

Please Read This Packet

Everything in this packet goes to the
NEW PROPERTY OWNER

WE CANNOT PROCESS THIS PACKET WITHOUT THE
FOLLOWING INFORMATION

- REQUEST FOR TENANCY APPROVAL (RFTA) SIGNED BY TENANT AND PROPERTY OWNER
- W-9 FORM
- DIRECT DEPOSIT FORM WITH VOIDED CHECK
- PROOF OF OWNERSHIP
- NOTICE CONCERNING VIOLENCE AGAINST WOMEN ACT
- If the tenant has a child under the age of 6: LETTER OF LEAD COMPLIANCE
- If the tenant will be paying for water and sewer: PROVIDE METERING INFORMATION STAMPED BY THE BOARD OF HEALTH.
- TIN number letter issued by the IRS(if you will be using an LLC) / Copy of Social Security card (front & back)
- Please Allow 10 Business Days(Weekends and Holidays Does Not Count)



REVERE HOUSING AUTHORITY
Section 8 Office
82 Cooledge Street
Revere, MA 02151

Phone: 781-284-1700
Fax: 781-286-8093
Email: Section8Office@Revereha.com

REQUEST FOR TENANCY APPROVAL PACKET

Tenant: _____ Proposed move-in date: _____

Landlord: _____ Tel #: _____

LL Email: _____

Dear Landlord,

Welcome to Revere Housing Authority's Rental Subsidy Program.

The Request for Tenancy Approval Packet with all required documents must be submitted.

RFTA forms must be completed by the Landlord and Tenant returned with the documents listed below:

- Proof of Ownership** (Copy of a Deed or tax bill bearing the Owners name)
- Valid photo ID**
- Voided check for Direct Deposit**
- Certificate of Occupancy/Fitness** (City where unit is located)
- Lead Paint Compliance Certificate** (Required by law if renting to a family with children under the age of 6 yrs. old)

Important next steps in the process:

1. Paperwork will be reviewed for program compliance. If the requested rent is above the standards the Section 8 Coordinator will contact, you.
2. Please note: Confirm tenant responsibility for the refrigerator if the tenant is providing their own unit. Also verify the air conditioning arrangement if the tenant is supplying their own window unit.
3. McCright Inspection Company will contact you directly to schedule an appointment for the unit to be inspected. (781-353-3112). Inspections must **"Pass"** prior to tenant moving into the unit.
4. Housing Assistance Payment (HAP) Contracts and Tenancy Addendums will be mailed to you. These legally binding documents must be signed and returned to RHA along with a copy of 1-year lease. When RHA has confirmed that the terms of the lease agree with the terms of the HAP Contract the tenant can move into the unit and HAP payments are generated.

Owners/Agents should screen applicants for rent payment history, eviction history, a history of damage to units, and other factors related to the family's suitability as a tenant.

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

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) Revere Housing Authority 82 Cooledge Street, Revere, MA 02151			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)		
		Provided by
Refrigerator		
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)

REVERE HOUSING AUTHORITY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

82 COOLEIDGE STREET

REVERE, MA 02151

TELEPHONE 781-284-1700

FAX (781) 286-8093

Email: Section8Office@Revereha.com

Owner is required to disclose other similar UNASSISTED unit's rentals amount for each apartment rented within the same Building and/ or the same locality for rent justification.

Subject Unit Address: _____
(Number and street Name) (City) (State) (Zip Code)

How Many Apartments in this building? 1 2 3 4 5 6 7 8 9 10 or More (Circle one)

ff	List each Apartment separately with Apt#	Number Of Bedroom	Date Tenancy Began	Utilities Included	Current Rent Amount
1					
2					
3					
4					
5					
6					
7					
8					

Information provided will be used for rentjustificat/on·on/y

Owner/ Agents Certification:

I, the undersigned, certify that the information above is true and accurate to the best of my knowledge.

WARNING: Title 18 U.S Code section 1001states that the 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.

Signature

Title

Date



**Revere Housing Authority
82 Cooleage Street Revere Ma 02151
781-284-1700**

TENANT INFORMATION AND CERTIFICATION

Review and Certify to the information below:

1. If you currently receive subsidy and you are relocating, you must give proper notice to your landlord to vacate the unit.
2. Your share of rent and utilities at your new apartment cannot exceed 40% of Your monthly adjust income. RHA will let you know if your new apartment is affordable or not.
3. The RHA may deny your relocation if you have a termination hearing pending or owe money to RHA.
4. You may choose to lease an apartment with fewer bedrooms than your voucher size. Payment Standards will reflect bedroom size.
5. You may not rent from your spouse, child, parent, grandparent, brother or sister, unless your relative is approved as reasonable accommodation for a family member who is a person with disabilities.
6. The RHA shall not schedule an inspection if the Request for Tenancy Approval is improperly completed.
7. The unit and building must pass inspection before you can move in. Typically, an inspection approval Prior to the 15th of the month will result in a lease effective date on the 1st of the following month.
8. Current Income, assets and signed recertification forms must be completed prior to the lease.
9. Only your Leased Housing Coordinator will be able to tell you when you may move to your new unit.
10. Lead Paint Certification: The unit must be delead for children 6 years old and under to reside in the unit.
11. Is there anyone in the household you is deaf? If so, who? _____

Name	Age	Tested for Lead	Elevated Lead Level

Certify your understanding of the requirements by signing below:

HOH Signature: _____

Date: _____

HOH Print: _____

Tenant Certification Form

Required Federal 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. The **Massachusetts Tenant Lead Law Notification and Certification Form** is for compliance with state and federal lead notification requirements.

Owner'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) Owner/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the owner/lessor (Check (i) or (ii) below):

(i) Owner/ Lessor has provided the tenant with all available records and reports pertaining to lead –based paint and/or lead-based paint hazards in the housing (circle documents below).

Lead Inspection Report; Risk Assessment Report; Letter of Interim Control; Letter of Compliance

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

Tenant's Acknowledgment (initial)

(c) Tenant has received copies of all documents circled above.

(d) Tenant has received no documents listed above.

(e) Tenant has received the Massachusetts Tenant Lead Law Notification.

Agent's Acknowledgment (initial)

(f) Agent has informed the owner/lessor of the owner's/lessor's obligations under federal and state law for lead-based paint disclosure and notification 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.

_____ Owner/Lessor	_____ Date
_____ Tenant	_____ Date
_____ Agent	_____ Date

_____ Owner/Lessor	_____ Date
_____ Tenant	_____ Date
_____ Agent	_____ Date

Owner/Managing Agent Information for Tenant (Please Print):

_____ Name	_____ Street	_____ Apt.
_____ City/Town	_____ Zip	_____ Telephone

I (owner/managing agent) certify that I provided the Tenant Lead Law Notification/ Tenant Certification Form and any existing Lead Law documents to the tenant, but the tenant refused to sign this certification.

The tenant gave the following reason: _____
The Massachusetts Lead Law prohibits rental discrimination, including refusing to rent to families with children or evicting families with children because of lead paint.

Contact the Childhood Lead Poisoning Prevention Program for information on the availability of this form in other languages.

Tenant and owner must each keep a completed and signed copy of this form.

CLPPP95-17 Rev.8/09

Revere Housing Authority
HUD-SECTION 8 OFFICE
82 Cooledge Street
Revere, MA 02151
(781-)284-1700

HOUSING ASSISTANCE PROGRAM ABUSE AND/ OR FRAUD BY LANDLORDS

The Housing Authority is responsible for preventing intentional fraud and/ or program abuse by housing assistance landlords. Areas of potential housing assistance program abuse and/ or fraud by landlords include:

- ▶ Non-collection of the tenant rent-share-rent directly from the tenant
- ▶ Collecting false amounts for unpaid tenant rent, damages and/or vacancy losses
- ▶ Collecting any (side payments) in excess of the tenant-share-rent
- ▶ Collecting housing assistance payments for unit that are not occupied by housing assistance program participants
- ▶ Bribing Housing Authority employees to certify substandard unit as standard or to approve rent in excess of reasonable

If housing assistance program abuse and/or fraud is suspected, the Housing Authority will:

- ▶ Meet with the landlord to review housing assistance program requirements and to further discuss the allegations
- ▶ Obtain any additional pertinent information and/or documentation from the appropriate sources

If housing assistance program abuse/ or fraud is submitted, the Housing Authority may take any or all of the following actions depending on the severity of the abuse and in accordance with the Department of Housing and Urban Development Regulations and/ or in accordance with the Housing Authority's Administrative policy:

- ▶ Abate the housing assistance payment until excessive amounts received are recovered
- ▶ Require repayment to the family of the full amount of any unauthorized (side payments) collected
- ▶ Require repayments to the Housing Authority of any false claims for the unpaid rent, tenant damages and/or vacancy losses
- ▶ Terminate the housing assistance payment contract
- ▶ Restrict or prohibit the landlord's future participation in the housing assistance program
- ▶ Forward cases of willful abuse to the Regional Inspector General (RIG) for investigation and/or possible prosecution
- ▶ Pursue prosecution through the state or local laws and/or civil courts
- ▶ Take any action in accordance with Department of Housing and Urban Development Regulations
- ▶ Take actions in accordance with the Housing Authority's administrative Policy

Landlord, please acknowledge the receipt of this notice by signing below:

Landlord or Authorized Agent

Date

Tenant's name:

Unit Address: _____

IMPORTANT NOTICE CONCERNING VIOLENCE AGAINST WOMEN ACT FOR OWNERS AND PROPERTY MANAGERS

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your obligations under VAWA.

PROTECTIONS FOR VICTIMS

You cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence, sexual assault, or stalking.

You cannot evict a tenant who is the victim of domestic violence, dating violence, sexual assault, or stalking based on acts or threats of violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault, or stalking that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

PERMISSIBLE EVICTIONS

You can evict a victim of domestic violence, dating violence, sexual assault, or stalking if you can demonstrate that there is an actual and imminent (immediate) threat to other tenants or employees at the property if the victim is not evicted. Also, you may evict a victim for serious or repeated lease violations that are not related to the domestic violence, dating violence, sexual assault, or stalking. You cannot hold a victim of domestic violence, dating violence, sexual assault, or stalking to a more demanding standard than you hold tenants who are not victims.

REMOVING THE ABUSER FROM THE HOUSEHOLD

You may bifurcate (split) the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If you choose to remove the abuser, you may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, you must follow federal, state, and local eviction procedures.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

If a tenant asserts VAWA's protections, you can ask the tenant to certify that he or she is a victim of domestic violence, dating violence, sexual assault, or stalking. You are not required to demand official documentation and may rely upon the victim's statement alone. If you choose to request certification, you must do so in writing and give the tenant at least 14 business days to provide documentation. You are free to extend this deadline. A tenant can certify that he or she is a victim by providing any one of the following three documents:

- A completed, signed HUD-approved certification form. The most recent form is HUD- 50066. This form is available at the housing authority or online at <http://www.hud.gov/offices/adm/hudclips/forms/hud5.cfm>.
- A statement from a victim service provider, attorney, or medical professional who has helped the victim address incidents of domestic violence, dating violence, sexual assault, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both the victim and the professional must sign the statement under penalty of perjury.
- A police or court record, such as a protective order.

If the tenant fails to provide one of these documents within 14 business days, you may evict the tenant if authorized by otherwise applicable law and lease provisions.

CONFIDENTIALITY

You must keep confidential any information a tenant provides to certify that he or she is a victim of

domestic violence, dating violence, sexual assault, or stalking. The victim should inform you if the release of the information would put his or her safety at risk. You cannot enter the information into a shared database or reveal it to outside entities unless:

- The tenant provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required bylaw.

VAWAAND OTHER LAWS

VAWA does not limit your obligation to honor court orders regarding access to or control of the property. This includes orders issued to protect the victim and orders dividing property among household members in cases where a family breaks up. VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking.

ADDITIONAL INFORMATION

If you have any questions regarding VAWA, please contact Josh Fluke a 617-425-6678.

DEFINITIONS

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines domestic violence to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim;
- A person with whom the victim shares a child in common;
- A person who is cohabitating with or has cohabitated with the victim as a spouse;
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies; or
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

VAWA defines dating violence as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines sexual assault as "any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent" (42 U.S.C. 13925(a)).

VAWA defines stalking as (A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

Owner/Agent Name

Date

Owner/Agent Signature

RM Staff Name

Date

RM Signature

ANTHONY PERRONE
 Chairman
 Labor Representative

DEAN HARRIS
 Executive Director



FATOU DRAMMEH
 Vice-Chairperson

RICHARD VISCAY
 Treasurer

70 COOLEGE STREET
 REVERE, MASSACHUSETTS 02151
 TEL: 781-284-4394
 FAX: 781-284-0065
www.revereha.org

KATHI REINSTEIN
 Member
 State Appointee

Effective for January 1, 2026

Metropolitan Area	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Boston-Cambridge-Quincy FY 2024	\$2359	\$2476	\$2941	\$3526	\$3894
Brockton FY 2024	\$1631	\$1461	\$2311	\$2889	\$3060
Dracut FY 2024	\$1621	\$1792	\$2351	\$2819	\$3113
Lawrence, MA-NH HUD Metro FMR Area	\$1565	\$1730	\$2270	\$2722	\$3006
Lowell, MA HUD Metro FMR Area	\$1621	\$1792	\$2351	\$2819	\$3113
Worcester, MA HUD Metro FMR Area	\$1588	\$1599	\$2056	\$2548	\$2825

Owner Appointment of Agent

.....the owner of the unit leased to
_____(Tenant) and located at

_____hereby designated
_____Of _____as my Agent to act for me for
the following purposes;

- All dealings of the owner with the Revere Housing Authority (RHA);
- Accepting receipts of the Housing Assistance Payment (HAP);
(the HAP check will still be payable to the owner)
- Signing all documents required by the RHA related to the leased premises.

This appointment and Authorization shall be effective until written notice from the owner to the RHA is received by the Revere Housing Authority that this appointment has been terminated or otherwise amended.

Print Or Type Name of Owner

Daytime Phone Number

Owner Signature

Date

Print or type Name of Agent

Daytime Phone Number

Agent Signature

Date

Subscribed and sworn to before me this

_____ day of _____ - - - - -

Notary Public

-OR-

Signature and address of one person unrelated to you as witness.

Print or type Name of Witness

Date

Revere Housing Authority

Landlord Direct Deposit Authorization and Recoupment Agreement

Purpose:

This form authorizes the Revere Housing Authority (RHA) to electronically deposit Housing Assistance Payments (HAP) into the landlord's designated bank account and, if necessary, debit the account to correct overpayments or recover funds made in error.

Section 1 – Landlord Information

Landlord/Owner Name:

Business/DBA Name (if applicable):

Tax ID or SSN:

Email Address:

Phone Number:

Mailing Address:

Section 2 – Bank Information

(Attach a voided check or bank verification letter.)

Bank Name:

Bank Address:

Routing Number (9 digits):

Account Number:

Account Type: Checking Savings

Section 3 – Authorization for Direct Deposit and Debit

I hereby authorize the Revere Housing Authority (RHA) to:

1. Deposit Housing Assistance Payments (HAP) electronically to my account as identified above.
2. Debit (withdraw) funds from this account in the event that an overpayment, duplicate payment, or erroneous payment has been made, including but not limited to:
 - HAP paid after termination or abatement
 - Overpayments identified through audit or reconciliation
 - Repayments required under HUD regulations (24 CFR §982.311, §982.453, §982.404)

I understand that:

- RHA will provide written notice of any overpayment and the amount to be debited prior to withdrawal.
- I have ten (10) business days to dispute the proposed debit in writing.
- If I close or change my bank account, I must notify RHA immediately in writing.
- This authorization remains in effect until revoked in writing by me or terminated by RHA.
- I am responsible for any bank fees associated with returned or rejected transactions.

Landlord/Owner Signature: _____ Date: ___/___/___

RHA Representative: _____ Date: ___/___/___

For RHA Finance Use Only

- Voided check received
- Account verified
- Entry entered into financial system

Effective Date: ___/___/___

Verified by: _____

Regulatory References

- 24 CFR §982.311 – Payments to owner
- 24 CFR §982.453 – Owner breach of HAP contract
- 24 CFR §982.404 – Maintenance obligations; owner and family responsibility
- 2 CFR §200.302(b)(3) – Financial management and internal controls

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	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.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Relocation Checklist – Housing Choice Voucher Program

Use this checklist to help you through the relocation process with your Housing Choice Voucher. You are responsible for ensuring all steps are completed and all documentation is submitted to RHA.

- Find a new unit that meets your family's needs and program requirements.
- Submit **30** day notice **(Ex: a 30 day notice given on 9/18 would be valid until 10/31 as a tenant can not move in the middle of the month because Rent is paid on 1st)**
- Provide the landlord with the Request for Tenancy Approval (RFTA) form.
- Submit the completed RFTA to Revere Housing Authority.
- Wait for RHA to schedule and complete a Housing Quality Standards (HQS) inspection (24 CFR § 982.401). RHA requires 10 business days to process.
- RHA to conduct rent reasonable review (24 CFR § 982.507).
- Ensure the total tenant payment toward rent and utilities will not exceed 40% of your adjusted monthly income (24 CFR § 982.508).
- Wait for written approval from RHA before moving into the new unit.
- Sign a private lease agreement with the new landlord.
- Ensure all utilities you are responsible for are transferred into your name prior to move-in.
- Submit all requested documentation to RHA, including income and household updates if applicable.

If you need assistance with any step of this process, contact your housing specialist at RHA.

Landlord Step-by-Step Guide: Leasing to a Section 8 Tenant

Revere Housing Authority – Based on HUD Regulations & RHA Administrative Plan

1. Pre-Screening and Tenant Selection

- Screen the applicant as you would any other tenant (credit, landlord references, CORI checks if applicable).
- Do not discriminate based on Section 8 participation. (24 CFR § 982.302(b); M.G.L. c. 151B § 4).

2. Request for Tenancy Approval (RFTA)

- Complete HUD-52517 Request for Tenancy Approval (RFTA) with the tenant.
- Submit RFTA. (24 CFR § 982.305).
- RHA Approves rent requested, and program compliance.

3. Rent Reasonableness & Payment Standard

- RHA will determine if rent is reasonable compared to unassisted units. (24 CFR § 982.507).
- Rent must not exceed HUD's rent reasonableness determination

4. Housing Quality Standards (HQS) Inspection

- Unit must pass HQS inspection prior to approval. (24 CFR § 982.401).
- Correct any deficiencies identified by RHA inspector before move-in.

5. Lease & Tenancy Addendum

- Lease must comply with state law and HUD rules.
- Include HUD Tenancy Addendum (HUD-52641-A) verbatim. (24 CFR § 982.308(f)).
- Initial lease term must be at least one year (RHA Admin Plan, Ch. 9).

6. Housing Assistance Payment (HAP) Contract

- Once inspection and lease approval are complete, RHA executes the HAP contract (HUD-52641).
- HAP contract defines rent payments, owner obligations, and prohibits side payments. (24 CFR § 982.451(b)(4)).

7. Security Deposit & Fees

- You may collect a security deposit of One Month of the APPROVED Contract Rent. (24 CFR § 982.313).
- Non-rent fees (pets, late fees, parking) must follow lease and state law.

8. Rent Payments & Owner Obligations

- RHA pays subsidy directly to landlord monthly; tenant pays their portion directly to landlord. (24 CFR § 982.311).
- Maintain the unit to HQS standards and comply with lease obligations.
- Provide notices of lease violations/evictions to both tenant and RHA.

9. Rent Increases

- Submit written rent increase request to RHA at least 60 days in advance.
- RHA reviews for rent reasonableness. (24 CFR § 982.509 & § 982.308(g)).
- Increase is not effective until RHA issues written approval- After a Signed Lease Amendment is processed.

10. Termination / Eviction

- Termination of tenancy only permitted for:
 - Serious/repeated lease violations
 - Violations of law affecting health/safety
 - Non-renewal at end of lease for business/economic reasons (24 CFR § 982.310).
- Provide RHA with copies of notices of termination or court eviction.

Key Takeaways

- Landlord screens tenant; PHA determines program eligibility.
- Rent must be reasonable and approved by RHA.
- Lease must include HUD Tenancy Addendum.
- No side payments are allowed under any circumstances.
- Evictions must follow Massachusetts state law and HUD regulations.