MADISON HOUSING AND REDEVELOPMENT COMMISSION

111 S Washington Ave, Madison, SD 57042 Ph: 605-256-2112 Fax: 605-256-9677

ATTENTION: LANDLORDS/MANAGERS

This packet is the Request for Lease Forms submitted to you by an individual/family that has been issued a voucher representing they are qualified to procure a qualified unit to participate in the HUD Section 8 Rental Assistance program administered by our office.

If you agree to enter into a contract and participate in this program, please complete all areas of the forms and statements within the packet pertaining to you as the Landlord/Manager or Lessor.

The HUD Quality Standard Inspector requires this completed packet to be returned to our office to determine the unit qualification to HUD regulations and to schedule an inspection. A contract for assistance does not begin until the unit passes inspection. The individual/family has been instructed as to the program structure and the requirements regarding a qualified unit for their voucher size issued.

I/we	verify by signing these forms that the unit at
(Owner/Manager)	
	is
ready for inspection.	(unit address)
F / T Y	verify that we have completed all forms and
I/We(Owner/Manager)	verify that we have completed an forms and
statements within this packet and h	have signed and dated the forms as required. I/we have reviewed the nd the requirements for an initial passed inspection.
The family/individual has been in highlighted in pink. Please be sur	structed to complete three (3) areas on these forms. These areas are they have completed their areas before returning these forms.
t	
LANDLORD/MANAGER	DATE

Request for Tenancy Approval Housing Choice Voucher Program

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

OMB Approval No. 2577-0169 (exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time fir reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released ourside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zlp code)				
Madison Housing	& Redevelopment Co	mmission					
3. Requested Beginning Da	ate of Lease 4. Number of	Bedrooms 5. Yea	r Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date U	nit Available for Inspection
9. Type of House/Apartme Single Family De		tached / Row H	ouse	Manufactured Ho	me Garden / W	alkup 🔲	Elevator / High-Rise
10. If this unit is subsidized Section 202	d, indicate type of subsidy Section 221(d)(3)(BMIR)	Section 2	36 (Insured or no	ninsuréd) 🗌 Se	ction 515 F	Rural Development
Other (Describe (Other Subsidy, Including	Any State or Loc	al Subsidy)				
11. Utilities and Appliances The owner shall provide o by a "T". Unless otherwise	or pay for the utilities and ap	pliances indicated I er shall pay for all u	pelow by an "C tilities and app	D". The tenant shall p liances provided by th	rovide or pay for the utilities e owner.	s and applian	ces indicated below
Item	Specify fuel type					Provided by	Paid by
Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Cooking	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Water Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Other Electric							
Water							
Sewer							
Trash Collection							
Air Conditioning							
Refrigerator							
Range/Microwave							
Other (specify)	CONTRACTOR	control of the second s	ngganag 1964 tahungan dalah lah	and a record by a special section is not a transfer of the section	Seed Control or work of the Control of English Control of the Control of Cont		

12. Owner's Certifications. a. The program regulation requires the to the housing choice voucher tenant is not other unassisted comparable units. Owne units must complete the following secticomparable unassisted units within the	more than the ren rs of projects wit on for most recer	it charged for h more than 4	c. Check one of the following: Lead-based paint disclos property was built on or after Jar	sure requirements do not apply because this nuary 1, 1978.
Address and unit number 1.	Date Rented	Rental Amount	surfaces associated with such un lead-based paint free by a lead-	servicing the unit, and exterior painted nit or common areas have been found to be pased paint inspector certified under the under a federally accredited State certifica-
2.		<u> </u>	information on lead-based paint common areas or exterior painte	is attached containing disclosure of known and/or lead-based paint hazards in the unit, id surfaces, including a statement that the card information pamphlet to the family.
3.			13. The PHA has not screened tenancy. Such screening is the	ed the family's behavior or suitability for ne owner's own responsibility.
family of such determination) that approving ing such relationship, would provide reason member who is a person with disabilities. Print or Type Name of Owner/Owner Represe	able accommodati		owner and family as to whether o	n not the thin win be approved.
Signature			Signature (Household Head)	·
Business Address			Present Address of Family (street address	, apartment no., city, State, & zip code)
Telephone Number	Da	ite (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

SECTION 8 LANDLORD CERTIFICATION

Re:(street address	of assisted unit)	· · · · · · · · · · · · · · · · · · ·	
City/Town	State	Zip	
	he legal owner or the legally d	lesignated agent for the above reference aterest in the dwelling unit whatsoever.	d unit
I understand that the housing authority, a	re the only individuals permitt	T dwelling lease agreement, as approveded to reside in the unit. I also understance iving housing assistance payments.	
-	oligations in compliance with	the housing assistance payments contres to comply with housing quality stands	
I understand that the of the contract rent annual income. It	is determined by the housing a	PAYMENTS etermined by the landlord. The tenant's pauthority, and is based on 30% of the actional amounts for rent which have no	ljusteo
		G AUTHORITY cant, I am responsible for notifying the ho	ousing
Signature of landlord	d/Agent	Date	

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

VERIFICATION OF UTILITY RESPONSIBILITY

The utilities **MUST** be in the head of household's name if the tenant is responsible for paying his/her own utilities.

The utilities **CANNOT** be in the owner/landlord's name with tenant paying the owner/landlord.

The landlord may keep the utilities in his/her name and increase the rent to justly compensate for the difference.

This verification with EACH utility company, the landlord, and tenant, MUST be submitted to our office along with the landlord papers in order for us to set up an inspection of the unit.

ADDRESS OF UNIT:		
Tenant is NOT responsible for any utilities	(If checked, skip	to tenant/landlord signature)
Name of Agency:		
Please check which applies to the above, name	ned tenant:	
The utilities are not yet in the tenant's name and have an order in place.	s name, but they are a	able to put them in their
The tenant is not able to get the utilitie	es in their name at this	s time.
Signature of authorized individual at Agency_		
PhoneDa		
Please check which applies to the above, nanThe utilities are in the tenant's nameThe utilities are not yet in the tenant' name and have an order in placeThe tenant is not able to get the utilities	ned tenant: s name, but they are a	able to put them in their
Signature of authorized individual at Agency_PhoneDa		
Tenant Signature	Phone	Date
andlord Signature	Phone	Date

MADISON HOUSING AND REDEVELOPMENT COMMISSION

111 S. Washington Ave, Madison, SD 57042

Ph: 605-256-2112

Fax: 605-256-9677

OWNER'S RESPONSIBILITIES:

- The owner must maintain the unit in accordance with HQS (Housing Quality Standards).
- If the owner fails to maintain the unit to HQS, the Housing Authority must take prompt and vigorous action to enforce the owner's obligation.
- The Housing Authority's remedies for breach of HQS include termination, suspension or reduction of housing assistance payments.
- The Housing Authority must not make any housing assistance payments for a unit that fails HQS, unless the owner corrects the defect within the specified period.
- If the defect is life threatening, the owner must correct the defect within no more than 24 hours.
- For other defects, the owner must correct the defect within no more than 30 calendar days (or any Housing approved extension). If the repairs are not made within the time frame stated by the Housing Authority the rent will be abated.
- The owner is not responsible for breach of the HQS that is not caused by the owner for which the family is responsible. The Housing Authority may terminate assistance to a family because of HQS breach caused by the family.
- The owner must comply with federal regulations regarding non-discrimination.
- The owner must pay utilities not paid directly by the family.
- The owner must notify the Housing Authority if any unauthorized individuals have moved in, if the tenant has vacated the unit, or if the utilities have been disconnected.
- The owner must provide a copy of eviction or termination notices to the Housing Authority.

It is the owner's responsibility to enforce terms of the lease. (collect rents, evictions, etc).

I WILL COMPLY WITH HUD REGULATIONS, HQS, AND THE TERMS OF THE LEASE.

PENALITIES FOR COMMITING FRAUD: The Unites States Department of Housing And Urban Development (HUD) places a high priority in preventing fraud. If false or incomplete information is provided to the Housing Authority, you may be:

- Required to pay all overpaid Housing Assistance Payments received from the Housing Authority.
- Fined \$10,000.
- Imprisoned for up to five years.
- Prohibited from participating in the Rental Assistance Program.
- Your state and local governments may have other laws and penalties as well.

	_
Landlord	Date

SECTION 8 INFORMATION

FOLLOWING MUST BE COMPLETED ENTIRELY:

NAME OF TENANT:						
FAMILY MEMBERS:						
ADDRESS OF UNIT:						
Unit type (circle one)	А	pt Duple	ex S	Single Family	Dwelling	Mobile Home
Neighborhood Type (ci	rcle one)	Residentia	ı	Commercial	Mob	ile Home Park
Location of Property (c	ircle one)	NE	SE	NW	SW	
# of Bedrooms	_ #of Bat	hrooms		Size in Se	quare ft* _	Date Built* (yr) *Best guess
Please check any of the	following ar	nenities/fac	ilities 1	that are in, o	r part of, t	
Truel Oil Heat, #1 Type of Water Heat Type of stove Other Electric (lights) -	Laundry Fac Range Dishwasher_ #2 Utility Compa	Utility Com Utility Com Utility Com Utility Com any	pany_ npany_ npany_		F	Washer Dryer Connection Refrigerator garbage disposal Handicap Accessible Garage/carport pd by (circle one) tenant/landlord pd by (circle one) tenant/landlord
Owner Address					_	
Owner Phone Landlord Name Landlord Address Phone				···		
Is the owner/landlord a I Certify: THE TENANT BROTHER OF ANY MEM	/FAMILY LIST	ED ABOVE I		No A PARENT, C	CHILD, GRA	ANDPARENT, GRÅNDCHILD, SISTER, OR
Landlord/Owner Signat	ure	·			Da	te

LESSOR'S DISCLOSURE OF INFORMATION ON THE PRODUCTION OF METHAMPHETAMINES

Pursuant to South Dakota Codified Law, in any hiring of a residential premises, any lessor who has actual knowledge of the existence of any prior manufacturing of methamphetamines on the premises shall disclose that information to any lessee or any person who may become a lessee.

Lessor's Disclosure	(initial)		
(a) Presence of	of existence of any prior manufact	uring of methamphetami	nes (check one below):
	s knowledge of the existence of a rty (explain).	ny prior manufacturing o	of methamphetamines on
Lessor ha property. Certification of Acc	s no knowledge of existence of ar	y prior manufacturing o	f methamphetamines on the
	s have reviewed the information a ided by the signatory is true and a		est of their knowledge, that
Lessor	Date	Lessee	Date
Lessor	Date	Lessee	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.

	sor's Disclosure Presence of lead	i-based paint and/or lead	-based paint hazards (ch	ieck (i) or (ii) below):
		า lead-based paint and/or	•	ds are present in the housing
	(ii) Lossov	has no knowledge of lea	d based point and/ov lo	ad larged point larged in the
	housir		u-baseu paint and/or lea	ad-based paint hazards in the
(b)	Records and rep	orts available to the lesso	or (check (i) or (ii) below)	
		ased paint and/or lead-ba		and reports pertaining to housing (list documents
		•		· · · · · · · · · · · · · · · · · · ·
		has no reports or records nazards in the housing.	pertaining to lead-base	d paint and/or lead-based
	see's Acknowled	• '		
		has received copies of all	•	
(d) .	Lessee	has received the pamphl	et <i>Protect Your Family fror</i>	n Lead in Your Home.
Age	nt's Acknowled	gment (initial)		
(e) .	Agent is awa	has informed the lessor o re of his/her responsibility	of the lessor's obligations to ensure compliance.	under 42 U.S.C. 4852d and
Cert	tification of Acc	ıracy		
The the t	following parties information they I	have reviewed the informatinave provided is true and ac	ion above and certify, to the curate.	ne best of their knowledge, that
Less	or	Date	Lessor	Date
Less	ee	Date	Lessee	Date
Ager	nt	Date	Agent	Date

Madison Housing and Redevelopment Commission

111 S. Washington Avenue Madison, SD 57042 PHONE: 605-256-2112 FAX: 605-256-9677

THE FOLLOWING LIST IS TO HELP THE LANDLORD PREPARE THE UNIT TO PASS INSPECTION THE FIRST TIME.

There must be heat, lights, and water on for the inspection.

- Gas/oil/electric utility sources for lights, heat, cooking stove and water heater must be on for the inspection. If all utility sources are not on, the unit will fail inspection.
- There must be a Smoke Detector in every bedroom, by every heat source, in the basement, and on every level of the home. It must be secured according to the Manufacturer's specifications.
- All units must have access to a Fire Extinguisher. Apartment buildings must have one in the hall on each floor. All single dwelling units must have a Fire Extinguisher in the unit with current tags.
- All fuses and breakers must be labeled. All fuse boxes must have a latched door. All mail breakers outside of the unit must have a padlock and the tenant must have a key to access the breakers.
- Apartment buildings must meet State Fire Codes. For example; exit signs, emergency lights, smoke detectors, and sprinkler system all in working condition.
- Light switch and electrical outlet covers cannot be cracked or broken.
- Any electrical outlet within three (3) feet of any sink must have a (GFI) breaker.
- Outside outlets must have a (GFI) breaker.
- Windows cannot be cracked or broken. If a window is designed to open, it must open. Furniture or a/c units cannot block the window exit in the occupant's bedroom. All units must have access to a fire exit.
- There must be a storm and screen for every window.
- All bathrooms must have a ventilation fan, or a window that opens.
- The doors and windows must have secure locks.
- Basement bedrooms cannot qualify for this program unless there is a window in the room with an opening of at least 24" x 36".

- There must be a shut of valve on all gas and oil appliances.
- The water heater must have a working pressure relief valve piping, and the down pipe made of PVC pipe, copper, or steel, should be no more than 6" above floor level. In a mobile home, the down pipe must run through the floor and the water heater door must be open for inspection.
- All plumbing must be in working order and meet state codes. There can be no leaky plumbing.
- Dryer vent must be plumbed outside.
- All paint must be adhered to exterior/interior walls. No blistering, bare wood, or peeling pain in or out of the unit.
- If there is a fuel tank in the basement, it must be 10 feet from any heat source and 6 inches off the floor.
- Hook and Ladder, single tube and insulator wiring will not qualify. All wiring must meet state code.
- All homes must be free from Asbestos or any other hazardous materials.
- Mobile homes must have tie downs, and steps for the back door. Any mobile home 70 feet or long must have 3 sets of tie downs. One set at each end, and one in the center. The skirting must be open to inspect the tie downs.
- Mobile homes must have a platform for the front door that is at least 23"x42", and the platform for the back door must be at least 18"x36". Both platforms cannot be more than 2" below the floor level of the trailer. All steps must be secure to the trailer.
- All steps 26" or higher for any unit must have a railing.
- Homes located in a rural or county setting must have the septic system EPA approved. If the home is not on a rural water system, the WELL must pass a state water test.

When the inspection is finished, and if it didn't pass inspection, a letter will be sent to the landlord informing them of the repairs that must be completed. When the repairs are completed, the landlord must schedule another inspection. The housing unit must pass inspection before we can start paying Housing Assistance Payments.

Madison Housing Direct Deposit Agreement Form

We are pleased to be able to offer you Direct Deposit. Now you can have your check automatically deposited to your checking/savings account, and you don't have to change your present banking relationship to take advantage of this service. Direct Deposit helps in many ways.

- It saves trips to your financial institution.
- It saves time in depositing checks.
- It eliminates the possibility of lost, stolen, or forged checks.
- Your money is deposited faster

Email Address:

It means you get your money deposited to your account even if you are on vacation or away on business.

Direct Deposit is safe, convenient, and easy. To take advantage of this service, complete the information below and return to Madison Housing Authority.

All of the information that would normally be included on the check stub, detailing the transactions reflected in the check, will be placed on line when the Direct Deposit is issued, and <u>you will receive an email notification</u>.

The authorization form gives us and your financial institution the authority to process electronic credits and/or debits to your account.

PLEASE ATTACH A VOIDED CHECK

	Authorization Agreement	
		nancial institution named below as needed als from this account in the event that a
		ue to incorrect or incomplete information ny financial institution in depositing funds
	ect deposit form to the Payroll Departme	of cancellation from me or my financial ent.
	Account Information	
Name of Figure 1.1 to the district		
Name of Financial Institution:		
Routing Number:	· ·	_
Account Number:		☐ Checking ☐ Savings
	Signature	
Authorized Signature:	}	Date:
Funnil Addunger	q	hore .

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

meme	Heveride 36/vice > GO to www.iis.gov/Foililiva ioi ii	istructions and the late	ast imormation.				
	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						
n page 3.	3 Check appropriate box for federal tax classification of the person whose n following seven boxes. Individual/sole proprietor or C Corporation S Corporation		eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
ons o	∐ Individual/sole proprietor or	Exempt payee code (if any)					
Print or type. See Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, Note: Check the appropriate box in the line above for the tax classificat LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	tion of the single-member of from the owner unless the opurposes. Otherwise, a sing	wner. Do not check owner of the LLC is gle-member LLC that	Exemption from FATCA reporting code (if any)			
e e	☐ Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)			
S e	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	nd address (optional)			
ď	6 City, state, and ZIP code			•			
	7 List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)		-				
2010	our TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to av	oid Social sec	urity number			
resider	o withholding. For individuals, this is generally your social security nunt alien, sole proprietor, or disregarded entity, see the instructions for	Part I, later, For other	1 1 1				
entities TIN, la	s, it is your employer identification number (ÉiN). If you do not have a	number, see How to ge	ta LLL				
	If the account is in more than one name, see the instructions for line	1 Also see What Name		dentification number			
	er To Give the Requester for guidelines on whose number to enter.	1. Also see What Name i	and				
			-	-			
Part	II Certification			- 			
Under	penalties of perjury, I certify that:						
2. I am Serv	number shown on this form is my correct taxpayer identification num not subject to backup withholding because; (a) I am exempt from ba ice (IRS) that I am subject to backup withholding as a result of a faile onger subject to backup withholding; and	ackup withholding, or (b)	I have not been no	otified by the Internal Revenue			
	a U.S. citizen or other U.S. person (defined below); and	4					
4, The	FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting	g is correct.				
you hat acquisi other th	ration instructions. You must cross out item 2 above if you have been reversally to report all interest and dividends on your tax return. For real eduction or abandonment of secured property, cancellation of debt, contribution in Interest and dividends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retire	does not apply. For ement arrangement	mortgage interest paid, (IRA), and generally, payments			
Sign Here	Signature of U.S. person ▶		Date ▶				
Gen	eral Instructions		ridends, including t	hose from stocks or mutual			
Section noted.	references are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (v	various types of inc	come, prizes, awards, or gross			
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted transactions by brokers)				les and certain other			
	after they were published, go to www.irs.gov/FormW9. • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions)						
•		. '		d party network transactions)			
informa	ridual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer ation number (TIN) which may be your social security number	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 					
	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-C (cano		and of an armed with a set A			
taxpaye	er identification number (ATIN), or employer identification number	• •	Form 1099-A (acquisition or abandonment of secured property)				
amount	IN), to report on an information return the amount paid to you, or other nount reportable on an information return. Examples of information use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.						
returns	include, but are not limited to, the following.	If you do not return Form W-9 to the requester with a TIN, you might					

later.

• Form 1099-INT (interest earned or paid)