



# Palm Beach County Housing Authority Landlord Application Packet

**Dear Prospective Landlord,**

Thank you for your interest in the Housing Choice Voucher program. We appreciate your willingness to give our program and participants a chance to develop a partnership with you.

Attached you will find a documents to complete your application portion of becoming a Housing Choice Voucher landlord. In addition to this application packet, you should be provided a booklet of information that will give you an overview of the Housing Choice Voucher program; this information is needed in order to have a great experience with our program. **It is very important that you read the Landlord Guidance Booklet in its entirety.** Please feel free to contact our Housing Choice Voucher team with any questions or concerns you may have after reading this booklet.

To help us expedite the process of paperwork of your new prospective tenant; **please provide us the following information** via postal mail, fax, or in person within the next five (5) days after completing the Request for Tenancy Approval (RFTA) packet; in which, the prospective tenant will provide you.

## **LANDLORD CHECKLIST:**

1. PROOF OF OWNERSHIP OF THE PROPERTY TO BE RENTED:
  - A copy of the signed warranty deed to the property
  - A recent tax bill
2. PROOF OF PROPERTY INSURANCE
  - A copy of the most recent property insurance
3. PROOF OF TAX IDENTIFICATION
  - IRS W-9 Form (attached)
  - Copy of Social Security Card (for individuals)
  - Employer Identification Number – EIN (for Companies, Corporations, LLC's, etc.)
4. PHOTO IDENTIFICATION
  - Legible picture identification (driver's license)
5. DOCUMENT COMPLETION - SIGNATURE REQUIREMENT
  - Landlord application (attached)
  - Owner Obligation Form (attached)
  - Direct Deposit (ACH) Authorization Form (attached)
  - Debts Owed to Public Housing Agencies and Terminations (OMB No. 2577-0266) (attached)
6. MANGEMENT INFORMATION (if applicable)
  - Management Agreement

This information will be kept in a confidential file within our Agency. Please be advised that no Housing Assistance Payments will be made without all the required documents listed above.

Thank you again for your interest in our Housing Choice Voucher program.

~Management



# Palm Beach County Housing Authority Housing Choice Voucher Program Landlord Application

DATE OF APPLICATION: \_\_\_\_\_

## A. Landlord/Owner Information

I. Owner(s) Legal Name; as recorded on Property Deed: \_\_\_\_\_  
\_\_\_\_\_

II. Owner(s) Social Security Number or Federal I. D. Number for the above named person to appear on Tax Form 1099-Miscellaneous Income: \_\_\_\_\_

III. Owner's Phone Number(s):      Day Phone: \_\_\_\_\_  
   Evening Phone: \_\_\_\_\_  
   Fax Number: \_\_\_\_\_

IV. Owner(s) Addresses:

**Physical** -      Street \_\_\_\_\_  
   City \_\_\_\_\_  
   State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing** -      Street \_\_\_\_\_  
   City \_\_\_\_\_  
   State \_\_\_\_\_ Zip \_\_\_\_\_

- Please indicate mailing preference for all correspondence:
  - Physical
  - Mailing

Email Address: \_\_\_\_\_

Will owner of property manage units? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No"; Please complete Section B of this application.

## Eligibility Questionnaire:

1. Have you (owner/landlord) or the listed Manager/Management Firm been involved in any violent or drug related criminal activity within the last five (5) years?
  - Yes
  - No
2. Are you subject to registration as a sexual offender and/or sexual predator?
  - Yes
  - No
3. Have you ever defaulted on a HUD subsidized loan?
  - Yes
  - No
4. Have you ever been accused of committing fraud, bribery or any other corrupt or criminal acts in connection with any Federal Housing Assistance program?
  - Yes
  - No

Housing Choice Voucher Department  
3432 W. 45<sup>th</sup> Street  
West Palm Beach, FL 33407  
Office Telephone: 561.684.0278  
Facsimile: 561.684.1192  
[www.pbchaf.org](http://www.pbchaf.org)



# Palm Beach County Housing Authority Housing Choice Voucher Program Landlord Application

## B. Property Management Information:

Manager or Management Firm Name: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## C. Unit Information:

List units available to be rented to Housing Choice Voucher participants:

Unit Address	Bedroom Size	Amenities

## D. Certification and Signatures:

By signing this application, I am expressing my interest in participating in the Palm Beach County Housing Authority's Housing Choice Voucher Program. This application signifies my intent to rent to families who receive housing assistance with their monthly rent via subsidy payments from Palm Beach County Housing Authority. I further understand that the completion and submission of this application does not mean that I have been accepted as a landlord with the Housing Choice Voucher program. The Palm Beach County Housing Authority will only enter into a Housing Assistance Payment Contract with any individual who meet the landlord qualifications.

I understand that the Palm Beach County Housing Authority may conduct background check before entering into a Housing Assistance Payment Contract. Per the Department of Housing and Urban Development (HUD), the Palm Beach County Housing Authority is prohibited from entering into a Housing Assistance Payment Contract with any individuals who have been involved in violent criminal or drug related activity.

**WARNING: TITLE 18, US CODE SECTION 1001**, States that a person who knowingly and willfully makes any materially false, fictitious, or fraudulent statement or representation; to any Department or Agency of the United States is guilty of a felony. State Law shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.

By signing this application below, I certify that the information contained in this application is true and complete to the best of my knowledge:

Print Name of Owner/Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner/Landlord: \_\_\_\_\_

Print Name of Co-Owner/Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Owner/Landlord: \_\_\_\_\_

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 3432 W. 45<sup>th</sup> Street  
 West Palm Beach, FL 33407  
 Office Telephone: 561.684.0278  
 Facsimile: 561.684.1192  
[www.pbchaf1.org](http://www.pbchaf1.org)



# Palm Beach County Housing Authority Owner Obligations Form

## Receipt of Information

- The owner certifies that a COMPLETE copy of the Housing Assistance Payment (HAP) Contract, the HUD Tenancy Addendum, and the PBCHA Landlord Guidance Booklet have been provided by the Palm Beach County Housing Authority.

## Owner Responsibilities

- The owner certifies that he/she is the legal owner of the contract unit, and its premises; and certifies that the contract unit will be maintained in accordance with the Housing Quality Standards (HQS). The owner understands that failure to maintain the contract unit in accordance with HQS can/should result in the abatement of Housing Assistance Payments.
- The owner certifies that the rent for the assisted unit DOES NOT exceeds rents charged for comparable unassisted units in the area or in the premises. The owner understands that the Palm Beach County Housing Authority will perform rent reasonable test/studies before approving any rent.
- The certifies that he/she (including a principal and/or any other interested party or representative) is not the parent, child, grandparent, grandchild, sister, brother of any member the family, unless the PHA has determined (and approved in writing) that such a relationship would provide a reasonable accommodation for a family member who is a person with disabilities.
- The owner certifies that the family does not own or have any interested in the contract unit.
- The owner certifies that he/she will not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with the Housing Assistance Payment (HAP) Contract.
- The owner understands that he/she is responsible for the screening of the occupants of the assisted unit.
- The owner certifies that he/she understands that the Palm Beach County Housing Authority is not responsible for the actions/inactions of members of the assisted family (i.e. damages, unpaid tenant rent portion, etc.). The owner understands that the occupants of the unit are subject to the terms and conditions of the lease agreement and any consequences resulting from violations of the lease agreement.
- The certifies that upon commencement of the HAP contract, he/she must ensure, to the best of his/her ability, that the members of the family are residing in the assisted unit and the unit is the family's only residence. The owner understands that any information indicating that the family is NOT residing in the assisted unit or is NOT using the assisted unit as their ONLY residence must, by obligation, be immediately reported to the Palm Beach County Housing Authority.
- The owner certifies that he/she will enforce the terms of the dwelling lease agreement and the HUD Tenancy Addendum. The owner understands that the Palm Beach County Housing Authority is NOT responsible for the enforcement of the lease but, by obligation, the owner must advise the Palm Beach County Housing Authority of any lease violations incurred by members of the assisted family.

## Owner Responsibilities

- The owner must NOT engage in drug related criminal activity.
- The owner must NOT engage in violent criminal activity.
- The owner must NOT be subject to registration as a Sexual Offender or Sexual Predator.
- The owner must NOTE have committed fraud, bribery or any other corrupt or criminal act in connection with any Federal Housing Assistance program.
- The owner must NOT violate ANY obligations under the Housing Assistance Payment Contract.

**WARNING: TITLE 18, US CODE SECTION 1001**, States that a person who knowingly and willfully makes any materially false, fictitious, or fraudulent statement or representation; to any Department or Agency of the United States is guilty of a felony. State Law shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.

By signing this application below, I certify that the information contained in this application is true and complete to the best of my knowledge:

**Print Name of Owner/Landlord:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner/Landlord:** \_\_\_\_\_

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# Palm Beach County Housing Authority Housing Choice Voucher Program Direct Deposit Enrollment and Authorization Form

## A. Transaction Type

<input type="checkbox"/> Initial Authorization
<input type="checkbox"/> Change in Authorization
<input type="checkbox"/> Change in Financial Institution
<input type="checkbox"/> Change in Account Number

## B. Owner/Landlord Information:

Name:	Tax ID Number (Social Security Number or Employer ID):		
Street Address:	City:	State:	Zip:
Email Address:	Contact Telephone Number:		

## C. Financial Institution Information:

Financial Institution Name:	Account Holder Name:										
Financial Institution Address:	Account Type: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number:									
Nine (9) Digit Routing Number: <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </div>											
<b>NOTE: FOR VERIFICATION PURPOSES PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP</b>											

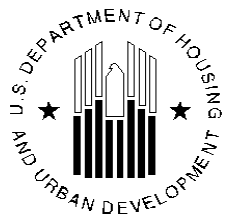
## D. Authorization and Signatures:

By signing this direct deposit authorization below, I authorize the Palm Beach County Housing Authority to directly deposit Housing Assistance Payment (HAP) in the Financial Institution listed above. This authorization shall remain in force until PBCHA receive written authorization from me of its termination or change. I also understand that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that the HAP may be erroneously transferred electronically.

Print Name of Owner/Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Signature of Owner/Landlord: \_\_\_\_\_

For PBCHA Use Only:	
Date Received:	Date Sent for Pre-note:
Date Processed:	PBCHA Representative Initials:
Notes:	



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:**

**Signature**

**Date**

**Printed Name**