



Este documento se puede traducir.
 Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

NOTICE TO VACATE

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: 03/04/2022
 (Date of Notice)

I, ARTIECE MONDANE
 (Head of Household Name) hereby give notice to vacate the residence located at:

Participant Name: ARTIECE MONDANE
 Voucher #: CHA-0945829
 Street Address: 7937 S VERNON AVE
 City, State, ZIP: CHICAGO IL 60619-3711

I will return all keys to the property owner/manager and all furniture and personal belongings will be removed from the unit on:

 (Move-Out Date)

Please be advised of the following reasons for vacating the residence:

Participant	Property Owner/Manager <i>(signature preferred, but not required)</i>
Print Name: ARTIECE MONDANE	Print Name:
Voucher #: CHA-0945829	
Signature:	Signature:
Phone #:	Phone #:

“Participants who want to move must vacate the unit in compliance with the lease, provide the property owner or property manager at least 30 days’ notice and submit a copy of that written notice to CHA. CHA conducts a criminal background check for all household members who are 18 years of age and older prior to approving the issuance of moving papers. The HCV participant must be in good standing with no lease violations before a voucher is issued to lease a new unit.”

Request for Tenancy Approval Packet

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Welcome to the Chicago Housing Authority's Housing Choice Voucher (HCV) Program

Below is the general timeline for the moving process that starts when CHA receives your complete Request for Tenancy Approval (RTA) packet. **Failure to submit correct and complete documents will result in delays.**

Start: RTA Submission

Property owner or voucher holder submits a complete and accurate RTA packet to CHA.

- Owners can upload the RTA for [immediate submission](#) and track the process at chahcvportal.org.
- You can submit your RTA packet to the HCV Program Regional Office that serves the ZIP code of the property you wish to rent. To look up your ZIP code's designated office, visit www.thecha.org/hcv.
 - Central Office — 60 E. Van Buren St., Chicago, IL 60605
 - South Office — 3617 S. State St., Chicago, IL 60609
 - West Office — 1852 S. Albany Ave., Chicago, IL 60623

Step 1: Determining Eligibility

Estimated Time Frame: 7 Business Days

Information in the RTA packet is used to determine the eligibility of the property owner.

- CHA conducts a criminal background check and/or verifies current Certificate of Good Standing.
- CHA verifies proof of ownership, management authorization and that the property taxes are current.

Step 2: Scheduling Inspection

Estimated Time Frame: 5 Business Days

CHA will schedule an initial inspection, as required by HUD.

- You will receive a call and email informing you of the date and time frame of your inspection appointment.
- The property owner and/or authorized agent must be present for the initial inspection. Participants may also attend but are only required to be present for inspections once the unit is under contract.

Step 3: Conducting Inspection

Estimated Time Frame: 7 Business Days

CHA will conduct an inspection of the unit according to Housing Quality Standards (HQS).

- The unit must be rent-ready (including having all utilities turned on and operating safely).
- If the inspection does not pass, you will be allowed 14 days to make repairs and call CHA to schedule a re-inspection. If the unit does not pass the re-inspection, CHA will cancel the moving process for this unit.

Step 4: Determining Rent

Estimated Time Frame: 5 Business Days

CHA will contact the owner with a rent offer, which is based on the rent of comparable unassisted units within a 1-mile radius that have been leased within one year as well as participant affordability.

Step 5: Rent Acceptance

Estimated Time Frame: 2 Business Days

CHA awaits the property owner's acceptance of the rent offer.

- If the rent offer is not accepted within two days of the offer, CHA will cancel the move.

Step 6: Contract Sent

Estimated Time Frame: 5 Business Days

CHA sends the Housing Assistance Payment (HAP) Contract packet to the property owner via email and requests for the owner to sign and return the documents with the corresponding lease.

- As of October 1, 2019: CHA will now accept leases with a lease effective date of any day of the month, except for the 1st.
- If both of these documents are not received back within five days of the HAP Contract being sent to the property owner, CHA will cancel the move.

Step 7: Contract Execution

Estimated Time Frame: 5 Business Days

CHA receives the signed HAP Contract and corresponding lease and sets up the account for payment.

- CHA will execute the HAP Contract with the owner and process payment by the next available check run.

Rev. 09172021 Eff. 09292021, CHA-0123: RFTA



CHA Customer Call Center: 312-935-2600 • www.thecha.org/hcv

Request for Tenancy Approval Packet

Quick, efficient processing of the Request for Tenancy Approval, HQS inspection and Housing Assistance Payment requires prompt submission of this entire packet.

Note: The family should not move in to the unit until all the following occur:

1. The unit passes inspection by CHA.
2. The rent amount is approved by the property owner.
3. The lease and HAP Contract are signed.

When you submit your RTA packet, you must include this page along with all documents in the checklist below.

Voucher Holder Name: ARTIECE MONDANE Voucher #: CHA-0945829

Property Owner/Authorized Agent Name: _____

Are you a new property owner to CHA? [check one] Yes No

If **yes**, we strongly encourage you to attend an orientation session to learn more about the rules and expectations of the Program. Visit www.thecha.org/hcvownerbriefing for more information.

If no, please provide your vendor #: _____

Are you, your spouse, domestic partner or an immediate family member employed, contracted or subcontracted by the Chicago Housing Authority? [check one] Yes No

Physical Address: _____
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

Mailing Address: _____
(Complete only if different from physical address listed above.)

What is your preferred language? _____

Have you screened your potential tenant? [check one] Yes No

Note: CHA can help by providing contact information for the participant family's previous HCV Program property owner/manager. However, tenant screening for suitability and reference checks are the owner's responsibility.

Required Documentation Checklist

All required documentation **must** be complete and submitted for processing to begin. To protect the integrity of personal information, property owners/managers may submit the 'owner' documents separate from the RTA. For faster processing of your request, you can upload this RTA packet and complete several of the other required documents using the Owner Portal at chahcvportal.org or email them to ownerinfo@thecha.org.

Included in this packet:

- HUD Request for Tenancy Approval Form (requires the unit's Property Index Number (PIN) – available at www.cookcountyassessor.com)
- Authorization for the Release of Information – Owner (for individual property owners only)
- Disclosure of Information for Pre-1978 Housing Rental and Leases
- New Owners Only** Direct Deposit Authorization Form (including IRS Form W-9)
- Affidavit of Ownership
- Property Owner Certification Form
- Management Authorization Form (if applicable)

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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

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. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Chicago Housing Authority	2. Address of Unit (street address, unit #, city, state, zip code)
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3. Requested Lease Start Date	4. No. of Bedrooms	5. Year Constructed	6. No. of Units in Building	7. Proposed Rent	8. Security Deposit Amt.	9. Date Unit Available for Inspection
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10. 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)	11. 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"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Tax Credit (Indicate the type of Tax Credit below. Include a copy of the IHDA Rent Schedule.) <input type="checkbox"/> Regular Rent <input type="checkbox"/> HERA Rent <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____
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Property Index Number (PIN)

12. Utilities and Appliances
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type				Paid by
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Oil	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric			
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric		<input type="checkbox"/> Oil	
Other Electric					
Water & Sewer					
Other (specify)					
					Provided by
Refrigerator					
Range/Microwave					

Additional Owner-Provided Amenities

Flooring: Carpeting Hardwood Tile Vinyl

Other: Air Conditioning Balcony/Patio Cable-Ready Ceiling Fans Mini Blinds In-Sink Garbage Disposal
 Fenced Yard Fireplace Washer (Clothes) Dryer (Clothes) Dishwasher Granite Countertops

Does your unit/building have accessible features? If yes, please check the appropriate features.

Entry/Door Features: Accessible Parking Nearby Flat/No-Step Entry Ramped Entry Doorways 32" or Wider
 Automatic Entry Door Accessible Elevator Unit on First Floor Lever-Style Door Handles

Kitchen Features: Low Counter(s) Minimum 27" Knee Space under Counter ADA-Compliant Appliances "T" Turn or 60" Turning Radius

Bathroom Features: Low Vanity Minimum 27" Knee Space under Vanity Grab Bars Reinforced for Grab Bars
 Roll-in Shower Lowered Toilet Raised Toilet "T" Turn or 60" Turning Circle in Bathroom

Miscellaneous Features: Close to Accessible Public Transportation Accessible Laundry Accessible Flooring Visual Alarms

Quality of Unit (Check one of the following): New Construction Well-Maintained Adequate May Need Repair

13. 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.

14. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

15. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

16. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

17. City Code Violations

a. The unit must not have any current city code violations. If the PHA is notified by the City of Chicago that a property to be leased under the HCV Program does not meet the local building code, the PHA will consider the unit as failing HQS.

b. Owner Certification (please initial below):

_____ The owner certifies that there are no active city code violations for the unit submitted for tenancy approval.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head ARTIECE MONDANE	
Owner/Owner Representative Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, unit #, city, state, zip code) 7937 S VERNON AVE CHICAGO IL 60619-3711	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)
Email Address		Voucher Number CHA-0945829	Voucher Size 1
Owner/Vendor Number (if currently participating in the HCV Program)		Issue Date 11/05/2021	Children under 6 (Y/N) N
CHA HCV Regional Office: <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/> West		Other Classification: <input type="checkbox"/> Public Housing Relocatee <input type="checkbox"/> Mobility Area <input type="checkbox"/> VASH <input type="checkbox"/> Mobility Counseling Program <input type="checkbox"/> CTO Homeownership <input type="checkbox"/> FSS	
		Expiration Date 05/04/2022	



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AUTHORIZATION FOR THE RELEASE OF INFORMATION — OWNER

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The Chicago Housing Authority (CHA) will use enhanced screening criteria such as a credit and criminal background check in order to determine the eligibility of an individual property owner or manager to participate in the Housing Choice Voucher (HCV) Program. Therefore, it is required that you sign this authorization form and submit it with your Request for Tenancy Approval (RTA).

Consent: I consent to allow HUD or CHA to request and obtain personal information for the purpose of verifying my eligibility for participation in the HCV Program. Authorization is given to perform a complete investigation (including criminal background check) and verification of all information provided in the RTA packet. Furthermore, I hereby certify that I have personally filled in and/or reviewed all property owner/manager information listed in the RTA packet.

I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that CHA, under this consent form, cannot use this information to deny, reduce or terminate participation without first conducting an independent verification. In addition, I am allowed to contest those determinations. My signature below authorizes all relevant entities to release credit and criminal record information.

Property Owner/Manager Name

Owner # (if applicable)

Social Security Number/Tax ID Number

Date of Birth (if applicable)

Signature

Date



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DISCLOSURE OF INFORMATION FOR PRE-1978 HOUSING RENTAL AND LEASES

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Lead-Based Paint 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: The property owner/manager must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling and provide the family with a federally approved pamphlet on lead poisoning prevention, entitled Protect Your Family from Lead in Your Home.

Property Address Apt# City CHICAGO State IL ZIP Code

Property Owner (Lessor) Disclosure (for each item, check the appropriate boxes and initial each line)

- (a) Presence of lead-based paint and/or lead-based paint hazards (check one):
Lead-based paint and/or lead-based paint hazards are present in the housing (explain below).
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 one):
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).
Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Participant (Lessee) Acknowledgment (all Lessees should initial each line)

- (a) If applicable, Lessee has received copies of all records and reports listed above.
(b) Lessee has received the pamphlet Protect Your Family from Lead in Your Home.
Lessee has children under the age of six in the household. Yes No

Agent's Acknowledgment (Lessor's Agent)

- (a) 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.

Property Owner (Lessor) Signature (Date)

Participant (Lessee) Signature (Date)

Agent Signature (if applicable) (Date)



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DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

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As a property owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that you may incur fees and/or other penalties payable to CHA.

Please visit our website at www.thecha.org/forms to download the direct deposit registration form. Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, email or fax as indicated below:

- 1. Mail:** CHA Housing Choice Voucher Program
 Attn: Direct Deposit
 60 E. Van Buren Street, 9th Floor
 Chicago, IL 60605
- 2. Email:** directdeposit@thecha.org
- 3. Fax:** 312-786-6966

If you have any questions regarding direct deposit of your HAP, please contact the CHA Customer Call Center at 312-935-2600 or email directdeposit@thecha.org.

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program.

Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

A	Date – Date of form being filled for submission and on Form W-9 must match
B	Owner # – From HAP statement, if known
C	Voucher # for Participant
D	Name of Financial Institution/Account #/Routing # and Transit #/Type of Account – Whatever is listed on the verification document, see checking account/savings deposit slip sample attachment
E	The name indicated as the Payee Name and on Form W-9 must match
F	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
G	Authorized Person – Email, Address, City, State, ZIP Code, Phone, Signature



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DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: CHA Housing Choice Voucher Program, Attn: Direct Deposit, 60 E. Van Buren, 9th Floor, Chicago, IL 60605, email it to directdeposit@thecha.org or fax it to 312-786-6966.

Date: [A] Property Owner# (from HAP statement): [B] Voucher #: [C]

[] NEW ENROLLMENT [] CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payment (HAP) into my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution:
Account Number: Routing and Transit Number:
Type of Account (check one): [] Checking [] Savings

City: State: ZIP Code:

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if CHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that I may incur fees and/or other penalties payable to CHA. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.

Payee or an authorized person must complete the following and sign this request. Please print legibly.

Payee Name: [E] SSN or Federal Tax I.D. #: [F]

Name of Authorized Person: Title:

Email Address: (Required)
Address: City: State: ZIP Code:
Telephone: Office () Cell ()
Signature of Property Owner or Authorized Person: X

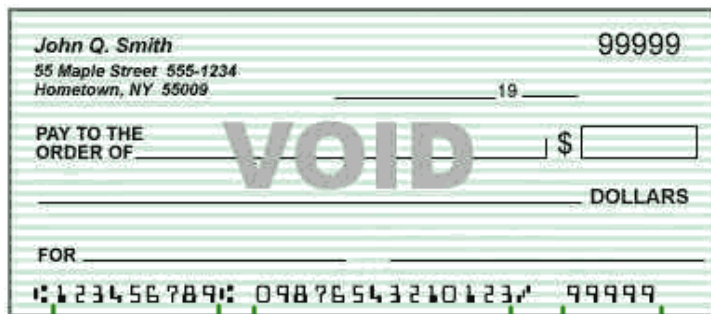
Failure to answer all questions and provide all documentation will result in delay of processing your request. Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of property owners and/or management agents or any law by an employee or agent of CHA will result in penalties and fines.

DIRECT DEPOSIT AUTHORIZATION
Attach Voided Check
or
Savings Account Deposit Slip



↑ check # ↑ routing and transit # ↑ checking account #



↑ Bank Routing Number ↑ Checking Account Number ↑ Check Number

DEPOSIT TICKET

71-7403/2719
CASH 25
CHECKS
S

First/Last Name _____
Address _____
City, State Zip _____

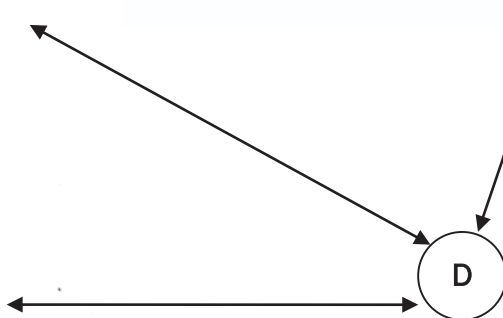
DATE _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL
SIGN HERE IF CASH RECEIVED FROM DEPOSIT _____

First Bank of You _____

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

!0150 @ 3034 !: 0015075100 @ 909

CHECKS OR TOTAL FROM OTHER SIDE _____
SUB TOTAL _____
LESS CASH _____
NET DEPOSIT \$ _____



Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
 - Encoding (the numbers on the bottom of your check/savings deposit slip)
 - Entity/Person must be the same as printed on the Direct Deposit Form
 - If starter checks, please hand write entity/person name

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution

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.

Print or type. See Specific Instructions on page 3.	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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 ▶
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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.



Este documento se puede traducir.
 Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

HOUSING CHOICE VOUCHER (HCV) PROGRAM AFFIDAVIT OF OWNERSHIP

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

Dear Property Owner:

The Chicago Housing Authority (CHA) conducts a property owner screening for all Request for Tenancy Approval (RTA) submissions. Therefore, the legal deeded property owner(s) must complete the appropriate sections of this form. Failure to do so may result in the denial of the RTA. In addition, if the property will be managed by an entity other than the property owner, a Management Authorization form must also be completed by the property owner and managing agent, and submitted with the RTA.

Please fill out the appropriate section in full for your Ownership Type (Individual/Sole Proprietor, Business, Court Appointed Receiver or Trust) and submit the completed document with the Request for Tenancy Approval or Change of Ownership/Management request via email to ownerinfo@thecha.org. If preferred, you may also drop off the form in person at the CHA Central Office, Owner Services department.

Please note the following:

- This form (one per property) is required for each property owner participating in the HCV Program.
- All information reported will be verified via internal quality control. If we are unable to substantiate any items indicated, the property owner will be contacted and asked to provide verification of their selections on the affidavit.

PROPERTY INFORMATION

Property Index Number (PIN): - - - -

Property Street Address (include range, if assigned to single PIN)

Property City, State, ZIP Code

PROPERTY STATUS (must be completed)

<i>Please check the correct response below:</i>	YES	NO
All real estate taxes and assessments are paid in full.	<input type="checkbox"/>	<input type="checkbox"/>
This property is free of State and Federal tax liens. Note: Taxes must be in the owner's name.	<input type="checkbox"/>	<input type="checkbox"/>
This property is free of judgements, liens, claims and litigation.	<input type="checkbox"/>	<input type="checkbox"/>
This property has a reverse mortgage.	<input type="checkbox"/>	<input type="checkbox"/>



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Types of Ownership – please only complete the section that corresponds to your ownership type

- Individual/Sole Proprietor Ownership: Complete Section A only
- Business Ownership: Complete Section B only
- Court Appointed Receiver Ownership: Complete Section C only
- Trust Ownership: Complete Section D only

SECTION A: INDIVIDUAL/SOLE PROPRIETOR OWNERSHIP

Social Security Number (SSN) must match the owner name on file with the Social Security Administration.

Property Owner Name (to be used for tax purposes) Phone Number

Property Owner Address City, State, ZIP Code
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

Email Address

Property Owner SSN: - -
(must match Part 1 of IRS W-9 Form if receiving HAP)

SECTION B: BUSINESS OWNERSHIP

Select the type of Business Ownership below in accordance with the tax status.

- Partnership Corporation Limited Partnership Limited Liability Company
- Single Member LLC Trust / Estate

Business Name Business Phone Number

Business Address City, State, ZIP Code
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

Email Address

Business Tax ID#/EIN issue by the IRS: -
(must match Part 1 of IRS W-9 Form if receiving HAP)



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SECTION B: BUSINESS OWNERSHIP (cont.)
Names and Titles of Partners, Shareholders or Members

Name Title Name Title

Name Title Name Title

I certify that the company listed in this section (B.) is active and in good standing with the state of incorporation.

Authorized Agent Signature Name (printed) Title

SECTION C: COURT APPOINTED RECEIVER WITH SPECIFIC AUTHORITY TO CONTRACT, LEASE AND ACCEPT RENT

Receiver Name (to be used for tax purposes) Phone Number

Receiver Address City, State, ZIP Code
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

Email Address

Receiver SSN: [] [] [] - [] [] - [] [] [] [] (must match Part 1 of IRS W-9 Form if receiving HAP)

- OR -

Business Tax ID#/EIN issue by the IRS: [] [] - [] [] [] [] [] [] []
(must match Part 1 of IRS W-9 Form if receiving HAP)

Case Number: Date Entered:

SECTION D: TRUST AGREEMENT (AFFIANT MUST HAVE POWER OF DIRECTION TO CONTRACT, LEASE AND ACCEPT RENT FOR PROPERTY HELD IN TRUST)

Name (to be used for tax purposes) Phone Number

Address City, State, ZIP Code
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)



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SECTION D: TRUST AGREEMENT (cont.)

Email Address

SSN: - - (must match Part 1 of IRS W-9 Form if receiving HAP)

- OR -

Business Tax ID#/EIN issue by the IRS: -
(must match Part 1 of IRS W-9 Form if receiving HAP)

Trust Agreement Number: _____

Name of Trustee with Power of Direction: _____

AFFIANT'S (PROPERTY OWNER'S) SIGNATURE

Pursuant to 18 USC1001, whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Property owners and managing agents who violate this law may also be debarred from future participation in the Chicago Housing Authority's Housing Choice Voucher Program.

Affiant's Signature

Affiant's Name (printed)

Signature Date



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PROPERTY OWNER CERTIFICATION FORM

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Property Owner Name: _____

Unit Address: _____

Property Index Number (PIN): [] [] - [] [] - [] [] [] - [] [] [] - [] [] [] []

Property Owner/Affiant: Please initial to the right of each item below, certifying that you have read, understand, and agree to the terms of participation in the Housing Choice Voucher (HCV) Program.

OWNERSHIP OF ASSISTED UNIT_____

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

PROOF OF OWNERSHIP_____

I understand that prior to approval of the HAP Contract by CHA, I must submit and/or update the HCV Program's Affidavit of Ownership, listing the names and current addresses of all individuals having an ownership interest in the property, regardless of the legal entity that may hold title. I further understand that any changes to the list of owners and/or authorized agents must be reported to CHA in writing within 10 calendar days of the change.

UNIT PROPERTY TAXES_____

I understand the status of a unit's property taxes will be checked against public records. A unit found to be delinquent in the payment of property taxes will not be eligible for lease under the HCV Program until the taxes have been paid in full. Proof of payment will be required.

PROHIBITION ON LEASING TO RELATIVES_____

I certify that no member of the tenant family is the spouse, domestic partner, parent, child, grandparent, grandchild, sister or brother of the property owner, any principal, or the authorized agent without CHA's prior approval of a Reasonable Accommodation.

HOUSING QUALITY STANDARDS (HQS) COMPLIANCE_____

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with HQS. I understand that I (or my representative) am solely responsible for the coordination of, and must be present for, initial inspection(s). I also understand that I have an equal responsibility with the HCV participant for ensuring that all subsequent CHA inspections of the unit under contract take place.

INSPECTION FAIL RATE_____

I understand that the goal is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk-through and an owner accompanying the CHA inspector on inspection day. Non-compliance could lead to denial of the RTA, suspension of the owner from the Program and/or HAP Contract termination.

CITY BUILDING CODE VIOLATIONS_____

I understand that outstanding City of Chicago building code violations are a violation of HQS. All units are subject to ongoing cross-referencing once the unit is on the Program. Proof of closed orders is required.



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LEAD-BASED PAINT VIOLATIONS_____

I understand that lead orders issued by the Chicago Department of Public Health are a violation of HQS. Units with outstanding lead orders will not be eligible for lease under the HCV Program, and units are subject to cross-referencing during the term of the assisted tenancy. Proof of closed orders must be submitted.

TERMS OF THE LEASE_____

I certify that the terms of the lease that I use for voucher holders, including the length of the lease, which shall not exceed two years, adhere to the normal standards for market rate leases in Chicago.

RENT REASONABLENESS_____

I understand that any tenant transfers, new tenant move-ins or rental increases may not exceed the reasonable rent as most recently determined or re-determined by CHA. During the HAP Contract term, rent paid to the property owner may not exceed rent charged by the property owner for other comparable unassisted units on the premises.

DIRECT DEPOSIT_____

I understand that all property owners will be required to utilize direct deposit of Housing Assistance Payments.

TENANT RENT COLLECTION REQUIREMENT_____

I understand that it is my responsibility to collect the tenant's portion of the rent and that failure to collect the tenant's portion of the rent on a timely basis will be considered a Program violation.

PROHIBITION OF SIDE PAYMENTS_____

I understand that the tenant's portion of the Contract Rent and any other agreements must be approved by CHA and that the property owner is not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by CHA.

UNAUTHORIZED PERSONS_____

I understand it is a Program violation to allow anyone not approved by CHA and listed as a tenant on the HAP Contract to reside in the assisted unit or to be listed on the Lease Agreement.

VACANCIES_____

I understand that should the assisted unit become vacant, I am responsible for notifying CHA immediately. I understand that relocating tenants to other units requires CHA's prior consent. Death of an assisted tenant who is the sole household member immediately terminates the HAP Contract.

VAWA REQUIREMENTS_____

I understand that under HUD's mandated Violence Against Women Act, CHA may terminate my HAP Contract and allow a family to move/transfer.

CRIMINAL ACTIVITY/QUALITY OF LIFE AT UNIT_____

I understand that under the HAP Contract, as the property owner/manager I may terminate the lease agreement if any member of the household, a guest or another person under a resident's control engages in criminal activity that threatens the health or safety of or right to peaceful enjoyment of the premises by other residents and persons residing in the immediate vicinity of the premises; any violent criminal activity on or near the premises; and/or any drug-related criminal activity on or near the premises.

RETALIATION_____

I understand that under the Chicago Residential Landlord and Tenant Ordinance, it is declared to be against public policy of the City of Chicago and CHA for a property owner or manager to take retaliatory action, including harassment, against a tenant, except for violation of a rental agreement or violation of a law or ordinance. A property owner or manager may not knowingly terminate a tenancy, increase rent, decrease services, bring or threaten to bring a lawsuit against a tenant for possession or refuse to renew a lease or tenancy because the tenant has in good faith requested an HQS inspection, a City inspection, repairs/work orders, and/or exercised any lawful remedy as it pertains to the lease agreement and overall tenancy.



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OWNER ORIENTATION_____

I am aware that two-hour training sessions or “owner briefings” are available and that CHA strongly encourages owners and/or authorized agents to attend periodically. I certify that, as a property owner participating in the HCV Program, I fully understand the expectations of CHA and will comply with the rules of the Program.

CODE OF CONDUCT_____

I understand that it is a Program violation to threaten or engage in, or allow staff to threaten or engage in, abusive or violent behavior or criminal activity toward CHA staff or its contractor. *Abusive or violent behavior includes verbal as well as physical actions. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may also be considered abusive or violent behavior. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.*

FAIR NOTICE ORDINANCE_____

I understand the legal requirements that I must adhere to as outlined in the Chicago Residential Landlord and Tenant Ordinance (updated July 2020) with regard to the amount of notice given to a tenant when deciding to: (1) terminate periodic tenancy; (2) not renew a fixed-term rental agreement; or, (3) increase the rental rate.

INSPECTOR GENERAL_____

I understand that I have a *duty to report* to the Office of the Inspector General (OIG) any fraud, mismanagement, waste of funds or resources, abuse of authority, misconduct, conflict of interest, ethical violations or other improper acts involving CHA business. I understand that I have a *duty to cooperate* with the OIG in any and all inquiries. I understand that failure to report and failure to cooperate with the OIG shall result in disciplinary action, such as removal from the HCV Program and disqualification from further transactions with CHA.

CONFLICT OF INTEREST_____

I understand that I have a *duty to report* to the OIG any known conflict of interest as per Form HUD-52641, Housing Assistance Payments Contract (HAP Contract), Part B, Section 13. As such, any employee, contractor, subcontractor or agent of the CHA, or any immediate family member (spouse, domestic partner, parent, child, etc.) may not have any direct or indirect interest in the HAP Contract or in any benefits or payments under the contract during their tenure or for one year thereafter. I understand that I must inform the HCV Program participant that, once lease-up is complete, their voucher will be ported out to the Housing Authority of Cook County.

Property Owner/Affiant Signature: _____ Date: _____

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



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MANAGEMENT AUTHORIZATION

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I, _____,

owner of the property located at: _____

PIN: ____ - ____ - ____ - ____ - ____ - ____ authorize _____

to manage the above property. I authorize the property manager/management company listed above to conduct the following business with the Chicago Housing Authority (CHA), effective _____:

Please check all those that apply:

- Authorization to receive Housing Assistance Payments
Note: Social Security Number or Business Tax ID#/EIN issued by the IRS is required and must match Part 1 of IRS W-9 form for the party that will receive payment.
Authorization to execute the Housing Assistance Payment (HAP) Contract, Request for Tenancy Approval (RTA) and all other required documentation requested by CHA
Act as a Property Owner Representative to conduct business with CHA, which may include, but is not limited to, submitting rent increase requests, being present for inspections and attending meetings.

Property owner certifies legal ownership of the property or legal entity which owns the property and has assigned the above responsibilities to the managing party listed below.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

Property Owner/Signer Name (print) Property Owner/Signer (signature) Date

Property Manager Name (print) Property Manager (signature) Date

Management Company

Property Manager/Management Company Address City State ZIP Code

Property Manager/Management Company Office Phone Property Manager/Management Company Cell Phone



CHICAGO HOUSING
AUTHORITY™

INCENTIVE PAYMENTS TO PROPERTY OWNERS

Receive a financial incentive for renting to a CHA voucher holder!

- 1. Own a unit in a Mobility Area.**
- 2. Be a first-time property owner with the Housing Choice Voucher (HCV) Program (never before participated).**
- 3. Rent that unit to a CHA voucher holder.**
- 4. Automatically receive an additional one-time lump sum payment equal to the Contract Rent.**

**Mobility Areas are defined as
community areas with poverty levels
below 20% and low violent crime rates.**

For a map of Mobility Areas within the city of Chicago, visit:

www.thecha.org/mobility

For more information about this program, contact:

CHA Customer Call Center: 312-935-2600 | hcv@thecha.org



LANDLORD INCENTIVE PAYMENTS | FREQUENTLY ASKED QUESTIONS

What is a Landlord Incentive Payment?

A one-time payment to property owners who have never participated in the HCV Program and who rent units to voucher holders in Mobility Areas.

What is a Mobility Area?

A Mobility Area is a community area with a poverty level below 20% and a low violent crime rate. To see if any of your units are located in a Mobility Area, please visit www.thecha.org/mobility (scroll down to view an interactive map).

What is the purpose of this incentive?

To further CHA's goal of expanding access to community areas with tight rental markets.

How much is the incentive payment?

The incentive payment is equal to the Contract Rent of the unit (Housing Assistance Payment (HAP) plus participant portion).

When will I receive the incentive payment?

You will receive the payment within 30 days of your first HAP from CHA.

Is there a limit to the number of incentive payments a property owner can receive or a limit to the number of units in a particular building that are eligible?

Yes, this payment only applies to property owners who have never participated in the HCV Program. In addition, each property owner can only receive one (1) incentive payment, no matter the number of units available for rent or located in a particular building.

Do you have to apply to receive an incentive payment?

No, if your unit is located in a Mobility Area, you have never participated in the HCV Program and you lease to a CHA voucher holder, you will automatically receive this payment from CHA.

What happens if my unit is located across the street from an Mobility Area or in close proximity?

Unfortunately, if your unit is not located in a Mobility Area, no matter how close, you are not eligible for this incentive payment.

Why is this not available in other community areas?

The primary objective of this program is to make it easier for voucher holders to move into neighborhoods with low levels of poverty and less violent crime, and where the rental markets are often very competitive. This provides an incentive for property owners to rent to HCV participants in tight rental markets.