areas away from all doors, windows, and vents.

¹⁰ EPA. EPA Certified Wood Stoves. <https://www.epa.gov/burnwise/epa-certified-wood-stoves>.

¹¹ EPA. Carbon Monoxide's Impact on Indoor Air Quality.

- A gas-burning stove or oven should not be used for heat.
- A fuel-burning space heater that is not vented to the outdoors should not be used.
- A car should not be left running in an enclosed garage.

PHAs operating public housing units may use either Operating Funds or Capital Funds for purchase, installation, and maintenance of CO alarms or detectors. Based on the Act's set-asides, the Capital Fund Program conducts competitions for additional funds for CO alarms or detectors. For the HCV and PBV programs, the property owner or landlord is responsible for the cost of CO alarms or detectors. PHAs may use their HCV administration funds for landlord outreach and education on these requirements. Owners of properties receiving assistance through the PBRA, Section 202, and/or Section 811 program may utilize the property's reserve for replacement account, residual receipts, general operating reserves, owner contributions, or secondary financing to fund the purchase, installation, and maintenance of CO alarms and detectors. These expenditures may be subject to a standard approval process where applicable, but the purchase, installation, and maintenance of CO alarms and detectors are deemed eligible expenses.

VI. Resident Education

In the Act, Congress directed HUD to provide guidance to public housing agencies on how to educate tenants on health hazards in the home, including CO poisoning, lead poisoning, asthma induced by housing-related allergens, and other housing-related preventable outcomes, to help advance primary prevention and prevent future deaths and other harms. This notice provides initial information and guidance for PHAs, Owners, and managers. PIH will develop additional materials for residents to promote healthy housing and prevent CO exposure. Planned materials include a highly graphic flyer using plain language tailored to federally assisted housing Owners and residents. The flyer will be available for black-and-white printing or for color printing.

HUD is developing CO materials for property management to support its educational activities. Materials will be posted to [HUD's website](#). Program notices and supplemental documents will inform Owners and managers of their responsibilities under the Act. Educational materials will be available for download without cost.

VII. Resources for Additional Information

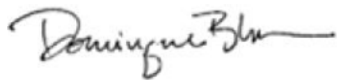
- HUD's Office of Lead Hazard Control and Healthy Homes (OLHCHH). https://www.hud.gov/program_offices/healthy_homes/healthyhomes/carbonmonoxide.
- Centers for Disease Control and Prevention (CDC). *Carbon Monoxide Poisoning* information webpage located at <https://www.cdc.gov/co/default.htm>.
- Consumer Product Safety Commission (CPSC). Carbon Monoxide Fact Sheet. <https://www.cpsc.gov/safety-education/safety-guides/carbon-monoxide/carbon-monoxide-fact-sheet>.
- CPSC. Carbon Monoxide. <https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Carbon-Monoxide-Information-Center>.

- Environmental Protection Agency (EPA). *Protect Your Family and Yourself from Carbon Monoxide Poisoning* at <https://www.epa.gov/indoor-air-quality-iaq/protect-your-family-and-yourself-carbon-monoxide-poisoning>.
- Federal Emergency Management Agency, US Fire Administration. https://www.usfa.fema.gov/prevention/outreach/carbon_monoxide.html.

Further Information: Questions concerning this notice regarding Public and Indian Housing may be directed to Laura L. Miller-Pittman, Chief, Office of Policy, Program, and Legislative Initiatives, at PIH-OPPLI@hud.gov.

Questions concerning this notice regarding Multifamily Housing programs may be to Daniel Clark at Daniel.J.Clark@hud.gov.

Questions concerning technical issues regarding carbon monoxide alarms or detectors may be directed to the Lead and Healthy Homes help desk, at Lead.Regulations@HUD.gov.



Dominique Blom
General Deputy Assistant
Secretary for Public and
Indian Housing



Lopa P. Kolluri
Principal Deputy Assistant
Secretary for Housing -
Federal Housing
Commissioner



Matthew Ammon
Director, Office of Lead
Hazard Control and
Healthy Homes

Carbon Monoxide (CO) Device Decision Tree

December 23, 2022

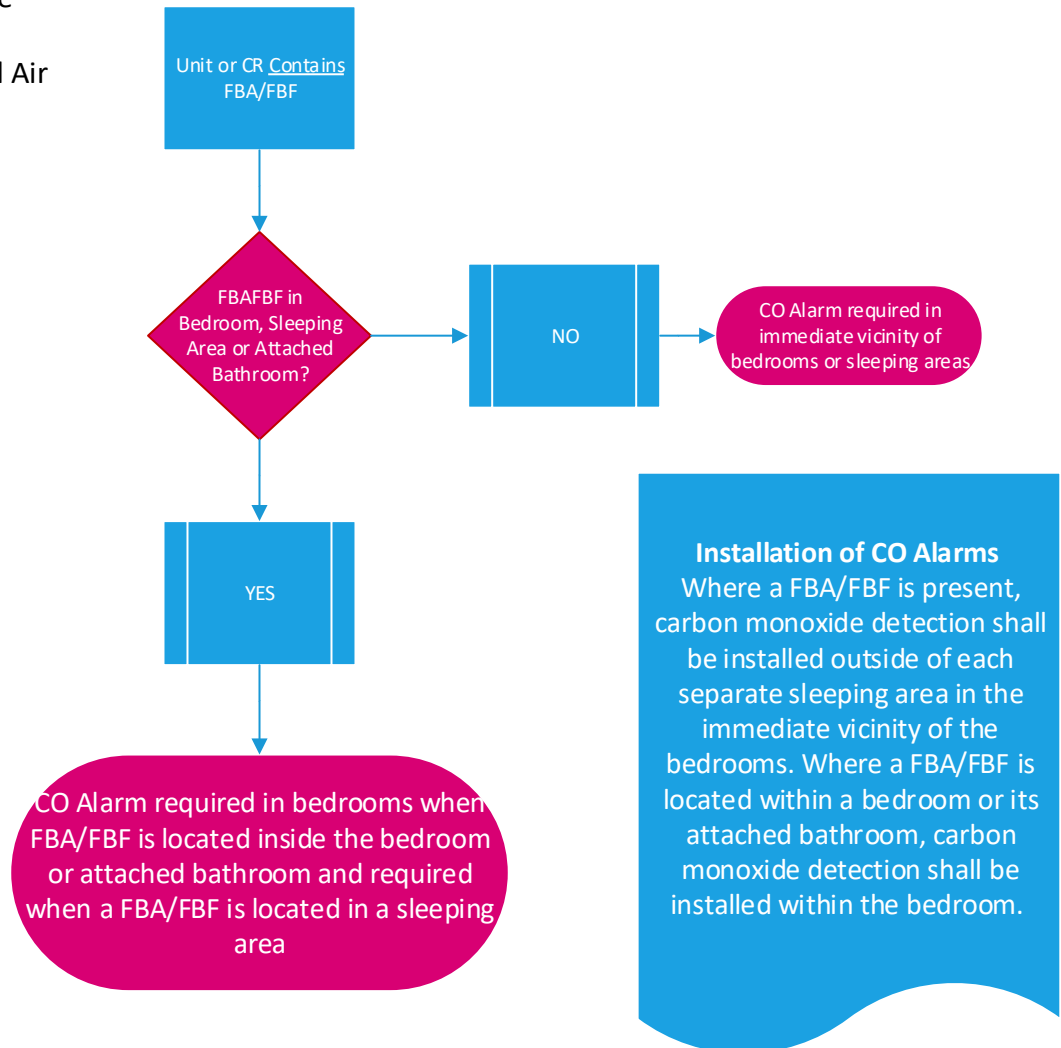
A guide for determining CO requirements based on sources of carbon monoxide and location

CR = Classroom

FBA = Fuel Burning Appliance

FBF = Fuel Burning Fireplace

FBFAF = Fuel Burning Forced Air
Furnace



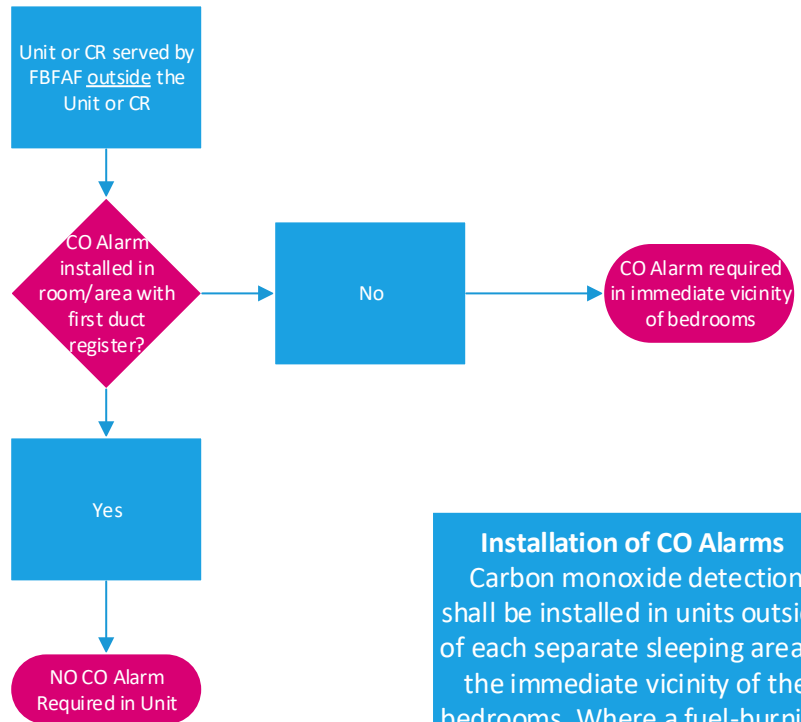
Unit or Classroom Served by an Outside Fuel Burning Appliance

CR = Classroom

FBA = Fuel Burning Appliance

FBF = Fuel Burning Fireplace

FBFAF = Fuel Burning Forced Air
Furnace

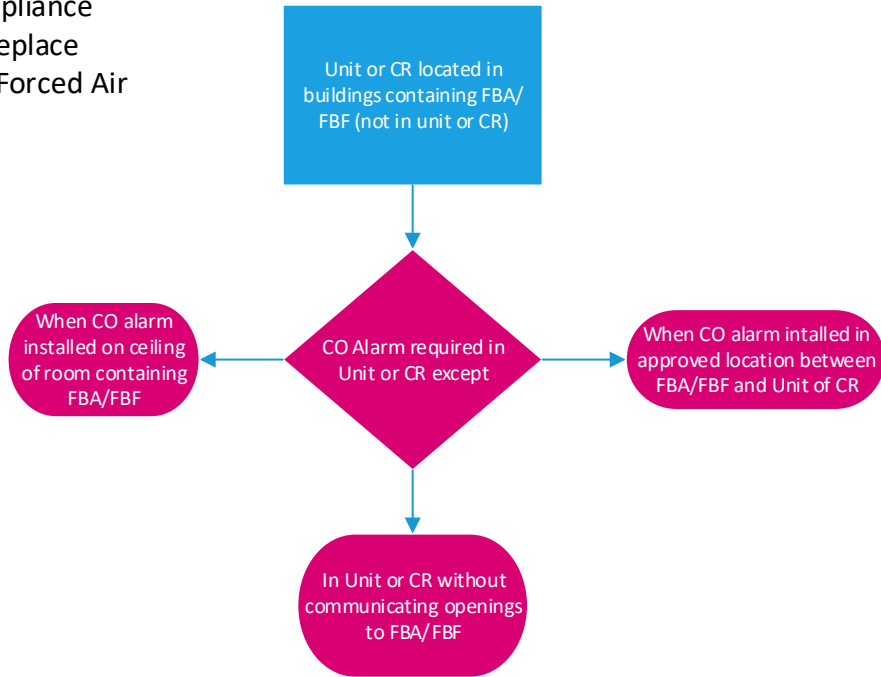


Installation of CO Alarms

Carbon monoxide detection shall be installed in units outside of each separate sleeping area in the immediate vicinity of the bedrooms. Where a fuel-burning appliance is located within a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom.

Unit or Classroom Located in Buildings Containing a Fuel Burning Appliance or Fireplace

CR = Classroom
FBA = Fuel Burning Appliance
FBF = Fuel Burning Fireplace
FBFAF = Fuel Burning Forced Air
Furnace



Unit or Classroom in Buildings With Attached Garages

CR = Classroom
FBA = Fuel Burning Appliance
FBF = Fuel Burning Fireplace
FBFAF = Fuel Burning Forced Air
Furnace

