

HCV Program
400 East Boulevard
Charlotte, NC 28203
Phone: 704.336.5184
Fax: 704.336.8484
www.cha-nc.org



HOUSING PROVIDER RFTA INSTRUCTIONS

Please follow these instructions when you have selected a suitable Housing Choice Voucher family that you wish to rent to. The following are your responsibilities: (1) screen your prospective tenant for suitability to rent (upon request, a housing specialist can provide the current and previous housing provider information if known), (2) ensure that your lease covers you and your rental property, (3) complete and submit all required documents included in the Request for Tenancy Approval (RFTA) package and (4) register with INLIVIAN. **INLIVIAN will not make any payments until steps (1-12) are completed.**

Please follow these steps to successfully lease your unit to an INLIVIAN Housing Choice Voucher family:

1. Read the INLIVIAN “**New Move-In Information**” sheet and return it along with other requested documents.
3. Submit a completed “**Request for Tenancy Approval**” form (RFTA/HUD-52517). **Please be sure Section 11: Utilities and Appliances is completely filled out leaving no blank spaces.**
4. Submit a completed IRS form W-9 (*the name on the W-9 must match the name on RFTA*).
5. Submit a completed “**Lead Based Paint Owner’s Certification**” form.
6. Submit a blank lease for approval.
7. Submit all documents to INLIVIAN at the address above. Upon receipt, INLIVIAN will verify completion and receipt of all required documents. The RFTA will be returned if all requirements are not met.
8. Upon receipt of a valid RFTA package the INLIVIAN will forward to our Special Programs Clerk staff who will verify registration status. **Registration requirements must be satisfied before INLIVIAN proceeds.**
9. If INLIVIAN determines that the housing provider registration paperwork is missing or is incomplete, you will be notified via email/fax/mail or by telephone.
10. INLIVIAN will allow up to one inspection within (15) days of the initial inspection to pass the unit if a life-threatening issue or more than 10 different items fails; if the unit does not pass within (15) days the INLIVIAN will notify you and your prospective tenant that the RFTA has been rejected. If the RFTA is rejected, you will have to re-submit a new RFTA if the HCV family wishes to continue with your rental property. INLIVIAN will allow the family to move in if they choose to if the initial inspection has 10 or less different non-life-threatening items. The provider will have 30 days to make all repairs.
11. If the unit passes you will be provided with the following: **Tenancy Addendum and Rent Burden Estimate**. Please provide an executed lease to INLIVIAN. **The lease effective date cannot be prior to the date of the passed inspection.**
12. **Please note the participant must be given possession of the unit as of the effective date of the lease. If the participant has not been given possession of the unit, no payment will be made.**
13. Upon receipt of the executed lease, the INLIVIAN will lease the family up and prepare a HAP contract for execution. Upon receipt of the executed and dated contract INLIVIAN will provide you with an **Authorization Letter** and a copy of the executed Contract. **INLIVIAN will not be responsible for any payments prior to the effective date of the HAP contract stated on the Authorization Letter. A revised lease will be required if the lease effective date is prior to the date the unit passed inspection. It may take up to 60 days to execute a HAP contract and make payment.**

It may take an average of (10-15) days after receipt of an accepted RFTA package before your new unit is inspected. **PLEASE NOTE THAT INLIVIAN CANNOT BEGIN PAYMENTS UNTIL WE RECEIVE AN EXECUTED HAP CONTRACT.**

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INLIVIAN
HOUSING REDEFINED

NEW MOVE IN INFORMATION SHEET

Thank you for choosing to participate in the INLIVIAN Housing Choice Voucher Program. Please carefully read the information provided on this sheet so that you can accurately complete the attached forms. **You cannot rent to a family member participating in the Housing Choice Voucher program without an approved reasonable accommodation.** INLIVIAN will not execute the HAP contract or begin payments until we are in receipt of a completed **“Housing Provider Registration Package”** and executed Lease. INLIVIAN may take up to sixty (60) days from when a participant leases up on a unit to execute a HAP contract and make payment. **PLEASE DO NOT ALLOW A FAMILY TO MOVE IN UNTIL INLIVIAN HAS PROVIDED YOU NOTIFICATION TO DO SO.**

Attached to this information sheet are the following forms:

(1) Request for Tenancy Approval; (2) Form W-9; (3) Lead Based Paint Certification; (4) Housing Provider Registration Form (5) HQS Inspection Checklist (6) Amenities and Housing Services Form

(1) **“Request for Tenancy Approval (RFTA)”** form will be used to produce the Housing Assistance Payment” (HAP) contract. A HAP contract is the document that authorizes INLIVIAN to make monthly payments to you on behalf of our Housing Choice Voucher participant, your prospective tenant. **INLIVIAN cannot execute a HAP Contract until receipt of an executed Lease. The rent amount on the RFTA must match the lease. Do not include fees in your rent amount on the RFTA and lease. If you negotiate a lower rent, it must be reflected on the lease and the RFTA must be changed.**

(2) All owners/housing providers participating in the Housing Choice Voucher program must complete a **“Form W-9”**. This information will be used to produce a Form 1099 for tax reporting purposes. Please complete even if you are currently a participating owner/housing provider. **IF YOU ARE A NEW OWNER/HOUSING PROVIDER PARTICIPATING FOR THE FIRST TIME, YOU MUST CONTACT THE SPECIAL PROGRAMS CLERK at 704-336-5251 FOR ADDITIONAL REQUIRED PAPERWORK. IF YOU DO NOT PERSONALLY MANAGE THE PROPERTY, PLEASE PROVIDE A MANAGEMENT AGREEMENT ALONG WITH THE ATTACHED PAPERWORK.**

(3) **“Lead Based Paint Certification”** must be completed for each unit listed on the RFTA.

(4) **“Housing Provider Registration Form”** must be completed for each unit listed on the RFTA.

(5) **To ensure that your unit passes inspection we recommend that you review the attached INLIVIAN HQS Self-Inspection Checklist. In preparation for the inspection please ensure that all utilities are on and the unit is in move-in ready condition.**

(6) **“Amenities and Housing Services Form”** must be completed for each unit listed on the RFTA.

Does INLIVIAN or one of its subsidiaries have an ownership interest in this property? Yes No

If yes, Property Name _____

RETURN ALL REQUESTED DOCUMENTS ALONG WITH THIS FORM AND PROVIDE YOUR FAX NUMBER AND EMAIL ADDRESS BELOW.

Owner/Owner Representative Fax Number: () _____

Owner/Owner Representative Email Address: _____

Transfer (x) New Move-In () Incoming Port () Voucher Expiration Date: 10/24/2022

Name: Sharlene Arrington

T Code: t0033937 Allocation: Portability Bedroom Size: 3

Current Address: _____

Current Housing provider: _____ Previous Housing provider: _____

INLIVIAN Representative: Marquitta Pitmon Date: 4/27/2022

INLIVIAN Rep. Email: mpitmon@inlivialian.com

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) INLIVIAN	2. Address of Unit (street address, unit #, city, state, zip code)
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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
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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) _____
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11. Utilities and Appliances
The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

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

12. Owner's Certifications

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

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

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

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

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

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)

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>		
	<p>2 Business name/disregarded entity name, if different from above</p>		
	<p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>		<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p>		
	<p>7 List account number(s) here (optional)</p>		

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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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-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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABL accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



400 East Boulevard, Charlotte NC, 28203

Lead Paint Owner's Disclosure/Certification / Housing Choice Voucher Program

The undersigned hereby certifies that the property located at (give full address, include apartment number):

Is in compliance with all housing quality standard (HQS) requirements related to lead-based paint as indicated by boxes checked below.

(Mark ALL appropriate boxes)

- The described property, including dwelling units, common areas and exterior painted surfaces was built after 1978.
- There are known lead-based paint and/or lead-based paint hazards present.
- The Owner/Owner's agent has no knowledge of lead-based paint and/or lead based paint hazards pertaining to this unit.
- The Owner/Owner's agent had no records or reports pertaining to lead-based paint and/or lead-based paint hazards pertaining to this unit.
- The described property, including dwelling units, common areas and exterior painted surfaces was built before 1978, but per the lease no children 6 and under shall reside in the rental unit.
- The described property, including dwelling units, common areas and exterior painted surfaces, has been found to be free of lead-based paint by a certified lead-based paint inspector. The lead-based paint inspector's report is either attached or has already been provided to INLIVIAN.
- The described property was inspected by a certified lead-based paint inspector and lead-based paint was identified. All identified lead-based paint has been removed from the property, and the reports of the lead-based paint inspector and the certified lead-based paint abatement supervisor are attached or have already been provided to the PHA.
- Ongoing lead-based paint maintenance activities have been incorporated into regular building operations in accordance with 24 CFR 35.1355(a).
- Corrective action to address lead-based paint hazards at the described property that were required by the PHA to meet HQS have been completed in accordance with all requirements established by 24 CFR Part 35, including:
**The Boxes below do not apply when paint stabilization is below de minimis levels.*
- The work was completed by person(s) trained to conduct lead-based reduction activities or was supervised by a certified lead-based paint abatement supervisor.
- Occupants of the dwelling unit(s) and their belongings were protected during the course of the work.
- The lead hazard worksite was properly prepared and maintained during the course of their work.
- A person certified to conduct clearance examinations performed a clearance test and the results indicated that clearance was achieved. Occupants have been properly notified of the results of any lead-based paint hazard evaluation and reduction, including the results of the clearance examination.

Owner's Signature _____

Type or Print Name: _____

* I have received the following pamphlet, "Protect Your Family from Lead in Your Home",

Participant's Signature: _____ Date: _____

Print Name: _____



HOUSING CHOICE VOUCHER PROGRAM HOUSING PROVIDER REGISTRATION FORM

Owners who wish to participate in the INLIVIAN Housing Choice Voucher Program (HCVP) must complete and sign the Housing Provider Registration Form and return it to the HCVP office. A post office box cannot be used instead of a home/physical mailing address. However, you may supply a post office box in addition to your street address. If you are an agent on behalf of an owner, a management agreement must be submitted along with this form to complete the registration process.

Name

Company Name (if applicable)

Home Address

Mailing Address

City, State, Zip

City, State, Zip

Home Telephone Number

Work/Business Telephone Number

Email Address

Email Address

Social Security Number / TIN / EIN (Last four digits only)

Date

Owner/Agent Name

Owner/Agent Company Name

Owner/Agent Signature

Date

If you are a first time HCVP housing provider or if you have not registered with INLIVIAN's HCVP, you must provide all items 1-10 as indicated below. If you have previously had properties listed under another name or a Property Management Company, you will need to complete items 1-10. If you are a previous provider and need to change your direct deposit information, you will need to request a direct deposit change form. If you have previously registered within the last five years and are leasing a unit for the first time on the INLIVIAN HCV Program, submit this form and items 6-10:

1. Copy of photo ID (State- issued driver's license, employment identification or other official identification).
2. Copy of social security card and/or proof of taxpayer identification number (TIN) from the IRS.
3. Proof of your physical address (a post office box may not be provided in lieu of a physical address but may be used in conjunction with a copy of a utility, cable or telephone bill).
4. Completed INLIVIAN direct deposit form (please submit a voided check with the full name and address of the accountholder, name of the bank, routing number and account number).
5. Proof of ownership of the property (one for each property address unless address is a multifamily building; settlement statement, deed, bank/mortgage company payoff letter).
6. Completed form W-9 (if you have several properties in the program and all are under the same business name and TIN/SSN we will need only one form).
7. Written proof that any mortgage against the participating property is paid current (copy of statement or letter).
8. Written proof that all taxes assessed against the participating property are paid current.
9. Copy of a current property management agreement (if the property is not self-managed).
10. Landlord Automated Email Notification Letter

When you have identified and approved a potential HCVP family, please submit a completed Request for Tenancy Approval (RFTA) package. The RFTA will be provided to you by the HCVP family. Upon receipt of a completed RFTA package, INLIVIAN will verify that you are registered. HCVP housing provider inquiries may be answered during our monthly Housing Provider Briefings or by calling the Special Programs Clerk at (704) 336-5251. Briefings are held quarterly, on the third (3rd) Friday of the month at 11:30 a.m. Evening briefings by request only. Register for the briefing with the Special Programs Clerk. ***It is strongly recommended that you attend an INLIVIAN HCVP Housing Provider Briefing.***



HQS Self-Inspection Checklist

Major Area of Property	Questions to Ask	Yes or No	Repairs Needed
Electrical / Mechanical	Electricity	1. Is the electric service connected for the inspection?	
		2. Do all fixtures and receptacle work (at least 2 receptacles/room or one receptacle and one light fixture/room)?	
		3. Is there lighting in the common hallways and porches?	
		4. Are all receptacles, light switches, and electrical boxes properly covered with no cracks or breaks in the doors and cover plates?	
		5. Are all receptacles properly wired? No open grounds, reverse polarity, or open neutrals?	
		6. Are light/electrical fixtures securely fastened without any hanging or exposed wires?	
		7. Do lighting fixtures have all bulbs functioning?	
		8. Do light fixtures on the interior and exterior have globes or covers if so designed?	
		9. Is the electrical service drop and service entrance cable (both sides of meter) in good condition, with no deterioration to the covers?	
		10. Are wire clamps and conduit installed at disposals and electric water heaters?	
		11. Are all receptacles, switches, smoke alarms free of all paint?	
		12. Do junction boxes have covers and all holes properly capped?	
	Heat	13. Is the fuel supply for the heating system on/filled? All pilot lights lit?	
		14. Are all flue connections sealed and tight?	
		15. Are controls in place and functional?	
		16. Are filters clean and in place?	
		17. Are all electrical/fuel connections secure?	
		18. Are registers functional and secured to walls/ceiling/floor?	
		19. Is heat available and adequate in all habitable rooms? (Minimum of 68°F)	
		20. Do radiators and boilers function with no leaks?	
	A/C	21. Is the central A/C functioning as designed?	
		22. Is a wire protector installed on the exterior disconnect box or is box sealed?	
Plumbing	Bathroom	23. Is the toilet securely fastened to the floor?	
		24. Does the toilet flush and flaps seal properly?	
		25. At sink, is there hot and cold running water, clear and proper drainage, and no leaks?	
		26. At tub/shower, is there hot and cold running water, clear and proper drainage, and no leaks?	
		27. Is bathroom vented with either an exterior window or ducted exhaust fan?	
	Kitchen	28. At sink, is there hot and cold running water, clear and proper drainage, and no leaks?	
		29. At gas stove, is there a hand-operated gas shut off valve?	
	Other	30. Does water heater function?	
31. Is there a full-sized drain line (¾-inch) on the TPR valve and is it constructed of appropriate material? (No PVC plastic)			
	32. Do radiators and boilers function with no leaks?		
-See Other Side-			

Interior of Unit	Wall/Ceiling	33. Is there a barrier/protection around gas-fired water heaters located in areas where safety hazards may exist? This may include the kitchen or hallway. 34. Are walls and ceiling free of air and moisture leaks, loose material, large holes, and cracks?		
	Floors & Flooring	35. Are floors free of weak spots or missing floorboards?		
		36. Are floors free of tripping hazards from loose flooring or covering?		
	Cabinetry & Interior Doors	37. Are cabinets securely fastened to walls or ceiling?		
		38. Is there space for food preparation and storage?		
		39. Are all doors securely hung and all drawers in place?		
	Security	40. Are all doors free of double-keyed locks?		
		41. Do door and window locks have all screws and striker/latch/connector plates?		
		42. Is there free and clear access to all exits?		
		43. Are entrances and exit doors solid-core?		
		44. Do first floor windows and those opening to a stairway, fire escape or landing have functional locks?		
	Health & Safety	45. Is there a functioning smoke alarm on each level of unit, including basement?		
		46. Are smoke alarms that are installed on walls at least 4-inches and not more than 12-inches from ceiling. Are smoke alarms installed on ceilings at least 4-inches from the wall?		
		47. A CO detector is required in all units, no matter the fuel sources used. If the unit has gas-fired appliances, fireplace, or an attached garage, is there a CO detector on each level?		
		48. Is the unit free of any evidence of insect or rodent infestation?		
		49. Is the unit free of any evidence of mold and mildew?		
	Appliances	50. Do all burners function with normal user controls?		
		51. Is seal/gasket at oven door in place and functional?		
		52. Does refrigerator/freezer cool properly? Is it large enough for family size?		
		53. Are refrigerator and freezer door seals/gaskets complete?		
Exterior of Unit	Windows	54. Is there at least one functional exterior window in each bedroom and living room?		
		55. Do windows open, hold open, close and lock properly?		
		56. Are there any cracked or broken window panes?		
	Other	57. Are gutters firmly attached and have downspouts?		
		58. Are exterior surfaces in good condition and will prevent moisture and vermin intrusion?		
		59. Is chimney secure? Is flue tightly sealed with no gaps?		
		60. Is foundation sound and sealed from exterior?		
		61. Are openings around doors and windows weather-tight?		
		62. Are all handrails properly secured?		
		63. Is a handrail present when there are 4 or more consecutive steps?		
Common Areas	Stairways: Interior and Exterior	64. Is a guardrail present when there is a drop off of 30-inches or more at a landing, deck, or stair?		
		65. Are stairways free of any loose, broken, or missing steps?		
		66. Are stairways free of any tripping hazards?		
		67. Are there proper exit signs?		
		68. Is unit free of debris inside and outside?		
General		69. Are there covered receptacles for disposal of waste?		
		70. Is unit clean and ready for move-in?		
		71. Is unit vacant? Unless leasing family is already in place.		
		72. INTERIOR AND EXTERIOR of units rented to families with children under the age of six: is unit free of any chipping, peeling, flaking, chalking, or cracking painted surfaces to include windows, window wells, door frames, walls, ceilings, porches, garages, fences or play equipment?		

This list is for information only and is not intended as a complete inspection list. Check HUD and local codes for other requirements.

Property Details _____

Address _____ **Unit or Apt #** _____

Beds _____ **Full Baths** _____ **½ Baths** _____ **Sq Ft** _____ **Year Built** _____

Property Type Apartment Duplex House Mobile Home Townhouse Tri-Plex 4 Plex

Requested Rent \$ _____

Utilities _____

Type

Paid By

Heating Fuel Gas Electric Oil Bottle Gas/Propane Owner Tenant

Cooking Fuel Gas Electric Oil Bottle Gas/Propane Owner Tenant

Hot Water Gas Electric Oil Bottle Gas/Propane Owner Tenant

Water City Well Owner Tenant

Sewer City Septic Tank Owner Tenant

Cooling System Central Window Unit Heat Pump

Heating System Central Heat Pump Baseboard Boiler Radiator Wall Unit

Amenities _____

Indoor

Kitchen

Outdoor

Other

Cable Included

Dishwasher

Balcony

Gated Community

Ceiling Fan

Garbage Disposal

Pool

Maintenance

Dryer

Microwave

Parking

Lawn

Washer

Refrigerator

1 Car Garage

Pest Control

W/D/ Hookups

Stove

2 Car Garage

Trash

Onsite Laundry

3 Car Garage

1 Covered Space

2 Covered Spaces

None