



SECTION 8 OFFICE  
 700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322  
 PHONE: (206) 214-1300 FAX: (206) 243-5927 EMAIL: RFTA@kcha.org

OFFICE USE ONLY	
FORM #:	897
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

## REQUEST FOR TENANCY APPROVAL HOUSING CHOICE VOUCHER PROGRAM (RFTA)

**All forms must be completed in their entirety.** Incomplete forms will delay the housing process. Print clearly and legibly.

### TENANT INFORMATION

HEAD OF HOUSEHOLD: LAST NAME:		FIRST NAME:	
EMAIL:		PHONE:	

### NEW RENTAL UNIT INFORMATION

<b>Unit Type (Check one)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Duplex/Triplex/Four-Plex <input type="checkbox"/> Other _____ (Proof of municipal approval (e.g., occupancy permits) of duplex, triplex, and mother-in-law units will be required.)			
Name of the Property (if applicable):		Monthly Rent:	Name of Owner/Agent to Call for Inspection:
Rental Unit Address:		Number of Bedrooms:	Number of Bathrooms:
		Phone Number for Scheduling HQS Inspection:	
Unit Number:	City:	Security Deposit:	Refundable Security Deposit:
		Email Address:	
ZIP Code:		Date Ready for Inspection:	Fax Number:
<b>Lead-based paint Owner Certification</b> Year New Unit Was Built: _____ <input type="checkbox"/> Unit was <b>built in 1978 or later</b> : Lead-based paint disclosure requirements do not apply. <input type="checkbox"/> Unit was <b>built before 1978</b> : lead-based paint disclosure requirements apply. This form <b>must</b> be submitted with the RFTA. (please see attached <b>Lead Disclosure Form 858</b> ) Do you offer a move-in special? (E.g., first month free, lower security deposit, etc.) Explain: _____ Any additional fees being charged? (E.g., garage fee, washer/dryer, carport, month to month fee, etc.) Explain: _____			

Tenant Name: \_\_\_\_\_

## UTILITY AND APPLIANCE INFORMATION

Please Check (one) which utility company bills your property  
Puget Sound Energy  or Seattle City Light

Use the chart below to list what types of utilities are present in the unit and who will be responsible for payment of each type of utility:

Utility	Check Utility Type in Unit		Who is Responsible	
			Tenant	Landlord
Heating:	Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gas	<input type="checkbox"/>		
	Oil	<input type="checkbox"/>		
	Propane	<input type="checkbox"/>		
Water Cooling:	Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gas	<input type="checkbox"/>		
	Oil	<input type="checkbox"/>		
Cooking:	Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gas	<input type="checkbox"/>		

Utility	Tenant Responsibility	Landlord Responsibility
Water:	<input type="checkbox"/>	<input type="checkbox"/>
Sewer:	<input type="checkbox"/>	<input type="checkbox"/>
Garbage:	<input type="checkbox"/>	<input type="checkbox"/>

Refrigerator in Unit?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Range in Unit?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**For safety, fuel heating furnaces that are not visible must be certified by a heating professional at least once every two years and an invoice must be provided to KCHA. Documentation of Professional Service must be provided prior to inspection.**

The program regulation requires KCHA 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 four units** must complete the following section for the most recently leased comparable unassisted units within the premises.

	Address & Unit Number	Date Rented	Rent Amount \$
1.			
2.			
3.			

**Check here  if this is a Low-Income Housing Tax Credit property and list your Tax Credit rent amounts above.**

### HQS Inspection

The property can usually be inspected within five to ten business days after KCHA receives this **fully completed** RFTA Packet, including the W-9 and direct deposit form. The Housing Inspector will call to set a time for the inspection. Once the unit passes an inspection and KCHA receives a copy of the signed lease, a Housing Assistance Payment Contract will be processed to be signed by the owner/authorized signer. To ensure that this unit passes the HQS inspection, please refer to the items in the attached HQS Checklist.

I understand that before a unit's Section 8 subsidy may begin or continue, it **must** pass a Housing Quality Standards (HQS) inspection. This inspection will be done by a Housing Authority inspector or its designated representative. Inspections will be done at least once a year or once every two years, depending on unit type.

The purpose of this inspection is to determine the livability of each unit according to the HQS standards set by the Department of Housing and Urban Development (HUD). Inspectors are **only** evaluating **visible** housing conditions. HQS inspectors are **not** looking for hazards in a unit's walls or that require testing to detect.

In this inspection, the inspector expresses an opinion **only** regarding the quality and condition of the items reported upon. Nothing in the Housing Authority's inspection should be considered to be a statement of fact or a warranty as to quality or condition of items that are not visible.

The signing parties of this document hereby release the Housing Authority, its agents, and its employees, from any liability or claims which may arise due to a condition on or about the unit that either existed before or simultaneously with, or that was created after, the date of the signing of the Housing Contract and dwelling lease.

Tenant Name: \_\_\_\_\_

### OWNER INFORMATION

The OWNER is the **legal owner** of the dwelling unit, which is reflected on the Owner's W-9 form. You **must** submit a copy of the Owner's W-9, and **all the information listed below must match the W-9**. An Owner's signature is required when an agent is not acting on behalf of an Owner. Do not write "ON FILE" on any part of the form, everything must be completed. *(Please Print Clearly)*

Name of Owner:		Name and Title of Other Party Authorized to Sign the Lease:	
Signature of Owner:		Signature of Other Party Authorized to Sign the Lease:	
Date:		Date:	
Owner Mailing Address, Street, Apt./Suite:			Phone Number:
City:	State:	ZIP Code:	Owner or Agent Email:
Tax ID Number:		Bank Account Number (Last 4 Digits):	

Email for who to send Housing Assistant Payment (HAP) Contract: \_\_\_\_\_

Are you currently renting a unit to a Housing Choice Voucher (HCV) Section 8 Tenant?  Yes  No

For ease of payment, if you answered **yes** above, please provide street address:

\_\_\_\_\_  
(Street, Apt./Suite, City, State, ZIP)

### PROPERTY MANAGER/AGENT INFORMATION

The Property Manager is an agent **accepting payment or managing the unit on behalf of the legal owner**. If the owner does not have an agent managing on their behalf, skip this section. All documentation regarding the tenant, including contract, rent increase letters, etc. will be sent to the Property Manager information listed below. *(Please Print Clearly)*

Name of Property Manager:		Name and Title of Other Party Authorized to Sign the Lease:	
Signature:		Signature of Other Party Authorized to Sign the Lease:	
Date:		Date:	
Property Manager Mailing Address, Street, Apt./Suite:			Phone Number:
City	State	Zip Code	Property Manager Email:
Tax ID Number		Bank Account Number (Last 4 Digits)	

Are you currently renting a unit to a Housing Choice Voucher (HCV) Section 8 Tenant?  Yes  No

For ease of payment, if you answered **yes** above, please provide street address:

\_\_\_\_\_  
(Street, Apt./Suite, City, State, ZIP)

Tenant Name: \_\_\_\_\_

## HOUSEHOLD MEMBERS THAT WILL BE RESIDING IN ABOVE UNIT

TO BE COMPLETED BY OWNER OR PROPERTY MANAGER  
(ALL MEMBERS LISTED BELOW MUST BE LISTED ON THE LEASE)

FIRST AND LAST NAME	DATE OF BIRTH	FIRST AND LAST NAME	DATE OF BIRTH
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

## CURRENT VOUCHER HOLDER SCREENING

**PROGRAM RULES** prohibit the Housing Authority from screening the tenant for suitability. Such screening is the Owner's responsibility and the Housing Authority strongly suggests that the Owner consider a family's background prior to determining suitability. To assist you in your screening process, the Housing Authority can provide the following information (if known):

Please check here if tenant is new to the voucher program.

### SCREENING INFORMATION:

TENANT'S CURRENT INFORMATION	TENANT'S CURRENT LANDLORD

## LEASING AND PAYMENT PROCESS

The Owner certifies that if the tenant moves into the unit before the date authorized by KCHA, the tenant is responsible for the entirety of rent until the Housing Assistance Payment (HAP) Contract is signed and authorized by KCHA. KCHA is NOT authorized to pay any rental subsidy until the unit has passed an HQS inspection. There will be no subsidy payments for any period prior to the inspection and rent approval dates. If you have a question as to whether an inspection or rent has been approved please call (206) 214-1300 or email [rfta@kcha.org](mailto:rfta@kcha.org).

KCHA will make direct deposit HAP payments into your bank account. Please provide the information on the attached **DIRECT DEPOSIT ENROLLMENT FORM**.

## OWNER/PROPERTY MANAGER CERTIFICATIONS

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

I certify that the owner (including a principal or other interested party) is **not** the spouse, parent, child, grandparent, grandchild, sister, or brother of any member of the voucher holder's household that is seeking to rent the unit. (KCHA may allow an exception to this policy as a reasonable accommodation for persons with a disability, if requested by the tenant by completing a Reasonable Accommodation Request form.)

I understand that I **must use my standard dwelling lease**—the same lease used by my non-HCV tenants—as well as the **HUD-required lease addendum**. I also understand that the lease effective date, the lease end date, and the contract rent must match what's listed on the HAP contract and, if different, will be superseded by those on the HAP contract.

Tenant Name: \_\_\_\_\_

I understand I **must submit a signed copy of the lease and HAP contract to the Housing Authority** before payment can be made. Per federal regulations, KCHA must execute a HAP contract **within 60 days** of the initial lease up date. Any HAP contract executed after the 60 day period is void, and the PHA may not pay any housing assistance payment to the owner (24 CFR 982.305(c))

I understand that **only those residents approved on the lease and HAP contract may reside in the unit**, and that I am not permitted to live in the unit while I am receiving housing assistance payments. (Does not apply to owners participating in the Shared Housing Program, provided they are not related to the tenant by blood or marriage.) In addition, I understand that King County Housing Authority only verifies program eligibility and does not check references. I am responsible for background reference checks for rental, financial, and criminal history.

I understand that should the assisted unit become **vacant** or if the tenant notifies me they will be **absent** from the unit for any period of time, it is **my responsibility** to notify the Housing Authority immediately in writing and, if appropriate, to return any portion of rent due the Housing Authority promptly. The Housing Authority cannot pay on a unit after the tenant has vacated. I also understand that KCHA will recoup any overpayment to an owner for the Housing Assistance Payments. (See HUD form HUD-52641 Part B, Section 7.f for more information).

I understand that within KCHA's jurisdiction, owners of residential rental property—including large multi-family developments, single-family houses, condominiums, and Accessory Dwelling Units (ADUs or "mother-in-law" apartments)—**may be required by their municipalities to obtain an annual Rental Business License** and an inspection of every unit once every four years. For more information, property owners should consult their respective city or county permit center.

I understand that **failure to comply** with the terms and responsibilities of the Housing Assistance Payments Contract is **grounds for termination of participation** in the Section 8 Program. I understand that knowingly supplying false, incomplete, or inaccurate information or collecting "side payments" from the tenant is punishable under federal or state criminal law.

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance, as they deem necessary. **The Housing Authority and HUD may release and exchange information** regarding my participation in the Section 8 program with other federal and state agencies.

I understand that as a recipient of federal funds, I have an obligation to comply with **all pertinent laws and regulations that provide for non-discrimination as well as unit accessibility for all housing participants, including people with disabilities**. I understand that additional information on this subject can be found in HUD Notice 2002-01, located on KCHA's website at [www.kcha.org](http://www.kcha.org) or by requesting a printed copy from the Section 8 Housing Office.

I agree to comply with the 2013 Violence Against Women Act (VAWA) which provides protections to the **victims of domestic violence, dating violence, stalking, and sexual assault**. Further details are available at <https://www.hudexchange.info/resource/4718/federal-register-notice-proposed-rule-violence-against-women-act-2013-vawa-2013/>

**WARNING:** Title 18 US. Code Section 1001 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. State law may also provide penalties for false or fraudulent statements.

**By signing below, I certify and agree to the above terms and conditions.**

Signature of Property Manager (if applicable):	Date:
Signature of Owner:	Date: