

# Property Owners! Need Tenants?



- ✓ On-time Payments
- ✓ Access to a Pool of Potential Tenants
- ✓ No Cost Marketing
- ✓ Free Annual Housing Quality Inspections
- ✓ Reduced Vacancies
- ✓ Unlimited Property Listings
- ✓ Dedicated Staff Support
- ✓ Online Services Available
- ✓ Direct Deposit

**Housing Authority of the  
City of Long Beach**  
521 E. 4<sup>th</sup> Street  
Long Beach CA 9802  
(562) 570-6985 PH  
(562) 499-1052 FX  
www.haclb.org

#### **Hours**

Monday, Tuesday, Thursday  
7:30 a.m. – 5:00 p.m.  
Wednesday  
10:30 a.m. – 5:00 p.m.  
Friday  
7:30 a.m. – 4:00 p.m.

#### **New Owner Orientation**

January 15, 2019 12 p.m. – 2 p.m.

February 20, 2019 4 p.m. – 5 p.m.

March 21, 2019 4 p.m. – 6 p.m.

April 16, 2019 12 p.m. – 1 p.m.

#### **Location:**

Housing Authority of the  
City of Long Beach  
521 E. 4<sup>th</sup> Street  
Long Beach, CA 90802

#### **Seating is Limited**

**To Reserve Your Seat (RSVP),**



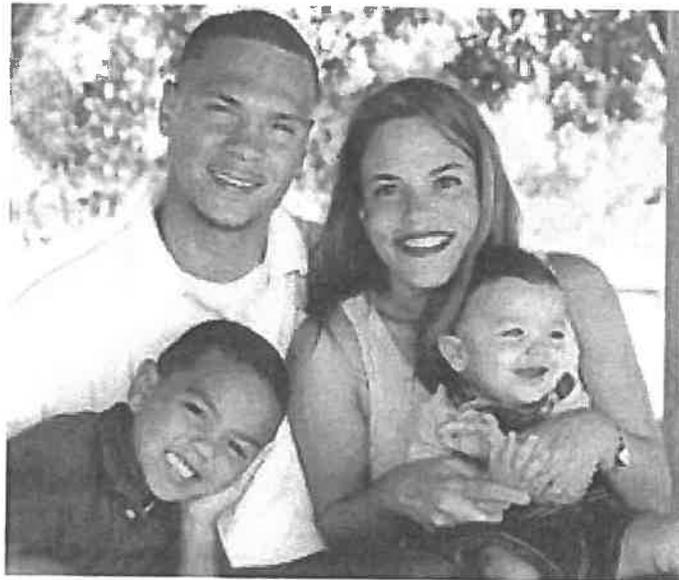




**HOUSING AUTHORITY**  
of the City of Long Beach



**LONG BEACH**  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES



## **HACLB Mission Statement**

HACLB's mission is to provide high quality housing assistance for Long Beach's low income households through:

- Effectively and efficiently utilizing resources
- Promoting a positive image through excellent customer service and clear and open communication
- Continually educating staff and clients



**HOUSING AUTHORITY**  
of the City of Long Beach



**LONG BEACH**  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

## Overview

The overall purpose of the Housing Authority of the City of Long Beach (HACLB) is to administer the City's Rental Housing Assistance Programs. These Assistance Programs are designed to provide financial and technical assistance services to low-income, elderly, and disabled residents of Long Beach so they can live with dignity and decent, safe, and sanitary housing conditions. The various programs include the Housing Choice Voucher Program (formerly known as Section 8 Rental Assistance Program), HOPWA – Housing Opportunities for People Living with AIDS, Shelter Plus Care and Homeless Assistance Program in conjunction with the Health Department's Continuum of Care, and VASH- Veteran's Affairs Supportive Housing. Currently HACBL, in partnership with more than 2,500 property owners assist over 6,300 households that lease units in the city of Long Beach, through these various programs.

HACLB also provides special supportive services to our families through the Family Self Sufficiency Program and Homeownership Programs. These programs provide financial and literacy training, the development of escrow accounts, career and academic guidance, and resource referrals. Job training is also provided through a partnership with the City's Workforce Development Bureau to further assist in the transition of our families to economic self-sufficiency and finally homeownership.

## **RENTAL SUBSIDY PROGRAMS**

### **Housing Choice Voucher**

The Housing Choice Voucher Program (HCV) is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe and sanitary housing in the private market. Participants are able to find their own housing including single-family homes, townhouses and apartments that meet the requirements of both the federal government and the HACLB. Under this Program, a housing subsidy is paid directly to the landlord by the HACLB on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the Program. It is also the responsibility of the family to maintain the rented unit in good condition and to notify the HACLB of any changes in income or family composition.

### **Shelter Plus Care**

The Shelter Plus Care Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program.

Shelter Plus Care is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities.

The HACLB offers rental assistance payments through three components:

1. Tenant-based Rental Assistance (TRA)
2. Sponsor-based Rental Assistance (SRA)
3. Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings

## **Housing Opportunities for Person with Aids**

The HOPWA Program (Housing Opportunities for Persons with AIDS) was established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons medically diagnosed with HIV/AIDS and their families. HACLB currently receives HOPWA funds to operate two housing programs:

1. The HOPWA Tenant-Based Rental Assistance Program, which is modeled after HUD's Section 8 Housing Choice Voucher Program and follows the same rules.
2. The HOPWA Short-Term Assistance Program (STAP), which provides periodic grants, to help very low-income tenants catch-up with rent and utility payments and pay moving expenses.

## **Veterans Affairs Supportive Housing**

The 2008 Consolidated Appropriations Act enacted December 26, 2007, provided \$75 million dollars of funding for the HUD-Veterans Affairs Supportive Housing (HUD-VASH) voucher program as authorized under section 8(o)(19) of the United States Housing Act of 1937. The HUD-VASH program combines HUD HCV rental assistance for homeless veterans with case management and clinical services provided by the Veterans Affairs at its medical centers and in the community.

Generally, the HUD-VASH HCV program will be administered in accordance with regular HCV program requirements. However, the Act allows HUD to waive or specify alternative requirements for any provision of any statute or regulation that HUD administers in connection with this program in order to effectively deliver and administer HUD-VASH voucher assistance.

The HACLB is partnering with the Long Beach Veterans Administration Medical Center to administer the VASH Program.

## **SPECIAL SUPPORTIVE SERVICES**

### **Family Self Sufficiency**

The Family Self-Sufficiency Program (FSS) is a voluntary program designed to assist those families receiving HUD Housing Choice Voucher rental assistance to improve their economic situation and reduce their dependence on public assistance and welfare.

FSS is for individuals who are unemployed, underemployed or are already employed and wanting to increase their income, and who are willing to commit to changing their lives for the better. The FSS Program is designed to work with partnering agencies to offer educational opportunities and job training as well as other supportive services needed to assist participants in relying less on government assistance. Eligible families are connected with the appropriate support services and resources in their respective communities, which help to guide the families toward economic self-sufficiency.

Each FSS participant creates a five-year plan that includes either employment or business development goals and then identifies their specific training or education needs. The HACLB FSS staff will work with the household to identify, locate and arrange for the services they need to accomplish these goals.

### **Homeownership**

HACLA also has a "Homeownership Program" which provides an option to eligible families currently holding a Housing Choice Voucher to purchase a home and apply the subsidy towards their house payments for up to 15 years for non-disabled families. Those families headed by a disabled applicant, can use the HCV subsidy for as long as the family is income eligible.





Department of Health and Human Services  
521 E. Fourth Street  
Long Beach, CA 90802  
Tel 562 570-6985  
Fax 562 499-1052  
www.haclb.org

Attention Landlords:

**SUBJECT: Establishing Rents**

So that there are no misconceptions about the procedure of establishing rents for a new rental unit, please understand that the Housing Authority must undertake two separate processes in order to arrive at the rent amount. These processes take place after the tenant and landlord have submitted the Request for Lease Approval.

- **AFFORDABILITY:** The Housing Authority must determine that the client can afford the rent. This affordable amount may be less than what the Landlord wants for the unit. If that's the case, staff will call the landlord to ask if the lower amount is acceptable.
- **RENT REASONABLENESS:** The Housing Authority then inspects the unit to determine that it meets Housing Quality Standard, and to determine what amenities the unit has. The Housing Authority must then determine if the rent for the unit is reasonable in relation to the rents for similar properties in the neighborhood. Please note that the allowed rent amount may be less than the affordability amount already determined. We can only allow rents that are reasonable for the neighborhood.

HOUSING AUTHORITY OF THE CITY OF LONG BEACH





Health and Human Services  
521 E. Fourth Street  
Long Beach, CA 90802  
Tel 562 570-6985  
Fax 562 499-1061

## FISCAL YEAR 2019 PAYMENT STANDARDS

Effective 12/12/2018

	0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm	6 Bdrm	7 Bdrm
90802	\$1,291	\$1,543	\$1,995	\$2,677	\$2,940	\$3,381	\$3,822	\$4,263
90803	\$1,607	\$1,922	\$2,489	\$3,339	\$3,675	\$4,226	\$4,778	\$5,329
90804	\$1,431	\$1,719	\$2,218	\$2,979	\$3,268	\$3,758	\$4,249	\$4,739
90805	\$1,352	\$1,614	\$2,087	\$2,796	\$3,071	\$3,532	\$3,993	\$4,453
90806	\$1,378	\$1,641	\$2,126	\$2,848	\$3,137	\$3,607	\$4,078	\$4,548
90807	\$1,302	\$1,554	\$2,016	\$2,699	\$2,972	\$3,417	\$3,863	\$4,309
90808	\$1,439	\$1,722	\$2,226	\$2,982	\$3,287	\$3,779	\$4,272	\$4,765
90810	\$1,040	\$1,239	\$1,607	\$2,153	\$2,373	\$2,729	\$3,085	\$3,441
90813	\$1,263	\$1,513	\$1,950	\$2,613	\$2,875	\$3,306	\$3,738	\$4,169
90814	\$1,291	\$1,543	\$1,995	\$2,677	\$2,940	\$3,381	\$3,822	\$4,263
90815	\$1,491	\$1,785	\$2,310	\$3,098	\$3,413	\$3,924	\$4,436	\$4,948

\*Applicable to all contracts received on or after December 12, 2018 and to annual recertifications effective January 1, 2019.

\*\*Applicable to HCV, HOPWA, and VASH.



# Allowances for Tenant-Furnished Utilities and Other Services

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

Locality: <b>Housing Authority of the City of Long Beach, CA</b>		Date (mm/dd/yyyy):						
Unit Type: <b>Apartment</b>								
Utility or Service:	<b>0 BR</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>	<b>4 BR</b>	<b>5 BR</b>	<b>6 BR</b>	
Monthly Dollar Allowances								
<b>Heating</b>								
a. Natural Gas	\$10.00	\$12.00	\$13.00	\$14.00	\$15.00	\$16.00	\$17.00	
b. Bottle Gas/Propane								
c. Electric	\$8.00	\$9.00	\$11.00	\$12.00	\$14.00	\$16.00	\$17.00	
d. Electric Heat Pump	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$13.00	\$14.00	
e. Oil / Other								
<b>Cooking</b>								
a. Natural Gas	\$3.00	\$3.00	\$5.00	\$6.00	\$8.00	\$9.00	\$10.00	
b. Bottle Gas/Propane								
c. Electric	\$5.00	\$6.00	\$8.00	\$11.00	\$13.00	\$16.00	\$17.00	
<b>Other Electric &amp; Cooling</b>								
Other Electric (Lights & Appliances) <i>(Includes Monthly Credit)</i>	\$13.00	\$16.00	\$24.00	\$34.00	\$46.00	\$58.00	\$64.00	
Air Conditioning	\$5.00	\$6.00	\$9.00	\$11.00	\$13.00	\$16.00	\$17.00	
<b>Water Heating</b>								
a. Natural Gas	\$6.00	\$7.00	\$10.00	\$13.00	\$16.00	\$19.00	\$21.00	
b. Bottle Gas/Propane								
c. Electric	\$11.00	\$13.00	\$16.00	\$20.00	\$23.00	\$27.00	\$29.00	
d. Oil / Other								
<b>Water, Sewer, Trash Collection</b>								
Water	\$18.00	\$18.00	\$22.00	\$30.00	\$38.00	\$46.00	\$54.00	
Sewer	\$9.00	\$9.00	\$9.00	\$10.00	\$11.00	\$12.00	\$12.00	
<b>Tenant-supplied Appliances</b>								
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
<b>Other--specify: Monthly Charges</b>								
Gas Charge \$5.10	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	
<b>Actual Family Allowances</b>								
To be used by the family to compute allowance. Complete below for the actual unit rented.				Utility or Service				per month cost
Name of Family				Heating				\$
				Cooking				\$
Address of Unit				Other Electric				\$
				Air Conditioning				\$
Number of Bedrooms				Water Heating				\$
				Water				\$
				Sewer				\$
				Trash Collection				\$
				Range / Microwave				\$
				Refrigerator				\$
				Other				\$
				Other				\$
				Total				\$



**Allowances for Tenant-Furnished  
Utilities and Other Services**

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

Locality: <b>Housing Authority of the City of Long Beach, CA</b>		Date (mm/dd/yyyy):				
Unit Type: <b>Detached House</b>						
Utility or Service:	<b>0 BR</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>	<b>4 BR</b>	<b>5 BR</b>
Monthly Dollar Allowances						
<b>Heating</b>						
a. Natural Gas	\$15.00	\$18.00	\$19.00	\$20.00	\$22.00	\$23.00
b. Bottle Gas/Propane						
c. Electric	\$14.00	\$17.00	\$19.00	\$21.00	\$23.00	\$25.00
d. Electric Heat Pump	\$9.00	\$11.00	\$13.00	\$15.00	\$16.00	\$18.00
e. Oil / Other						
<b>Cooking</b>						
a. Natural Gas	\$3.00	\$3.00	\$5.00	\$6.00	\$8.00	\$9.00
b. Bottle Gas/Propane						
c. Electric	\$5.00	\$6.00	\$8.00	\$11.00	\$13.00	\$16.00
<b>Other Electric &amp; Cooling</b>						
Other Electric (Lights & Appliances) <i>(Includes Monthly Credit)</i>	\$21.00	\$26.00	\$42.00	\$59.00	\$77.00	\$94.00
Air Conditioning	\$4.00	\$5.00	\$11.00	\$17.00	\$23.00	\$29.00
<b>Water Heating</b>						
a. Natural Gas	\$7.00	\$9.00	\$12.00	\$16.00	\$20.00	\$24.00
b. Bottle Gas/Propane						
c. Electric	\$13.00	\$16.00	\$20.00	\$25.00	\$29.00	\$33.00
d. Oil / Other						
<b>Water, Sewer, Trash Collection</b>						
Water	\$18.00	\$18.00	\$22.00	\$30.00	\$38.00	\$46.00
Sewer	\$9.00	\$9.00	\$9.00	\$10.00	\$11.00	\$12.00
Trash Collection	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
<b>Tenant-supplied Appliances</b>						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
<b>Other--specify: Monthly Charges</b>						
Gas Charge \$5.10	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
<b>Actual Family Allowances</b>						
To be used by the family to compute allowance. Complete below for the actual unit rented.			Utility or Service		per month cost	
Name of Family			Heating		\$	
			Cooking		\$	
Address of Unit			Other Electric		\$	
			Air Conditioning		\$	
			Water Heating		\$	
			Water		\$	
Number of Bedrooms			Sewer		\$	
			Trash Collection		\$	
			Range / Microwave		\$	
			Refrigerator		\$	
			Other		\$	
			Other		\$	
			Total		\$	



By Faxing this form to (561) 416-9848 your 30 day free listing will appear online at **GoSection8.com** and on your local housing authority website within 1-3 business days. To advertise your property immediately, go to **GoSection8.com**. Fields with an \* are required. **PLEASE PRINT CLEARLY**

## PROPERTY LISTING FORM

### LANDLORD CONTACT INFORMATION

\*First Name: \_\_\_\_\_  
 \*Last Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 \*Primary Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Alternate Telephone Number: (\_\_\_\_) \_\_\_\_\_

### PROPERTY LOCATION (STEP 1)

\*Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Unit Number: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_  
 \*Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

### PROPERTY INFORMATION (STEP 2)

\*Rent Amount: \$ \_\_\_\_\_ \*Security Deposit: \$ \_\_\_\_\_ \*Bedrooms: \_\_\_\_ \*Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Square Footage: \_\_\_\_\_ Pets Allowed:  Yes  No  
 Negotiable \*Baths: \_\_\_\_ \*Yr Built: \_\_\_\_\_ Lot Size: \_\_\_\_\_

\*Property Type:  House  Townhouse/Villa  Apartment  Condo  Mobile Home  Row House  Duplex  Triplex  4Plex  
 (Check one)

### AMENITIES AND ACCESSIBILITY (STEP 3)

<b>Indoor:</b>	<b>Laundry Type:</b>	<b>Heat Type:</b>	<b>Kitchen:</b>	<b>Outdoor:</b>
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> W/D Hook-ups	<input type="checkbox"/> Baseboard <input type="checkbox"/> Space	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Furnished	<input type="checkbox"/> Washer	<input type="checkbox"/> Boiler <input type="checkbox"/> Central	<input type="checkbox"/> Stove	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Dryer	<input type="checkbox"/> Heat Pump <input type="checkbox"/> None	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Lawn Care Included
<input type="checkbox"/> Cable Included	<input type="checkbox"/> Onsite Laundry	<input type="checkbox"/> Radiator	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Trash Removal Included
<input type="checkbox"/> Security System	<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Window/Wall	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fenced Yard

<b>Parking:</b>	<b>Exterior:</b>	<b>Other:</b>	<b>Utilities:</b> (Electric Paid By):	<b>Heating Fuel:</b>	<b>Heating Fuel Paid By:</b>
<input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned	<input type="checkbox"/> Balcony	<input type="checkbox"/> Age Restricted	<input type="checkbox"/> Tenant	<input type="checkbox"/> Gas	<input type="checkbox"/> Tenant
<input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned	<input type="checkbox"/> Deck	<input type="checkbox"/> Pest Control Included	<input type="checkbox"/> Owner	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner
<input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway	<input type="checkbox"/> Patio			<input type="checkbox"/> Propane	
<input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street	<input type="checkbox"/> Porch				
<input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None					

<b>Water Type:</b>	<b>Water Paid By:</b>	<b>Hot Water Fuel Type:</b>	<b>Hot Water Paid By:</b>	<b>Cooking Fuel Type:</b>	<b>Cooking Paid By:</b>
<input type="checkbox"/> Well Water <input type="checkbox"/> Tenant	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Tenant
<input type="checkbox"/> City Water <input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Propane	<input type="checkbox"/> Owner

<b>Sewer Type:</b>	<b>Sewer Paid By:</b>	<b>Cooling Type:</b>	<b>Cooling Paid By:</b>	<input type="checkbox"/> Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Septic Tank <input type="checkbox"/> Tenant	<input type="checkbox"/> Central <input type="checkbox"/> Tenant	<input type="checkbox"/> None <input type="checkbox"/> Owner	<input type="checkbox"/> Window/Wall	
<input type="checkbox"/> Public Sewer <input type="checkbox"/> Owner				Description: _____



## **DEFINITION OF DISABILITY**

(For Reasonable Accommodation for Persons with Disabilities)

Effective July 1, 1998, HUD regulations prohibit the Housing Authority (HA) from approving a unit for lease if the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the family who is seeking to rent the unit.

The HA may approve a lease if the HA determines that approving the unit would provide reasonable accommodations for a family member who is a "person with disabilities" as defined in 24 CFR 8.3.

For the purpose of this new regulation, a person with disabilities is any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The phrase "physical or mental impairment" includes:

1. Any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

If any family member requires reasonable accommodations, verification from a Licensed Medical professional will be required.





521 E. 4th Street  
Long Beach, CA 90802  
Tel 562 570-6986  
Fax 562 499-1052  
www.haclb.org

## MUTUAL AGREEMENT TO TERMINATE/EXTEND LEASE/CONTRACT

Tenant: \_\_\_\_\_

Tenant ID#: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_

Housing Specialist: \_\_\_\_\_

By signing below, the Owner and Tenant are in mutual agreement to:

**Please check one:**

Terminate the Lease/Contract on \_\_\_\_\_

Extend the move-out date from \_\_\_\_\_ Date  
to \_\_\_\_\_

for the property located at: \_\_\_\_\_

Cancel the move process. Tenant will continue to reside in current unit.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**\* Important Notice\***

**Submitting a falsified document to the Housing Authority is a direct violation of the Family Obligations and may result in possible termination of your Section 8 assistance.**



**Voucher**  
**Housing Choice Voucher Program**

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

OMB No 2577-0169  
 (Exp. 09/30/2017)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)

7. Name of Public Housing Agency (PHA) **Housing Authority of the City of Long Beach**

8. Name and Title of PHA Official

9. Signature of PHA Official	Date Signed (mm/dd/yyyy)
------------------------------	--------------------------

**1. Housing Choice Voucher Program**

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

**2. Voucher**

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.



6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a 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 rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises

#### **5. Illegal Discrimination**

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

#### **6. Expiration and Extension of Voucher**

The voucher will expire on the date stated in item 3 on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.





## OWNER PACKET

### IMPORTANT INFORMATION ENCLOSED

### \*\*\*FOR CITY OF LONG BEACH PROPERTIES ONLY\*\*\*

#### IF ALL INFORMATION IS NOT PROVIDED THE UNIT CANNOT BE SCHEDULED FOR INSPECTION.

- Proof of Ownership - a photocopy of the Recorded Grant Deed (showing the street address) or most recent Yearly Tax Bill for the property.
- Request for Taxpayer Identification Number and Certification (W-9 Form).
- Completed Direct Deposit Authorization form (with attached copy/voided check). Direct Deposit is MANDATORY.
- Copy of executed Property Management Agreement. (If applicable)
- Certificate of Trust, Articles of Organization/Incorporation, Partnership Agreements, etc,(as indicated on initial disclosure form and dependent upon how title is held)
- Valid Driver's License/State Identification card of owner
- Photocopy of the Social Security Card (if title is held by an individual/s)
- IRS Proof/Registration of Employer Identification Number (If title is held by an organization/entity)

**ALL COMPLETED ORIGINAL FORMS AND REQUESTED INFORMATION MUST BE RETURNED BY MAIL OR HANDCARRIED TO THE HOUSING AUTHORITY.**

**UNIT MUST BE VACANT, ALL UTILITIES TURNED ON, PILOTS LIT AND READY FOR INSPECTION WITHIN THREE (3) BUSINESS DAYS OF THESE FORMS BEING SUBMITTED TO THE HOUSING AUTHORITY. IF THE UNIT IS NOT READY FOR INSPECTION, THE REQUEST FOR TENANCY APPROVAL WILL BE CANCELLED.**

**\*\*\*\*\*IMPORTANT NEW INFORMATION\*\*\*\*\***

**OWNERS/AGENTS MUST PROVIDE AN E-MAIL ADDRESS OR A PHONE NUMBER THAT RECEIVES TEXT MESSAGES TO ACCEPT OR DECLINE THE RENT OFFER. AN E-MAIL OR TEXT RESPONSE MUST BE PROVIDED WITHIN THREE (3) BUSINESS DAYS OR ALL PAPERWORK WILL BE CANCELLED.**





**HOUSING AUTHORITY**  
of the City of Long Beach

521 E. 4th Street  
Long Beach, CA 90802  
Tel 562 570-6985  
Fax 562 499-1052  
www.haclb.org

## **COMMUNICATION WITH THE HOUSING AUTHORITY (HACLB)**

We want your experience with HACLB to be a pleasant one. If you are having a problem, you are always welcome to contact the Section supervisor. If needed, management is available to assist you.

The HA is open from 7:30 am to 5:00 pm Monday thru Thursday, and until 4:30 on Friday.

<b>Number</b>	<b>Title</b>	<b>Name</b>	<b>Email</b>
570-6985	HACLB Main Number	Phone Directory	
570-6153	Bureau Manager	Alison King	Alison.King@longbeach.gov
570-6011	Housing Assistance Officer	Nida Watkins	Nida.Watkins@longbeach.gov
570-6033	Community Services Liaison	Kari Faithful	Kari.Faithful@longbeach.gov
570-5301	Inspections Supervisor	Saulo Amezquita	Saulo.Amezquita@longbeach.gov
570-5303	Inspections Scheduler	Sophy Chhoy	Sophy.Chhoy@longbeach.gov
570-5307	Rent Reasonableness	Debbi Brown	Debra.Brown@longbeach.gov
570-6365	Occupancy Supervisor	Joi Dailey	Joi.Dailey@longbeach.gov
570-6318	Occupancy Principal Lead		
570-6409	Move Specialist (A-Z)	Xochitl Ortega	Xochitl.Ortega@longbeach.gov
570-6285	Intake & Portability Supervisor	Mechell Roberts	Mechell.Roberts@longbeach.gov
570-5656	Portability/Special Programs	Pamela Buckner	Pamela.Buckner@longbeach.gov
570-7328	Fraud Hotline		<a href="http://www.longbeach.gov/haclb/owners-and-agents/report-program-abuse/">http://www.longbeach.gov/haclb/owners-and-agents/report-program-abuse/</a>

**For a complete list of all staff contact information please visit**  
**[www.HACLB.org](http://www.HACLB.org)**

**To advertise your available units go to**  
**[www.gosection8.com](http://www.gosection8.com)**





# CITY OF LONG BEACH

Housing Authority of the City of Long Beach

**HOUSING AUTHORITY**  
of the City of Long Beach

521 E 4<sup>th</sup> Street • Long Beach, CA 90802 • (562) 570-6985 • Fax (562) 499-1052

## ATTENTION: CITY OF LONG BEACH OWNERS

As a current/potential recipient of federal grant funding through your business relationship with the City of Long Beach (City), it is required to document that neither your business, entity, or organization, nor any of your principals, are debarred, suspended, ineligible, or have voluntarily excluded themselves from receiving federal grant funding.

As such and consistent with Executive Order 12549, Title 2 CFR Part 180 Subpart C, the City now requires all potential recipients of federal grant funding to comply with the requirements as specified below. To continue to receive HAP payments from the Housing Authority of the City of Long Beach, please **sign and return this document with your ownership documentation.**

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## DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION CERTIFICATION

The undersigned, under penalty of perjury, certifies that the participant, nor any of its principals in the capacity of owner, director, partner, officer, manager or other person with substantial influence in the development or outcome of a covered transaction, whether or not employed by the participant:

- Are not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Have not been suspended, debarred, voluntarily excluded or declared ineligible by a federal agency within the preceding three (3) years;
- Do not presently have a proposed debarment proceedings pending;
- Have not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the preceding three (3) years; and
- Have not had one or more public transaction (Federal, state, or local) terminated within the preceding three (3) years for cause or default.

If reorganization, management turnover or a shift or change of principals' status occurs, a written notice must be submitted within 21 days. Subsequent disclosure of unfavorable information will be subjected to thorough review and remedial action. Updated versions of this certification may be requested on a routine basis.

If there are exceptions to this certification where the participant is unable to certify to any of the above statements, an explanation shall be indicated in a separate cover included as an attachment to this certification.

\_\_\_\_\_  
PROPERTY ADDRESS

\_\_\_\_\_  
PRINT OWNER'S NAME

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE





- Termination of Tenancy: Lease Addendum lists the permissible causes for eviction and requires copies of all eviction notices to be given to the HA at the same time you serve the tenant. During the first year (initial term of lease), you may not terminate without showing cause and, for some causes, you must give the tenant opportunity to cure the violation.
- After Initial Term of Lease: Owner must, per CA law, use a 90 day notice without cause. Tenant must give a 60 day notice.
- Notification: You must notify the HA within thirty days of any change in ownership of the property, if the tenant vacates, or any additional persons occupy the unit.

Owners should understand before participating in the program that they have the right to receive the assistance payment only as long as they are in compliance with the contract. The contract terminates at the end of the month in which the tenant ceases to reside in the unit, the date of lock-out or on the date given in the HA's notice of contract termination. ( )initial

### **SECURITY DEPOSITS AND OTHER CHARGES**

If you are renting to a tenant who is in place, the security deposit previously paid by the tenant may remain. If the tenant is new, you may charge whatever you usually charge unassisted tenants, but never more than two months rent. The deposit is refundable as prescribed by State law. The only charges permitted prior to occupancy are security deposit, first month's rent, and a reasonable credit and Unlawful Detainer report fee. As a part of the Lease Agreement, you may charge extra for optional items (such as a garage) provided that unassisted tenants are charged the same amounts and the HA has approved the charges in the lease agreement. Late fees are limited to 6% of tenants portion. You may charge the tenant for the cost of damages for which the family is responsible provided that you can document the expense. Owners who assess unapproved charges are required to reimburse the tenant and may be immediately terminated from the program. The rules of thumb are:

- Do not charge the assisted tenant for anything unless you also charge unassisted tenants, and ( )initial
- Always get prior written approval from the HA for charges that are not in the approved lease.

### **PROCEDURE**

1. When a family selects your unit and you agree to rent to them, they will give you an Owner Packet which includes a Request For Tenancy Approval (RFTA), Owner Information Sheet, Owner & Tenant Acknowledgment, and a Pre-Inspection Checklist.
2. Owner must complete Owner certification. Owner and tenant complete the RFTA and Owner & Tenant Acknowledgment. Return the documents and all ownership documents to the Housing Authority.
3. The HA approves the owner and schedules the unit for inspection.
4. After the unit passes inspection, the HA negotiates the rent with you.
5. After the rent is agreed upon, the HA sends the contract, lease and tenancy addendum to you for signature..
6. When the documents are returned to the HA, they are processed for payment.
7. Contract start date will be determined by the Housing Specialist.
8. Pending receipt of the first payment, you may charge the tenant the full rent. However, you must reimburse the tenant within 10 days of receiving the first payment for the period covered by the check.
9. Remember rent will not be paid until the rent, lease, unit and family have been approved. Tenants should not move in until then. ( )initial

### **THE FORMS**

The RFTA and Owner & Tenant Acknowledgment must be filled out completely. No whiteout is allowed. If an error is made, line through it. Both owner and tenant must initial the change. The utility graph must be filled out to show whether the owner or tenant is responsible to pay for each utility/appliance. Failure to complete the graph correctly could cause a delay in processing. ( )initial

### **DEFINITION OF DISABILITY(For Reasonable Accommodation for Persons with Disabilities)**

Effective July 1, 1998, HUD regulations prohibit the Housing Authority (HA) from approving a unit for lease if the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the family who is seeking to rent the unit. The HA may approve a lease if the HA determines that approving the unit would provide reasonable accommodations for a family member who is a "person with disabilities" as defined in 24 CFR 8.3. For the purpose of this new regulation, a person with disabilities is any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The phrase "physical or mental impairment" includes:

1. Any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

If any family member requires reasonable accommodations, verification from a Licensed Medical professional will be required. ( )initial

**INITIAL DISCLOSURE FORM  
(PLEASE PRINT)**

**OWNER AS LISTED ON TITLE:** \_\_\_\_\_

Address of unit to be assisted by the Section 8 Program: \_\_\_\_\_

1. **Please attach a copy of the recorded grant deed OR final settlement or escrow statement OR current property tax bill of the property participating in the Section 8 Program.**
2. **How is the title to the property held?     Individual     Other ( Corporation, LLC etc )**
3. **If title is held by an individual or husband and wife, please list the complete names and addresses of each individual. Please complete the Owner Payment Assignment (form HA-123B.INT) indicating to whom all documentation and payments should be made. All listed individuals or designated representatives must sign this document. Please attach a completed W-9 form, (included), copy of Driver's License and Social Security Card (if applicable) for the individual who will be receiving the payment.**
4. **If title is held by a partnership, please attach a complete list of names and addresses of all partners. For each individual, please attach a completed W-9 form (included), a copy of each Driver's License and each Social Security Card. Please include a copy of the Partnership Agreement and any amendments to this Agreement. Please complete form HA-123B.INT indicating to whom all documentation and payments should be made. All listed individuals must sign this document.**
5. **If title is held by a corporation, please attach a complete list of names and addresses of all officers. Please attach a completed W-9 form (included) and proof of Tax Identification Number. Please attach a copy of the Articles of Incorporation. Please complete form HA-123B.INT indicating to whom all documentation and payments should be made.**
6. **If title is held in any form not mentioned previously, please describe the manner in which it is owned. Please attach a complete list of names and addresses of the principals of the organization. For each individual, please attach a completed W-9 form (included), a copy of each Driver's License and each Social Security Card. Please complete form HA-123B.INT indicating to whom all documentation and payments should be made. All listed individuals must sign this document.**
7. **Except as previously answered, does any other person or organization have any ownership interest in the property?                       NO                       YES**

**If yes, please attach a list of the complete names and addresses of all such persons and organizations along with each individuals completed W-9 form (included), copy of Driver's License and Social Security Card. Please describe the nature of the interest held. If this ownership interest is set forth in writing, please provide a copy of this document.**

8. **During the past 12 months, have any of the persons named in the answers to the above questions and/or persons named in any of the documents submitted been employees, members, or officials of the City of Long Beach, of any Commission or Authority of the City of Long Beach.**  
 NO                       YES

**If YES, please state the name(s) and job title(s) of the person(s):** \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

**Executed this** \_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

\_\_\_\_\_  
**Name of Property Owner or Designee**

\_\_\_\_\_  
**Signature**





HOUSING AUTHORITY  
of the City of Long Beach

521 E. Fourth Street  
Long Beach, CA 90802  
Tel 562 570-6985  
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www.haclb.org

**OWNER PAYMENT ASSIGNMENT**

For the property located at: \_\_\_\_\_

All payments and IRS 1099 form's will be issued in the name of the owner as indicated below:

\_\_\_\_\_  
Owner(as listed on title) Tax Payer Identification Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone Cell Email Address

All persons with ownership interest in the property need to sign below. Attach additional sheets as needed.

\_\_\_\_\_  
Please Print Name Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please Print Name Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please Print Name Title

The Housing Authority mails contracts, amendments and other correspondence to both the owner and tenant, which will include your address. You may choose to use an alternate business address. If this is something you wish to do, please check the box below and indicate the address you wish to use.  
**Please note: if you are using a Property Management Company, an executed property management agreement must be attached.**

[ ] Use the address/information below as my mailing address:

\_\_\_\_\_  
Property Management Company or Owner Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone Cell Email Address





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### DIRECT DEPOSIT AUTHORIZATION

**Instructions for completing this form:**

1. Please complete the Tax Identification Number (TIN) with the Owner's Social Security Number or Employer Identification Number
2. Please check the appropriate box for type of Authorization
3. Complete the "Type" box by inserting a "C" for Checking Account deposits or an "S" for Savings Account deposits PHOTOCOPY). **IF YOU SELECT A CHECKING ACCOUNT YOU MUST ATTACH A CURRENT VOIDED CHECK (OR this form cannot be processed and will be returned to you.**
4. Enter the Transit/ABA Number and Account Number in the spaces provided. These numbers can be found on the bottom of your pre-encoded check or obtained from your bank or financial institution. You are responsible for accurately identifying your account number for deposits made to savings accounts. Please check with your bank if you have questions regarding your Transit/ABA Number or Account Number.
5. Print the Bank Name or Financial Institution Name, Branch, Address and City/State/Zip.
6. Sign and date the form.

SS NUMBER/TAX IDENTIFICATION (TIN): \_\_\_\_\_

TYPE \_\_\_\_ (Checking /Savings)      NEW \_\_\_\_      CHANGE \_\_\_\_      CANCEL \_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_      ACCT NUMBER \_\_\_\_\_

LEGAL NAME (OWNER) \_\_\_\_\_

BANK NAME \_\_\_\_\_      BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

*I hereby authorize the Housing Authority of the City of Long Beach (1) to initiate credit entries of my net housing assistance payments, by electronic fund transfer, to my account number listed above at the depository ("Bank") named above, and (2) to initiate, if necessary, debit entries or adjustments for any credit entries in error. This procedure for direct deposit of my housing assistance payments is in lieu of the check I would otherwise receive.*

*I will not hold the Housing Authority of the City of Long Beach, or its officers, agents or employees (collectively "Authority") responsible for any delay, loss or misapplication of funds (1) due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account, or (2) due to any act or omissions by any outside entity (automated clearing house or financial institution). I understand that an unforeseen delay in computer downtime, power outages, or other unavoidable occurrences might affect the date of deposit of funds to my account, and hereby waive any liability due to such delay.*

*This authority is to remain in full force and effect until the Housing Authority of the City of Long Beach has received written notification from me of its termination.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



## OWNER AND TENANT ACKNOWLEDGEMENT

**IMPORTANT**

**DO NOT USE WHITE OUT TO CORRECT ERRORS. CROSS OUT THE ERROR, AND WRITE THE CORRECT INFORMATION. BOTH PARTIES MUST INITIAL CHANGE.**

IT IS STRONGLY RECOMMENDED THAT THE OWNER AND TENANT COMPLETE AND REVIEW THIS DOCUMENT TOGETHER.

VOUCHER EXPIRATION DATE: \_\_\_\_\_ VOUCHER BEDROOM SIZE: \_\_\_\_\_

MOVE SPECIALIST \_\_\_\_\_ PHONE (562) 570- \_\_\_\_\_

TENANT NAME: \_\_\_\_\_

PROPOSED UNIT ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: LONG BEACH, STATE: CA, ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

1. The Housing Authority (HA) is not responsible for any portion of the rent prior to execution of the Housing Assistance Payment Contract. ( ) owner initial ( ) tenant initial
2. Owner/Agent may not charge for services, facilities or amenities that have not been included in the lease and approved by the HA. ( ) owner initial ( ) tenant initial
3. The Owner/Agent may require the tenant to pay full rent until the Housing Authority makes the first assistance payment. This could take up to 60 days. ( ) owner initial ( ) tenant initial

The Owner/Agent and Tenant have discussed this requirement and the Tenant's ability to pay and have agreed the tenant will pay rent of \$ \_\_\_\_\_ until the Housing Authority makes the first assistance payment and a security deposit as indicated on the Request for Tenancy Approval form. ( ) owner initial ( ) tenant initial

If the Tenant pays more than the Housing Authority determined Tenant Rent at move-in, the Owner/Agent must reimburse the tenant the amount of the Housing Authority payment within ten days of receipt of the first check. ( ) owner initial ( ) tenant initial

4. The start date for the contract must be after:
  - The unit has passed inspection
  - The rent has been approved
  - The lease has been approved by the Housing Authority
  - Previous Section 8 contract has been terminated
  - AND
  - The Housing Authority has approved the Tenant to take possession of the unit.

To avoid problems, the Tenant and new Owner should be sure that the Move/Intake Specialist has approved the move-in. **If the tenant moves into a new unit prior to approval, tenant is responsible for the full rent.** ( ) owner initial ( ) tenant initial



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- 5. Late Payment Fee: The Owner/Agent agrees not to collect more than the amount charged unassisted tenants as a late payment fee, not to exceed 6% of tenant portion.  
( ) owner initial ( ) tenant initial
- 6. To avoid any misconceptions about the procedure of establishing rents for a new rental unit, please understand that the Housing Authority must undertake two separate processes in order to arrive at the rent amount. These processes take place after the landlord and tenant have submitted the Request for Tenancy Approval.
  - AFFORDABILITY: The Housing Authority must determine that the client can afford the rent. The affordable rent amount may be less than what the Owner wants for the unit. If that's the case, staff may call the Owner to ask if the lower amount is acceptable.
  - RENT REASONABLENESS: The Housing Authority then inspects the unit to determine that it meets Housing Quality Standards, and to determine what amenities the unit has. The Housing Authority must then determine if the rent for the unit is reasonable in relation to the rents for similar properties in the neighborhood. We can only allow rents that are reasonable for the neighborhood.
  - FINAL APPROVED RENT will not be determined until **AFTER** unit is inspected.  
( ) owner initial ( ) tenant initial

The first Housing Assistance Payment will be retroactive to the start date of the contract.

**TENANT INFORMATION: List the approved household members. These are the only people allowed to reside in the unit.**

NUMBER OF FAMILY MEMBERS: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

NAMES _____	_____
_____	_____
_____	_____
_____	_____

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Owner Email Address

# SUBJECT PROPERTY PROFILE



**HOUSING AUTHORITY**  
of the City of Long Beach

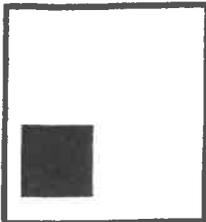
**ADDRESS:** \_\_\_\_\_

**Bedrooms:** \_\_\_\_\_ **Bathrooms:** \_\_\_\_\_ **Proposed rent:** \$ \_\_\_\_\_

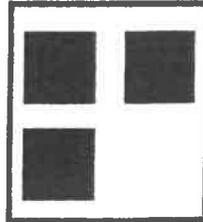
**1. PROPERTY TYPE: (Check applicable property type only and answer questions below)**

Does subject property share a common wall with a different unit?  Yes  No

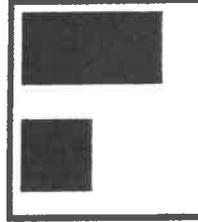
Single Family Residence (\*SFR -Free Standing Home)



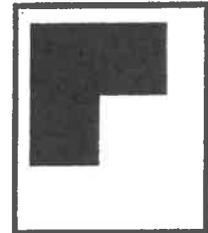
More than one \*SFR in a lot



Combination of \*SFR and multifamily (attached units)



Multi-family Only (Attached units only)



**2. ADDITIONAL UTILITY INFORMATION: (Check applicable utility information only)**

Who provides the following appliances?	OWNER	TENANT
Stove		
Refrigerator		
Please answer the following questions.		
	YES	NO
Do you have separate <u>gas meters</u> for each unit in your building?		
Do you have separate <u>electric meters</u> for each unit in your building?		
Do you have a separate <u>gas meter</u> for common areas?		
Do you have a separate <u>electric meter</u> for common areas?		
Does each unit have it's own water heater? (Gas or Electric)		

**3. AMENITIES AND ACCESSIBILITY: (Check applicable amenities only)**

<p><b><u>Kitchen</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dishwasher</li> <li><input type="checkbox"/> Garbage Disposal</li> <li><input type="checkbox"/> Microwave</li> </ul>	<p><b><u>Laundry Type</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> W/D Hook-ups</li> <li><input type="checkbox"/> Washer</li> <li><input type="checkbox"/> Dryer</li> <li><input type="checkbox"/> Onsite Laundry</li> <li><input type="checkbox"/> Washer / Dryer</li> </ul>	<p><b><u>Parking Type</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 Carport <input type="checkbox"/> Un-assigned</li> <li><input type="checkbox"/> 2 Carport <input type="checkbox"/> Assigned</li> <li><input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway</li> <li><input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street</li> <li><input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None</li> </ul>
<p><b><u>Indoor</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ceiling Fans</li> <li><input type="checkbox"/> Furnished</li> <li><input type="checkbox"/> Fireplace</li> <li><input type="checkbox"/> Cable Included</li> <li><input type="checkbox"/> Security System</li> </ul>	<p><b><u>Outdoor</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Swimming Pool</li> <li><input type="checkbox"/> Gated Community</li> <li><input type="checkbox"/> Lawn Care Included</li> <li><input type="checkbox"/> Fenced Yard</li> </ul>	<p><b><u>Exterior</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Balcony <input type="checkbox"/> Wheelchair Accessible</li> <li><input type="checkbox"/> Deck <input type="checkbox"/> On-site Management</li> <li><input type="checkbox"/> Patio <input type="checkbox"/> How many rental unit(s) in the parcel lot? _____</li> <li><input type="checkbox"/> Porch <input type="checkbox"/> How many garage(s) or parking spaces on lot? _____</li> </ul>

*\*The Long Beach Housing Authority checks City Building Permits and Los Angeles County Records to ensure that rental units are not altered to maximize profits. If you have done or know of any alterations, please submit approved building permits with this packet. Private appraisals are not accepted in lieu of building permits and/or county records.*

**Owner/ Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current E-mail Address:** \_\_\_\_\_



# 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. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA)	2. Address of Unit (street address, apartment number, city, State & zip code)
----------------------------------------	-------------------------------------------------------------------------------

3. Requested Beginning Date of Lease	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. Type of House/Apartment

Single Family Detached  
  Semi-Detached / Row House  
  Manufactured Home  
  Garden / Walkup  
  Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 515 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

**11. 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	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric	[REDACTED]		
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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 own 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 as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ 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 (i) or (ii) below):

(i) \_\_\_\_\_ 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).

\_\_\_\_\_

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

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ 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.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date





## ***Pre-Inspection Checklist***

The following contains guidelines on preparing your unit for inspection. Your contract with the Housing Authority requires that your unit meet these requirements. You are expected to manage your property according to Federal, State, and local guidelines.

### **EXTERIOR**

- Address and unit numbers must be visible for emergency identification.
- Roof, gutters and down spouts should be sound and free from hazards.
- Properties with four to sixteen apartments (where the owner does not reside on the premises) must have a notice stating the owner/agent's name and address posted in a conspicuous place on the premises.
- All exterior surfaces must be free of any peeling & flaking paint/stucco.
- All crawl and vent screens must be secure and intact.
- Exterior must be kept in every part clean, sanitary, and free from all accumulation of debris, abandoned or inoperable motor vehicles and vehicle parts, filth, rubbish, garbage, rodents, insects and other vermin, excessive vegetation and other offensive matter.
- All public hallways, stairs and other exit ways must be adequately lighted at all times.
- Mail boxes must be in proper working condition.

### **WATER HEATER**

- Must be secured with rated earthquake straps.
- Must have a pressure relief valve with discharge line extending to within 2 feet above floor.
- Water heater cabinet must be intact, secure and free of debris.
- All sections of exhaust vent must be properly installed and connected.

### **WINDOWS**

- All cracked and broken glass must be replaced.
- Glazing, sashes and frames must be intact and working.
- Windows must be weather stripped as needed.
- All bedrooms and living rooms must have at least one operable window for ventilation. A bathroom does not require a window if it is equipped with an approved operative mechanical ventilation system.
- All windows require a screen and approved working lock.

### **STAIRWAYS**

- Handrails are required on sections of four or more steps and must be secure.

### **ELEVATORS**

- Must have a current inspection permit.

### **FLOORS**

- All wood floors must be sanded to a smooth surface and sealed.
- Bathroom and kitchen floor surfaces shall be constructed and maintained so as to be substantially impervious to water.
- All floors must be in a finished state (no plywood).
- On new leases when tenant has not yet moved in, all floors should be thoroughly cleaned.
- All floors should have some type of baseshoe, trim or sealing for a finished look.
- All floors must be free of lumps, rips, tears, holes, and secured at seams. Carpeting should be replaced every five years or as needed.

### **ELECTRICAL**

- The kitchen requires at least two working outlets and one working permanently installed light fixture.
- Most other rooms require at least one outlet and one permanently installed light fixture or two outlets.
- All electrical hazards must be eliminated, e.g., missing or cracked outlet cover plates, exposed wiring, reverse polarity, open grounded, inoperative GFI.
- Electricity must be on at time of inspection or inspection will be rated as fail.
- The bathroom requires one permanently installed light fixture and one outlet.
- All light fixtures must be secured.

### **HEATING/COOKING**

- All heat sources must be capable of maintaining an interior temperature of at least 70 degrees at all times.
- All gas heat sources must have a fuel shut-off valve.
- All heater fire boxes must be kept clean and free of debris.
- Pilot lights on stoves must be working properly.

### **INFESTATION**

- Any infestation of rodents or vermin (roaches, ants, water bugs, etc.) in a unit or building must be eliminated

### **Doors/Egress**

Egresses must be free of obstruction.

- All fire exits must be kept in good working condition.
- In bedrooms where the window is used for emergency exit, at least one window must be operable and sized for fire exit. If window security bars or security screens are present on emergency exit window, they must be equipped with a quick release system that does not require prior knowledge to open. The owner is responsible for instructing the family on the use of the quick release system.
- All exterior doors must be weather tight to avoid any air or water infiltration, have no holes, have all trim intact, and have a threshold.
- All exterior doors must be capable of being locked. Double cylinder deadbolt locks must be replaced with single cylinder deadbolt locks. Locks must be of adequate strength to provide security for the unit. Chain locks are not adequate.
- Knobs and striker plates must be present and in good working condition.
- All door frames must be intact.
- All interior doors must have no holes, have all trim intact, and be capable of being opened easily by tenant without use of a key.

#### **WALLS & CEILINGS**

- All ceilings and walls should be repaired to a like-new condition, including patching any holes or cracks, sanding all surfaces to a smooth finish and painting wall surfaces (excluding natural wood, paneling, wallpaper, etc.) on all new leases where tenant is not lease-in-place.
- All units must be painted every five years or more frequently if deemed necessary by the inspector.
- All walls in a tub or shower area must be covered with ceramic tile or a substitute material that is impervious to water to prevent water damage and eventual deterioration.

#### **GAS**

- Gas must be on at time of inspection with all pilots lit or inspection must be rated as fail.

#### **KITCHEN AND BATHROOM**

- Refrigerator must be present and in good working condition.
- Stove must be present and in good working condition with all knobs present.
- All fixtures must be free of corrosion and enamel intact.
- All other appliances must be in good working condition.
- All surfaces should be free of mold and mildew.

#### **BEDROOMS**

- A bedroom must have a floor area of not less than 70 square feet.
- Access to any required exits of a room or suite of rooms designated as bedrooms must be possible

without passing through a bathroom or toilet room.

#### **CLOSETS**

- Rollers must be in good working condition.
- A clothes rod must be present (if designed for one.)

#### **SMOKE DETECTORS/FIRE EXTINGUISHER**

- Each dwelling unit must contain at least one battery-operated or hardwired smoke detector in proper working condition on each level of the unit. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons.
- A smoke detector must be installed in each sleeping area and in areas such as hallways that give access to sleeping areas.
- Tenants are responsible for providing and replacing batteries for battery powered units.
- Fire extinguisher must be present and in good working condition in all areas required by Long Beach Fire Code.
- It is recommended that a fire extinguisher be wall mounted in or near the kitchen area.

#### **CABINETS**

- Must be intact including all knobs, hinges, drawers and shelves.
- On new leases when tenant is not lease-in-place, cabinets and drawers should be thoroughly cleaned.

#### **MANAGEMENT**

- A janitor, housekeeper, or other responsible person shall reside upon the premises and shall have charge of every apartment house in which there are sixteen or more apartments.

#### **SITE & NEIGHBORHOOD**

- The property must be reasonably free of serious conditions which would endanger the health or safety of residents:
- Permits may be requested for any alterations.

#### **Criminal activity**

- Hazardous or disruptive activity
- Illegal drug usage and/or sale

#### **Nuisance or harassment of the public**

- Excessive noise

#### **Inadequate property management**

- Owner/ manager is responsible to make sure that unit is kept neat and orderly.