



Clarion County Housing and Redevelopment Authority

8 West Main Street, Clarion, PA 16214

Voice/TTY: (814) 226-8910

Fax: (814) 226-6039

Email: ccha@clarionhousing.com

Website: clarionhousing.com

****SUBMIT PACKET TO LANDLORD FOR COMPLETION****

New Admission/Move Checklist

All items must be completed and returned before any unit can be inspected. All units must pass an inspection by the last day of the month for assistance to begin on the first of the following month.

- Property Map and owner information on Request for Tenancy
- Unit Information page 1 and 2 on Request for Tenancy ALL SECTIONS MUST BE COMPLETED and signed by landlord and tenant on page 2
- Lead Based Paint Disclosure Form if unit was built before 1978. Then landlord and tenant must sign this form
- Landlord W-9
- Landlord banking information with voided check
- Proof of landlord ownership of the unit (Deed, Tax Notice, etc.)
- All utilities must be turned on before the unit can be inspected

There are no exceptions, all of these items must be returned with all required signatures before any inspection will be scheduled. If you have any questions, please call our office at (814) 226-8910 or email the Housing Authority at ccha@clarionhousing.com

Clarion County Housing Authority prohibits discrimination in all of its activities on the basis of race, color, national origin, gender, religion, age, familial status, marital status, handicap or disability.

This institution is an equal opportunity housing provider and employer. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).





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REQUEST FOR TENANCY APPROVAL

This packet needs to be completed and signed by the Property Owner/Manager and the prospective Tenant. Please ensure that all forms be completed or the request may be denied and returned for proper completion.

Once the packet is received by the Housing Authority, we will ensure that the unit is rent reasonable. After we determine the rent is reasonable for the tenant a Housing Quality Standard Inspection (HQS) will be scheduled.

The Housing Authority will not begin to make Housing Assistance Payments (HAP) until the rental unit meets the HQS requirements and all paperwork is completed and returned to the Housing Authority in its entirety.

The following are a few things that you should be aware of:

- **Security Deposit:** The Housing Authority is not responsible for security deposits. Any damages or unpaid rent at the termination of tenancy will be the Tenant's responsibility to the Owner.
- **References & Screening:** It is the Owners responsibility to screen the prospective Tenant.
- **Moving in before the unit has passed HQS Inspection:** It is not encouraged for the tenant to enter into a lease or move into a unit prior to the unit passing HQS Inspection.
- **Lease:** If you would like to use your lease, a copy of the lease must be attached to this packet upon returning it to the Housing Authority.
- **W-9:** Will be sent under separate cover.
- **IRS Form/1099:** You will receive this form at the end of each calendar year.
- **Property Map:** Please draw a clear map on how to locate the property to be inspected.
- **Rent Comparison Form:** The Housing Authority must make sure the rent being requested for the unit is comparable to units in the same area. In order to do so the attached form needs to be completed.

Once the rental unit is placed in the Section 8 Housing Choice Voucher Program, copies of all appropriate documents will be supplied to the landlord & tenant.

If you have any questions concerning this packet or the program please contact our office.

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Property Map

(Draw a clear and detailed map so the inspector can locate the unit)

Tenant Name: _____

Tenant Phone Number: _____

Water Certification

(Owner/Manager)

I certify that the water at this unit is sanitary & free from contaminations.

Owner Information

(This information is requested for statistical purposes only)

Landlord Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email Address: _____

Are you claiming minority status? ___ No ___ Yes If yes, please answer the following:

Gender of owner: ___ Female ___ Male

Race of owner: ___

1. White
2. Black or African American
3. American Indian/Alaskan Native
4. Asian/Pacific Islander

Ethnicity of Owner: ___

1. Hispanic
2. Non-Hispanic

Request for Tenancy Approval

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
exp. 04/30/2026

LANDLORD FILLS OUT

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

| | | | | | |
|---|-----------------------|---------------------|---|-------------------------|---------------------------------------|
| 1. Name of Public Housing Agency (PHA) | | | 2. Address of Unit (street address, unit #, city, state, zip code) | | |
| 3. Requested Lease Start Date | 4. Number of Bedrooms | 5. Year Constructed | 6. Proposed Rent | 7. Security Deposit Amt | 8. Date Unit Available for Inspection |
| 9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home) | | | 10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____ | | |

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

| Item | Specify fuel type | Paid by | |
|------------------|--|---------|-------------|
| Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other | | |
| Cooking | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other | | |
| Water Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other | | |
| Other Electric | | | |
| Water | | | |
| Sewer | | | |
| Trash Collection | | | |
| Air Conditioning | | | |
| Other (specify) | | | |
| | | | |
| Refrigerator | | | Provided by |
| Range/Microwave | | | |

12. Owner’s Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

| Address and unit number | Date Rented | Rental Amount |
|-------------------------|-------------|---------------|
| 1. | | |
| 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.

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

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

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

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

LANDLORD

TENANT

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

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

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

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records of pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (Initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (Initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date

Request for Taxpayer Identification Number and Certification

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

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

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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 ▶ |
| | | |

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.



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DIRECT DEPOSIT AUTHORIZATION

LANDLORD FILLS OUT

Mandatory for all Section 8 Landlords

COMPLETE THIS FORM AND RETURN IT WITH A VOIDED CHECK TO:
Clarion County Housing and Redevelopment Authority

PART 1: TRANSACTION TYPE (CHECK ONE)

- New Account Change in Existing Account

PART 2: VENDOR IDENTIFICATION & BUSINESS NAME

| | | | |
|---|---------|---------------------------|-------------|
| 1. Owner Name | | | |
| 2. Property Management Company or Business Name (if applicable) | | 3. Daytime Phone Number | |
| 4. Name of Payee Name (As it appears on your voided check) | | 5. Alternate Phone Number | |
| 6. Mailing Address | 7. City | 8. State | 9. Zip Code |

PART 3: AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

I hereby request and authorize the Clarion County Housing and Redevelopment Authority to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of change in financial institution information.

| | | |
|--------------------------|--|----------|
| 10. Authorized Signature | 11. 2 nd Authorized Signature (if applicable) | 12. Date |
|--------------------------|--|----------|

PART 4: FINANCIAL INSTITUTION

| | | | |
|--------------------------------|-----------------------------|--|--------------|
| 13. Financial Institution Name | | 14. Financial Institution Phone Number | |
| 15. Address | 16. City | 17. State | 18. Zip Code |
| 19. Routing Transit Number | 20. Customer Account Number | 24. Type of Account | |
| | | Checking | Savings |

BE SURE TO SEND A VOIDED CHECK!

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