HOUSING CHOICE VOUCHER PROGRAM

Landlord Packet

All new landlords must provide the following documentation:

a. Completed landlord packet – **With all sections completed**
b. Direct deposit agreement
c. IRS W-9 form with original signature
d. Copy of warranty deed or ownership if the property has recently changed and not listed in MCAD to verify ownership.
e. Copy of management agreement (for property management companies)
f. Completed Request for Tenancy Approval (RFTA) – Form HUD-52517
g. Copy of the proposed lease, including the HUD-prescribed Tenancy Addendum – Form HUD-52641-A

Montgomery County Housing Authority
1500 N. Frazier Suite 101
Conroe, Texas 77301
(936) 539-4984 Telephone
(936) 539-4758 Fax
info@montgomerycountyha.org

Owner Information

Property Owner Name: _____

Property Owner Address: _____

_____

Social Security# or Federal ID#: _____

☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other: _____

Ethnicity of Owner: (Required by HUD) ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐Pacific/Islander

☐ American Indian/Eskimo ☐ Other: _____

Agent Information

Owner Representative Name: _____

Owner Representative Address: _____

_____

Owner Representative Social Security# or Federal ID#: _____

HAP payments are normally made payable to the owner or in the case of a corporation, to the company or apartment complex name; occasionally an owner will authorize payments be made to the agent. Accurate information is essential as the payee will generally receive 1099 at year-end in accordance with IRS requirements.

Payment Information

Make Housing Assistance Payments payable to: _____

Mail remittance advice to: _____

_____

Payee Social Security # or Federal ID#: _____

_____ _____

Tenant's Name Address of Assisted Unit

I, _____, certify that the above information is true and correct.

_____ _____

Owner/Owner Representative Signature Date

Debarment and Suspension Certification

The undersigned certifies to the best of his/her knowledge and belief that he/she and his/her principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency including the Department of Housing and Urban Development.

Executed this _____ day of _____, 20_____

_____ _____

Signature Printed Name & Title

Montgomery County Housing Authority

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PROPERTY OWNERSHIP VERIFICATION FORM

For use with Montgomery Central Appraisal District (MCAD) Records

Instructions:
This form must be completed to confirm property ownership through the Montgomery County Central Appraisal District (MCAD). Please ensure that the MCAD account number or property ID under which taxes are paid is provided. Incomplete forms will not be accepted.

Unit Address:

_____

_____

MCAD Account Number or Property ID:

_____

Owner Name (as listed by MCAD):

_____

I hereby certify that the information provided above is accurate and corresponds with the official property ownership records as maintained by the Montgomery Central Appraisal District.

Signature: _____

Printed Name: _____

Date: _____

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MOBILE HOME TIE DOWN CERTIFICATION

Tenant Name: _____

Property Address of Mobile Home: _____

_____

The undersigned certifies that, to the best of their knowledge, the mobile home located at the above address is properly placed and secured with a minimum of **three (3) tie downs per side**, in accordance with applicable standards, to prevent sliding, overturning, displacement or other serious damage during severe weather conditions.

This certification is based solely on the representations provided by the owner or their designated agent. No physical inspection of the mobile home's tie-down system has been performed by Montgomery County Housing Authority prior to the submission of this certification. This certification does not constitute approval for occupancy. A Housing Quality Standards (HQS) inspection will be conducted, as required by the U.S. Department of Housing and Urban Development (HUD), prior to approval for occupancy.

Please respond to the following:

Is the mobile home properly tied down as described above?

☐ Yes ☐ No

If the answer is **No**, the unit must be properly tied down before it will be considered in compliance.

By signing below, you affirm that the information provided in this form is accurate and complete.

Landlord/Owner Signature: _____

Printed Name: _____

Date: _____

Montgomery County Housing Authority

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HOT WATER HEATER CERTIFICATION

Tenant Name: _____

Property Address: _____

_____

Disclosure: No inspection has been conducted by Montgomery County Housing Authority prior to submission of this certification. The information provided below is based solely on the landlord or property owner's representation. A formal Housing Quality Standards (HQS) inspection will be conducted as required by the U.S. Department of Housing and Urban Development (HUD) prior to approval for occupancy.

Please complete the following:

Location of hot water heater: _____

Type of hot water heater: ☐ Gas ☐ Electric

If the hot water heater is gas, is it properly vented to the outside? ☐ Yes ☐ No ☐ Not Applicable

Does the hot water heater have a discharge line and a pressure and temperature relief valve?
☐ Yes ☐ No

Certification:
I certify that the information provided above is true and correct to the best of my knowledge. I understand that this certification does not replace the required HQS inspection, which will be conducted prior to final approval in accordance with HUD requirements.

Landlord/Owner Signature: _____

Printed Name: _____

Date: _____

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

(Required for housing built before 1978)

Property Address:

_____

_____

Landlord's Disclosure:

☐ The property was built *after* 1978. (If checked, no further action is needed beyond signatures below.)

☐ The property was built *before* 1978. The following disclosures are required:

1. **Presence of lead-based paint and/or lead-based paint hazards (check one):**
   ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

_____

☐ Landlord has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

2. **Records and reports available to the landlord (check one):**
   ☐ Landlord has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below):

_____

☐ Landlord has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

_____

Tenant's Acknowledgment:

3. ☐ Tenant has received the pamphlet *"Protect Your Family From Lead in Your Home."*
4. ☐ Tenant has received the records or reports listed above (if any).

_____

Agent's Acknowledgment (if applicable):

5. ☐ Agent has informed the landlord of the landlord's obligations under 42 U.S.C. 4852d and is aware of their responsibility to ensure compliance.

_____

Certification of Accuracy:

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

Landlord/Owner Signature: _____ **Date:** _____

Printed Name: _____

Tenant Signature: _____ **Date:** _____

Printed Name: _____

Agent Signature (if applicable): _____ **Date:** _____

Printed Name: _____

DIRECT DEPOSIT AUTHORIZATION FORM

(For Electronic Funds Transfer – EFT)

Please complete all sections of this form. Incomplete forms may result in processing delays. Attach a voided check or official bank documentation that verifies routing and account numbers.

SECTION 1: Transaction Type ☐ New Setup ☐ Change to Existing Direct Deposit ☐ Cancellation

SECTION 2: Payee Identification

Payee/Company Name (as registered):_____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Taxpayer Identification Number (TIN or SSN): _____

SECTION 3: Authorization for Setup, Changes, or Cancellation

I hereby authorize Montgomery County Housing Authority to initiate direct deposit of payments to the financial institution account listed below. This authorization will remain in effect until I submit written notice of cancellation or change. I certify that I am authorized to make this request on behalf of the named payee.

Signature of Payee or Authorized Representative: _____

Printed Name: _____ Date: _____

SECTION 4: Financial Institution Information ***(To Be Completed by Bank Representative)***

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Name on Account: _____

I certify that the above information is correct and that the account is open and in good standing.

Financial Institution Representative Name: _____

Signature: _____ Date: _____

SECTION 5: Exemption ***(To Be Completed by Agency, if applicable)***

☐ Payee is exempt from direct deposit due to hardship or system limitations.

Reason for exemption: _____

Approved by: _____ Date: _____

SECTION 6: Cancellation by Agency

Direct deposit has been terminated by the agency due to:

☐ Account closed ☐ Incorrect information ☐ Returned payments

☐ Program termination ☐ Other: _____

Effective Date: _____

Authorized by: _____

SECTION 7: Paying by State Agency ***(Agency Use Only)***

Agency Name: _____

Contact Person: _____

Phone/Email: _____

EFT Setup Completed On: _____ By: _____

Required Attachments:

- A voided check (for checking accounts), OR
- A bank letter or official statement with routing and account numbers.

Fact Sheet for Property Owners/Agents
Montgomery County Housing Authority
Housing Choice Voucher Program

IT IS THE OWNER'S RIGHT AND RESPONSIBILITY TO SCREEN AND SELECT TENANTS; HOWEVER, ALL SCREENING AND SELECTION PRACTICES MUST COMPLY WITH THE FAIR HOUSING ACT AND ALL OTHER APPLICABLE FEDERAL, STATE AND LOCAL NON-DISCRIMATION LAWS. OWNERS MAY NOT DISCRIMINATE AGAINIST APPLICANTS BASED ON AGE, RACE, COLOR, CREED, RELIGION, SEX (INCLUDING GENDER IDENTITY AND SEXUAL ORIENTATION), DISABILITY, FAMILIAL STATUS OR NATIONAL ORIGIN, AS OUTLINED IN HUD REGULATIONS.

Rent:

1. The contract rent was established at the time of execution of the Housing Assistance Payments (HAP) contract. DO NOT make ANY changes. If a problem arises, contact the Housing Coordinator.

2. Families receiving assistance through this program are expected to pay their share of the rent on time and in full. Montgomery County Housing Authority is not responsible and will not make any payments to the owner for any balance of the monthly rent in excess of the HAP in accordance with the HAP contract.

3. Montgomery County Housing Authority is not obligated and will not make any payments for any period the tenant occupied the dwelling unit prior to the assisted unit's passed initial inspection and the start date of the duly authorized HAP contract.

4. All rents proposed by the property owner must be certified by Montgomery County Housing Authority as being rent reasonable as compared to other assisted and unassisted rental units in the community. Rents for Housing Choice Voucher program participants cannot be higher than rents charged for assisted and / or unassisted families residing in units with similar amenities.

5. Montgomery County Housing Authority reserves the right to counsel the family regarding the affordability of a proposed rental unit and to deny a Request for Tenancy Approval on grounds of affordability.

Security Deposit:

It is very strongly suggested that property owners collect a security deposit as allowed under the Housing Choice Voucher program. Except for units leased in place, the amount of the security deposit shall not exceed the private market rate, or the amounts charged by the landlord for unassisted units.

Moves:

1. Notify your Housing Coordinator or housing staff immediately when a family vacates the rental unit regardless of whether the family as given notice or not. If the tenant did not give 30 days' written notice, the owner may retain the HAP payment only for the month in which the family moved out. According to HUD guidelines, the owner's endorsement on the HAP check is his/her certification that only the family listed on the lease is residing in the unit.

2. If you plan to move a family into another unit which you own, a 30-day written notice must be given to the Housing Coordinator so a new Request for Tenancy Approval may be sent to Montgomery County Housing Authority to allow adequate time for an inspection of the proposed unit to be conducted. Continued assistance is not guaranteed; each contract is unique and must be approved individually.

Payments:

1. Housing Assistant Payments are automated. The first HAP check may take approximately 30 business days to be processed. Subsequent payments are auto generated and remittance advice mailed or emailed each month. Due to Montgomery County Housing Authority's Fiscal year ending on June 30th, July payments are mailed a few days later than usual.

2. Landlord/owner may not charge, penalize or otherwise hold the tenant responsible for late payment of the PHA portion of rent. 24 CFR § 982.451(b)(4)(iii), 24 CFR § 982.310(b)(2), HUD HCV Guidebook § 11.2

3. If a HAP payment other than the first is later than 20 days, contact Montgomery County Housing Authority at (936) 539-4984.

4. No payments will be made unless the HAP contract has been approved and executed by Montgomery County Housing Authority.

Change of Ownership:

1. If ownership of rental unit is changing (sale, foreclosure, owner's death, etc.), owner may not make any transfer in any form of the HAP contract payments without prior written consent from Montgomery County Housing Authority. The Housing Coordinator must be notified immediately.

2. If the new owner wishes to assume the HAP contract, appropriate documents must be submitted (deed, will, etc.) however, the present contract rent amount will remain as is until annual renewal.

Maintenance:

1. Make sure all needed repairs are completed within the time frame specified in communications with the HQS Inspector or Montgomery County Housing Authority. Any life/health-threatening conditions require immediate attention, in most cases 24 hours or seven (7) calendar days from notification or occurrence date.

2. It is strongly recommended that you periodically inspect your rental unit to ensure its present condition is decent, safe and sanitary. Prior to any inspection, the family must be given a 24-hour notice. According to HUD regulations, the owner's endorsement on the HAP check is his/her certification that the unit is in decent, safe and sanitary condition.

3. The owner/agent must provide to the tenant, the name and telephone number of a contact person who will respond immediately to any situation arising in the rental unit.

4. In the event the utilities are disconnected, the unit no longer meets the Housing Quality Standards required by HUD and this condition may result in the termination of the HAP contract. Reinstatement is not automatic. No payments will be made to the owner for failure to furnish any or all the utilities. Normally, a 24-hour notice of intent to terminate the contract is provided so the owner or tenant can arrange for re-connection. Utilities include water, sewer, electricity and natural or bottled gas.

Initial Inspection:

1. Once the Landlord Packet has been approved and processed, and the Request for Tenancy Approval has been received and approved, the HQS Inspector will contact the owner/agent within 10 business days to schedule the initial inspection.

2. The initial inspection must be completed and passed before a lease may be executed between the participant and landlord.

Annual Inspection:

1. The Housing Inspector or Montgomery County Housing Authority staff will conduct an inspection of the unit within 60-90 days from the date of recertification. You will be provided written notice of deficiencies that were found during the inspection and will have 24 hours to 14 days to take corrective action. Minor repairs identified at the anniversary inspection must be completed prior to the anniversary date. Upon completion of repairs, provide documentation of repairs to HQS Inspector or housing staff. Some cases may require the Housing Inspector or housing staff to conduct a follow-up inspection to confirm all requested repairs are complete.

2. If you fail to complete the repairs within the given time frame, Montgomery County Housing Authority will not make any payments during the time in which the unit did not meet Housing Quality Standards. The unit must meet Housing Quality Standards at all times during the contract period. Housing Quality Standards audit inspections are conducted periodically by Montgomery County Housing Authority staff and all requested repairs must be completed within the specified time frame stated in Montgomery County Housing Authority's inspection letter.

Terminations:

1. If a tenant fails to meet his/her obligation to pay his/her portion of the rent, the owner/agent may initiate eviction proceedings. All evictions of tenants must be carried out by court action. The tenant must be notified and a copy of the written notice must be forwarded to the Housing Coordinator stating the reasons for the eviction.

2. The owner/agent may request termination of tenancy for serious or repeated violations of the terms and conditions of the lease. The tenant must be notified in writing, and a copy of the written notice must be forwarded to the Housing Coordinator stating the reasons for the termination.

3. The family shall use the dwelling unit solely as their principal place of residence.

4. If you do NOT wish to continue participating in the Housing Choice Voucher program, you are required to notify the family in writing 30 days prior to the anniversary date of the contract and a copy of the written notice must be forwarded to the Housing Coordinator.

Owner Compliance:

Unless the owner has complied with all provisions of the HAP contract, the owner does not have a right to receive any Housing Assistance Payments under the HAP contract.

Program Abuse:

1. I certify I am the legal owner or the legally designated agent for the assisted unit and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

2. I do not/will not live in the unit any time during the terms of the HAP contract. To be eligible for participation in the Housing Choice Voucher program, a property must not be claimed as the owner's primary residence and therefore cannot have a homestead exemption in effect.

3. I am not authorized to collect rental payments for an assisted unit no longer occupied by the designated tenant.

4. I am not authorized to collect side payments from Housing Choice Voucher program families in excess of the designated amount.

5. I understand I cannot knowingly rent to a family member under the Housing Choice Voucher program.

6. I will not bribe, intimidate or threaten the tenant, family, Housing Coordinator or any Montgomery County Housing Authority employee.

Montgomery County Housing Authority will require repayment for the full amount of any false or unauthorized payments collected. If repayment is not made, Montgomery County Housing Authority will restrict owner's future participation in the Housing Choice Voucher program and will take further action to collect all monies owed.

I have read the above information entirely and I hereby give my signature of agreement.

Owner/Representative: _____ Date: _____

Family Name: (Head of Household):_____