



Franklin Redevelopment and Housing Authority

LANDLORD CERTIFICATION

RE: _____

Tenant Name

Ownership of Assisted Unit

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever. (Please provide the Housing Authority proof of ownership or a copy of a Management Agreement if property is being managed by an agent.)

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

I understand that I determine the amount of security deposit must be in compliance with State and local law. The tenant's portion of the contract rent is determined by the Housing Authority, it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand should the assisted unit become vacant; I am responsible to notify the Housing Authority immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Section 8 Program with other Federal and State agencies.



Franklin Redevelopment and Housing Authority

Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false incomplete or inaccurate information is punishable under Federal or State law.

Tenant/Landlord Relationship Disclosure

CFR, Section 982, states "(d) The Housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of the Voucher holder." Exception: The Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.

This exception does not apply to an elderly person unless he/she is disabled.

Smoke Detector Certification

The dwelling unit is protected by at least one battery-operated or hard-wired smoke detector, in proper working condition, on each level of the unit. Each bedroom occupied by a person known to me to be hearing-impaired has a visual alarm system connected to the smoke detector installed in the hallway; and a properly functioning smoke detector is located in the hallway near all bedrooms.

Date _____ 20 _____

Signature of Landlord/Agent

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



Franklin Redevelopment and Housing Authority

Owner/Agent/Payee Information for Section 8 participating property

Name of Property Owner:

Co-Owner:

Physical Address:

City: _____ Zip Code _____

Mailing Address:

Owner's Social Security Number or Federal Tax ID:

Owners: Phone Number Home: _____ Business Number: _____

Email Address: _____

Fax Number: _____

Agent:

Authorized Agent:

Agent Address:

City: _____ Zip Code: _____

Phone Number Home: _____ Business Number: _____

1343 Armory Drive

(757) 562-0384

(Fax) 571-0086 E-Fax (757) 257-1325

www.franklinva.org



Franklin Redevelopment and Housing Authority

Payee:

Please issue the Housing Assistance Payment Check into:

Bank or Credit Union _____

Routing Number: _____

Account Number: _____

Property Owner Signature:

_____ Date _____

Franklin Redevelopment and Housing Authority Agent:

_____ Date _____



Franklin Redevelopment and Housing Authority
1343 Armory Drive, Franklin, VA 23851
(757) 562-0384 FAX (757) 571-0086

DIRECT DEPOSIT FORM

Landlord Name

SS # / Tax ID Number

I (WE), _____ hereby authorize the, Franklin Redevelopment and Housing Authority herein after called **COMPANY**, to initiate credit entries to the following Checking Savings account indicated below at the depository named below, herein called **DEPOSITORY**, to credit the same such account.

Depository Name

Branch

City

State

Bank Transit/ABA Number

Account Number

This authorization is to remain in full force until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

Name(s), Please Print

Signature

Date

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
 See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number										
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Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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1343 Armory Drive, Franklin, VA 23851
(757) 562-0384 FAX (757) 571-0086

HQS Move-in Inspection Checklist for Landlords

Each unit in the Housing Choice Voucher Program (HCVP) must pass a Housing Quality Standards (HQS) inspection each year. The checklist below is a tool for owners/landlords to prepare their unit for an HQS inspection. This checklist highlights some of the COMMON violations found during unit inspections. The items on this checklist must be working or completed prior to the HQS inspection. Please check all conditions that apply:

General

- The unit must be empty/vacant from previous tenant, and free and clear of all furnishings and debris.
- There must be working smoke detectors properly mounted on each level of the unit including the basement and walk-up attics *P. Baker*
- All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
- The entire unit shall be in a clean and sanitary condition.
- The entire unit must be freshly painted.
- Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- No chipping or peeling paint, cracks, holes or loose plaster inside or outside the unit.
- Interior and exterior wood surfaces shall be properly painted and kept intact at all times.
- There must be a permanently installed working heating system.
- The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight inches from the floor or directed outside the unit (no PVC). CPVC is acceptable.
- There must not be any plumbing leaks.
- All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
- The floor covering cannot be torn or have holes that can cause someone to trip. Carpets if installed shall be clean and free of stains.
- All electrical outlets/switches must have cover plates and be in good working condition.
- All ground fault circuit interrupters (GFCIs) must work properly.
- All ground floor windows and exterior doors shall open and close as designed and must have working locks.
- Doubled keyed dead bolts are not permitted.
- All security bars and windows must have a quick release mechanism.
- All sliding glass doors must have a lock or security bar on the door that works.
- Each living space must have two means of fire egress (i.e. door & window)
- Windows and doors shall be weather tight with glass free of cracks to prevent wind, air or rain penetration.
- No room which contains a furnace, open flame heating unit without proper ventilation or gas meter is designated as a bedroom.
- Bedrooms shall have at least seventy (70) square feet of floor space and a separate entrance without going through another bedroom.



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HQS Move-in Inspection Checklist for Landlords

Kitchen/Bath

- Stove must be clean and in working order and secured.
- Refrigerator must be clean and be in working order with a good door seal.
- Hot and cold running water in the kitchen and bathroom(s).
- There must be a shower or bathtub that works.
- There must be a flush toilet that works, is securely mounted and does not leak.
- The bathroom must have either an outside window or an exhaust fan vented to the outside.
- There must not be any plugged drains (check for slow drains).

Exterior

- House or apartment shall be properly numbered or lettered with the proper illumination (lighting)
- There must be stepping stones or walkway to the unit
- The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- All common hallways, walkways, and parking areas shall be free of cracks and tripping hazards and properly illuminated.
- Weeds and grass shall be less than four (4) inches in height
- All units shall have adequate garbage containers with covers
- If there are stairs and railings, they must be secure.
- Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
- Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.

If you have any questions or concerns, please call 757-562-0384 and ask for the Inspections Department.

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