



Dear Potential Landlord:

I have received a request to place your rental property onto the St. Petersburg Housing Authority's (SPHA) Housing Choice Voucher (Section 8) program.

Before you are authorized to rent to SPHA clients and receive Housing Assistance Payments (HAP) from SPHA, you are required to complete our New Owner Packet, which can be found on our website at www.stpeteha.org/landlords.htm, in an attachment entitled '*New Owner Packet.*' Please note that SPHA also requires all Owners/Landlords who have previously participated in the Housing Choice Voucher (Section 8) program to complete the packet if they have had no activity on their accounts in the previous twelve (12) months.

Please return the completed and signed packet to me at the address below within ten (10) days. **Please be aware that all legal owners of the property must sign off on the packet.** SPHA must have the fully completed and signed packet on file before we can issue any payments to you.

It is SPHA's policy to require a criminal background search performed through the Florida Department of Law Enforcement (FDLE) of all potential Landlords before they can be accepted into the program. The \$24.00 cost of this search is borne by the Landlord and paid via the FDLE website. Please visit <https://web.fdle.state.fl.us/search/app/default> to complete the search. A copy of the entire report must be provided with your completed New Owner Packet. You must also provide proof that your real estate taxes are paid.

If you have any questions about SPHA's Housing Choice Voucher (Section 8) program or the requirements for participating Landlords, please contact me at the number listed below, or visit our website at <http://www.stpeteha.org/landlords.htm>.

Thank you for your interest in our program.

Sincerely,

Jasmine Randle
Compliance Specialist
(727) 323-3171, Ext. 235



Housing Choice Voucher Program – New Owner Packet Checklist

In order to process your file, the information and documents listed below are required. All information must be complete and returned before you can begin receiving Housing Assistance Payments for your tenant.

All forms can be found on our website at www.stpeteha.org/landlords.htm, in an attachment entitled '***New Owner Packet.***'

- Owner Information Form
- Owner Certification Form
- Owner / Agent Form (**if applicable**, must notarize)
- W-9 (please read instructions carefully, as all income is reported to the IRS)
- Direct Deposit Authorization Forms
- Blank, voided check
- Photo Identification for the registered property owner* (address on I.D. cannot be the same as the assisted unit)
- Copy of the criminal background search results from FDLE for the registered property owner* (Complete the search here: <https://web.fdle.state.fl.us/search/app/default>)
- Proof of paid real estate taxes for the subject unit (**NOTE:** SPHA will not approve tenancy at any property where the taxes are in arrears.)
- The Homestead Exemption cannot be on the assisted unit.
- Copy of the Warranty Deed or completed and signed HUD-1 Settlement Statement for the assisted unit.
- Included in the packet is the HMS Pal Registration Instructions Form for your records.

**If the property is owned by an LLC, the background search and photo I.D. must be submitted for the principal.*

Please return the above documents by fax (727-209-6988), by email (jrandle@stpeteha.org), or by mail to:

St. Petersburg Housing Authority
Attn: Compliance Department
2001 Gandy Blvd. North
St. Petersburg, FL 33702

The entire process, including SPHA's approval and inspection, may take up to **25 days**. You should not allow a tenant to move into your property until this process is complete.

If you have any questions regarding any of these forms, please contact Jasmine Randle, Compliance Specialist, (727) 323-3171, extension 235.



Owner Information Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone Number: _____

Social Security Number (or Tax ID Number) that unit(s) will be paid under: _____

Property Address(es): List all addresses associated with unit parcel number that you wish to add to HCV Program

1. _____

Is Unit Vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name _____

Is Unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: _____

2. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name _____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: _____

If more units need to be added please use the enclosed Additional Property Addresses Page

Will you appoint a local agent to manage your property? _____
If yes, please fill out the Owner / Agent Form.

The Housing Assistance Payment check should be made payable to the following, unless I advise the Housing Authority otherwise, in writing (must match W-9):

Payee Name: _____

Mailing Address: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE.

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

WARNING: Title 18, Section 1001 of the United States Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States Department of Housing and Urban Development (HUD).



Owner Certification

The St. Petersburg Housing Authority partners with Owners to provide housing to low-income residents in St. Petersburg. Owners must abide by the rules and regulations of the Housing Choice Voucher Program, which can be found in the Housing Assistance Payment (HAP) Contract and at 24 CFR 982.451 – 982.453.

Property Address(es): _____

Ownership of Assisted Unit:

I certify that I am the legal owner, or legally designated agent, for the above referenced unit and that the tenant has no ownership interest in this dwelling unit.

Approved Residents of Assisted Unit:

I understand that the family members listed on the HAP Contract approved by the Housing Authority are the only individuals permitted to reside in the unit. Unauthorized occupants must be reported promptly to the Housing Authority. I also understand that I am not permitted to live in the unit while I am receiving Housing Assistance Payments.

Housing Quality Standards (HQS):

I understand my obligations in the HAP Contract to perform necessary maintenance in order to comply with HQS.

Tenant Rent Payment:

I understand that the amount of the tenant portion of the Contract Rent is determined by the Housing Authority. Any other item not specified in the Lease must be specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority:

I understand that it is my responsibility to notify the Housing Authority in writing in the event that the assisted unit is vacated.

Administrative Criminal Actions for Intentional Violations:

I understand that failure to comply with the terms and responsibilities of the HAP Contract is cause for termination of participation in the Section 8 Program. I understand that intentionally supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law.

OWNER NAME (PRINT) _____ OWNER SIGNATURE _____ DATE _____

CO-OWNER NAME (PRINT) IF APPLICABLE _____ CO-OWNER SIGNATURE _____ DATE _____

AGENT NAME (PRINT) IF APPLICABLE _____ AGENT SIGNATURE _____ DATE _____



Note: Only use this form if you are authorizing an Agent or Management Company to represent you.

Owner / Agent Form

Owner Name: _____

Owner Phone Number: _____ Email: _____

I, _____, hereby authorize and designate
OWNER

AGENT PROPERTY MANAGEMENT COMPANY

AGENT PHONE NUMBER AGENT EMAIL ADDRESS

to act as Agent and to sign all Leases and Contracts for tenants participating in SPHA's Housing Choice Voucher program for the properties listed below:

I, _____, hereby agree to act as Agent for above-listed Owner.
AGENT

Manager Signature Date

The Housing Assistance Payment check should be made payable to the following, unless the Owner advises the Housing Authority otherwise, in writing:

Payee Name: _____

Payee SSN or Tax ID: _____

Mailing Address: _____

I, Owner of above properties, understand that the Entity whose Social Security Number (or Tax ID Number) is used will be sent a 1099 Form at the end of the year for tax purposes.

Owner Signature – MUST BE NOTARIZED Date

Notary: State of Florida, County of _____. Subscribed to and sworn before me this
_____ day of _____, 2018. _____,

who is personally known to me, or has produced the following identification: _____.

Notary Public

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



As part of our continuing effort to streamline business processes, the St. Petersburg Housing Authority (SPHA) is converting monthly Housing Assistance Payments (HAP) to Direct Deposit effective April 1, 2012. This conversion will allow for the HAP to be deposited directly into your bank account. This means no more waiting for the check to come in the mail, no lost checks and no unnecessary trips to the bank. You can log into the HMS -Pal website www.pal.hmsforweb.com for an itemization of the amount the SPHA paid for each of your Section 8 HAP contracts. Paper checks will be processed for HAP until the property owner/manager or public housing agency, herein referred to as the "Payee," establishes a Direct Deposit account and the account is tested to ensure accuracy of deposit. In the event that the payee chooses not to convert to Direct Deposit, the SPHA will continue to issue checks only until the current contract end date, at which time the tenant will be relocated.

DIRECT DEPOSIT AUTHORIZATION FORM (ACH CREDITS)

I (We) hereinafter called "Payee," hereby authorizes the St. Petersburg Housing Authority, hereinafter called "SPHA," to initiate credit entries to my account indicated as the financial institution named below, herein after called "Depository," to credit the same to such account. If the SSN/TIN do not match SPHA records, your Direct Deposit registration will not be processed.

AGENT POLICY

If payments are made to an Agent, the IRS 1099 statements will be mailed in the name of the Agent.

I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Legal Owner: _____ Agent: _____

SSN/Taxpayer ID No.: _____ Phone No.: _____
(Must match SSN/TIN on Check Payment Form)

DEPOSITORY/BANK: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

___Checking _____Savings

For Checking Accounts: ATTACH AN ORIGINAL BLANK CHECK (Not a Deposit Slip) MARKED "VOID NON-NEGOTIABLE."

For Savings Accounts: ATTACH A SAVINGS WITHDRAWAL/DEPOSIT SLIP THAT INCLUDES YOUR NAME AND ACCOUNT NUMBER INFORMATION.

This authorization is to remain in full force and effect until SPHA has received written notification of its termination in such time and in such manner as to afford the SPHA and Depository a reasonable opportunity to act on it. I also agree to notify SPHA of any changes to my bank account information.

Authorized Signature: _____ Date: _____

MAILING INSTRUCTIONS

**Please mail this Authorization form along with your VOIDED Check/Savings Deposit slip to:
2001 GANDY BLVD. N., ATTN: COMPLIANCE
DEPARTMENT, ST. PETERSBURG, FL 33702.**

2001 Gandy Blvd. North, St. Petersburg, FL 33702
Phone: (727) 323-3171 • Fax: (727) 209-6988 • TDD: 1 (800) 955-8770 • TTY: 1 (800) 955-8771



TERMS AND CONDITIONS FOR DIRECT DEPOSIT PARTICIPATION

Please Read This Carefully

The tax identification and bank account information will remain confidential to the extent provided by law and are needed to make Direct Deposit payments. Failure to provide the requested information will affect the processing of this form and will likely prevent the receipt of payments through Direct Deposit. This form authorizes the St. Petersburg Housing Authority to initiate credit and if necessary, debit entries and adjustments for any credit entries in error to the account indicated at the Depository Financial Institution named and to credit or debit the same from such account. This authority will remain in effect until cancelled in writing. Further, the origination of Automated Clearing House (ACH) transactions to the account must comply with the provisions of state and federal law and regulations.

Information Found on Checks

Most of the information needed to complete the Direct Deposit Authorization Form is printed on your checks. Be sure that the payee's name is written exactly as it appears on the check and that the current address is shown.

Cancellation

This authorization remains in effect until cancelled by the payee through written notice to the St. Petersburg Housing Authority Compliance Department – 2001 Gandy Blvd N, St. Petersburg, FL 33702. Upon cancellation by the payee, the payee should also notify the receiving financial institution that the authorization has been cancelled. The St. Petersburg Housing Authority expressly reserves the right to discontinue Direct Deposit at any time. This authorization may be cancelled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. However, a cancellation by the financial institution for reason of fraud shall be effective immediately. The payee must immediately advise the St. Petersburg Housing Authority if the authorization is cancelled by the financial institution. Violation of these terms and conditions may cause termination of participation in Direct Deposit.

Financial Institution Information and Certification

Provide the exact format of the payee's account number and account title as it appears in the records of the financial institution. If the financial institution acts as an agent for the payee and the accounts are not checking or savings accounts, the payee and the financial institution should provide explicit written instructions (unique prefix, alpha character, etc.) as an attachment to the authorization form. The Bank Representative may make corrections on the authorization form, in ink, and then sign the form attesting to the accuracy of the information.

Changing Receiving Financial Institutions

The payee's Direct Deposit authorization will remain in effect until withdrawn in writing with sufficient notice to the St. Petersburg Housing Authority to allow adequate time to effect termination. The payee may change the financial institution receiving the Direct Deposit. To effect this change, notification of the change must be made in writing to the St. Petersburg Housing Authority – Compliance Department by the payee, or an authorized representative. Changes to the account information will cause the original authorization to be immediately inactivated. A new Direct Deposit Authorization form must be completed with the new information and verified by the new financial institution. It is recommended that the payee maintain the previously authorized account until the transition is complete, i.e., after the payee verifies receipt of the Direct Deposit payment in accordance with the new authorization instructions.

False Statements or Fraudulent Claims

Anyone who misrepresents or falsifies essential information to receive payment may upon conviction be subject to fine and imprisonment under the applicable Federal and State laws. Federal law provides a fine or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

One Cent Pre-Notification

The St. Petersburg Housing Authority will initiate a one cent pre-notification to your financial institution prior to making payments based on the authorization. The pre-notification is a transaction to your financial institution for the purpose of verifying the accuracy of the account and transit routing numbers provided and entered into our system. We will also send an e-mail confirming that the pre-notification has been sent. Once the one cent pre-notification is deposited into the account designated on this form, please respond to the e-mail confirming that it has arrived. Vendor payments will not commence until the confirming e-mail has been received by the St. Petersburg Housing Authority. If a correction is returned to us by your financial institution, the process will be repeated.

Signature: _____

Date: _____



Additional Property Address(es):

3. _____

Is Unit Vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is Unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____

4. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____

5. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____

6. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____

7. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____

8. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____

9. _____

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name_____

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other:_____



For Checking Accounts: ATTACH AN ORIGINAL BLANK CHECK (Not a Deposit Slip) MARKED “VOID NON-NEGOTIABLE.”

For Savings Accounts: ATTACH A SAVINGS WITHDRAWAL/DEPOSIT SLIP THAT INCLUDES YOUR NAME AND ACCOUNT NUMBER INFORMATION.

PASTE HERE:

Photo Identification for the registered property owner*
(address on I.D. cannot be the same as the assisted unit)

PASTE HERE:

Please keep this document for your records.



St. Petersburg Housing Authority (SPHA) is excited to introduce our Landlords to our online HMS PAL™ system. Using this system, you will be able to register and access information regarding your monthly Housing Assistance Payments (HAP) for all your current tenants. Landlords can use HMS PAL™ regardless of whether you receive Direct Deposit or payments by check, but by choosing to sign up for Direct Deposit, you can help SPHA reduce environmental waste, use less paper, and help us become more efficient.

Please take the time to visit the website and familiarize yourselves with the new system at: www.hmsforweb.com/pal. There are instructions provided to assist you in accessing your information. Each landlord will be required to register at HMS PAL™ and set up a user account. After successful registration, you can log in and check your payment history and print out individual payment information. You will need an e-mail address to complete the on-line process. If you do not have an e-mail account, you can sign up for a free account at www.hotmail.com, www.gmail.com, www.msn.com, or www.yahoo.com. Obtain the email address before registering on the HMS PAL™ site.

Through HMS PAL™, you will be able to view an 18 month payment history and current year to date totals. Your most current payment data will be available online on the day following a check run process. This includes mid-month payments that are applicable for new move-ins, lease ups, and payments that have been held for abatements. However, please allow 3-5 business days for the receipt of your actual payment in your bank account as it takes time for the bank to process your direct-deposits.

You can opt to receive email notifications that a recent payment has been posted to the web, by enabling email notifications. If you would like to receive an email notification, you must select to turn on email notifications after you log in to HMS PAL™ by clicking on "Email Settings" in the left menu. All landlords who received a payment the previous day and have turned on email alerts will receive an email. The email will let you know that your current month's statement is available online, and it will provide you with a link that will bring you to the login page. If you have questions about how to use HMS PAL™ please check the FAQ (Frequently asked Questions) link provided throughout the HMS PAL™ website. If you forget your username or password, there is a "Forgot Password" link below the login dialogue that will email that information to your email address.

By implementing the usage of HMS PAL™, we hope to offer an easier and more convenient method for you to verify Housing Assistance Payment (HAP) information on a monthly basis. If you have questions about payment dates, payment amounts, etc, you should contact SPHA directly. At SPHA, we are always looking for ways to expedite and simplify our functions in order to better serve our clients. We look forward to receiving feedback from you in reference to the HMS PAL™ system.

2001 Gandy Blvd. North, St. Petersburg, FL 33702

Phone: (727) 323-3171 • Fax: (727) 209-6988 • TDD: 1 (800) 955-8770 • TTY: 1 (800) 955-8771



RENT REASONABLENESS & AFFORDABILITY

What is Rent Reasonableness?

The Housing Authority (HA) is required to make a determination and certify that every rent approved for the Section 8 Housing Choice Voucher Program is reasonable. Reasonable rent means that **the rent may not exceed the rent that is charged for a comparable unit, with similar amenities, in the same or a similar location in the private, unassisted rental market.** The HA collects and maintains data on rental rates of all types (single family, multi-family, etc.) and sizes of unassisted housing within all areas of our jurisdiction. At least two comparable units are used in determining the maximum allowable rent for a unit. For multi-family properties, the rent roll for the property is used.

How to Request the Proposed Rent for Your Unit:

On the Request for Tenancy Approval form provided to you by your prospective tenant, or current tenant if a lease renewal, please indicate the most recent rent that was charged for your unit. If the rent that you are proposing is different than the most recent rent charged, you must indicate why it is different.

How Is the Rent for Your Unit Determined?

In determining if your proposed rent is reasonable, the HA will inspect the unit, and determine if the unit meets Housing Quality Standards (HQS), determine the number and type of amenities in the unit, and their condition. The HA will also compare your proposed rent to that of at least two similar unassisted units in the same or a similar neighborhood (non-apartment complexes). (Units in apartment complexes will be compared to non-assisted units of the same type and size in the same complex as taken from the rent roll provided by the management office).

The amenities in your unit are noted as are their condition, and this may also be used in determining the rent for your unit. For example, a two bedroom single-family house with wall to wall carpet in fair condition, a dishwasher in fair condition, and wall unit air conditioning units, would rent for less than the same size and type unit with new wall to wall carpeting, a new dishwasher and central heat and air conditioning.

Neighborhood and site conditions, e.g. lawn, driveway, etc., are also very important factors in determining the reasonable rent for a unit. Rents in some neighborhoods are much less than rents in other neighborhoods. For example, a three bedroom, single-family house which meets HQS, but is located in a non-kept, higher crime neighborhood, and with no grass or landscape on the site, would rent for less than the same house located in a well maintained, lower-crime neighborhood, with a well kept yard.

Please keep this document for your records.

For apartment communities, rent rolls are required. The rent charged to unassisted tenants for the same unit size and type in the same apartment complex is the maximum reasonable rent for a Section 8 assisted unit.

What are Fair Market Rents (FMR's)?

According to HUD, FMR's are "gross rent" estimates that include both shelter rent paid by the tenant to the landlord, and the cost of tenant-paid utilities. Housing Authorities do not establish/set the contract rent or the reasonable rent using the FMR's. Housing Authorities use the FMR's to determine payment standard amounts for the Housing Choice Voucher program. Payment Standards are used by HA staff to calculate the tenant's portion of rent. The FMR's for each year can be found on HUD's website at <http://www.huduser.org/portal/datasets/fmr.html>.

What does Tenant Affordability Mean?

Not only does the rent have to be reasonable compared to the unassisted market, it must be *affordable* for the tenant. Once the Rent Reasonableness study has been completed, HA staff determine if the unit is affordable for the selected tenant. The affordability depends on the voucher size the tenant is issued and the income of the tenant.

There may be cases where the rent for a unit is reasonable, but the tenant cannot afford it. In these instances, it will be the Landlord's decision to either accept the rent that is affordable to the tenant or select another tenant for occupancy.