

North Providence Housing Authority

945 Charles Street
North Providence, Rhode Island 02904



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June DiLorenzo, Commissioner
John Fleming, Commissioner

Telephone (401)728-0930 Fax (401) 728-2126
E-mail: marsenault@nphousing.org
Relay RI - 711
Marilee Arsenault
Executive Director

CHANGE OF OWNERSHIP

It is agreeable that the Housing Assistance Payment (HAP) made by this agency on behalf of _____
Tenant Name
and tenants' portion shall now be paid to _____
New Owner Name/Company

with the understanding that all provisions of the lease and contract remain intact. The effective date shall be the month following the month in which this completed form is received. All prior payments will be the responsibility of the owners to transfer.

NEW OWNER INFORMATION

Print name _____
Signature: _____ Date: _____
Address: _____
City, State, Zip Code: _____
Telephone number: _____ Email: _____
Transfer date: _____
PHA Signature/Title: _____ Date: _____

Please include documentation of purchase

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NOTICE TO LANDLORD – PLEASE READ

Your prospective tenant has qualified for and is entitled to housing assistance under the section 8 Housing Choice Voucher Program here in the Town of North Providence. For your information, the PHA has not screened this tenant's behavior or suitability for tenancy. Such screening is your responsibility as the owner. Please fill out the attached Request for Tenancy Approval. The PHA also requests that you attach the following documents to this form.

1. **Certificate of Liability Insurance.** You may contact your insurance agency and have him/her fax a copy to our office. Our fax number 1-401 728-2126
2. **Lead Disclosure Form:** This form is attached to the Request for Tenancy Approval and must be signed by you and your prospective tenant.
3. **Form W-9:** Request for Taxpayer Identification number and Certification. Please fill out completely/ (this only applies to landlords who have not leased a unit before)

IMPORTANT:

IF THE ABOVE DOCUMENTS ARE NOT RETURNED TO OUR OFFICE BY THE 10TH OF THE MONTH, WE WILL NOT BE ABLE TO SUBSIDIZE THIS TENANT FOR THE REQUESTED BEGINNING DATE OF THE LEASE. (Example: In order to lease-up for the 1st of the following month, all above forms should be submitted no later than the 10th of the present month.)

If you have any questions about the Program, please contact the Section 8 Coordinator at the above number.

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	

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			
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

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller'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) _____ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) _____ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

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

Purchaser's Acknowledgment (initial)

(c) _____ Purchaser has received copies of all information listed above.

(d) _____ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) _____ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) _____ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(f) _____ Agent has informed the seller of the seller'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.

_____ Seller	_____ Date	_____ Seller	_____ Date
_____ Purchaser	_____ Date	_____ Purchaser	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date



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IMPORTANT INFORMATION TO OWNER/AGENTS AND TENANTS

The “Request for Tenancy Approval” forms signed by both landlord and tenant must be received by the North Providence Housing Authority **BEFORE** the 15th of the month for a lease to be effective on the 1st of the following month. Should a tenant find a unit in another city/town, the “Request for Tenancy Approval” forms must be presented to the North Providence Housing Authority **BEFORE** the 11th day of the month to properly forward all paperwork to the new housing authority.

The North Providence Housing Authority **MUST** have a copy of the unit’s **CURRENT** lead Conformance Certificate **BEFORE** an inspection of the unit can be scheduled.

Tenant **MAY NOT** move into the unit until the unit passes inspection by the housing Inspector.

The North Providence Housing Authority can **ONLY** approve a rent which is reasonable, taking into consideration the area, condition of the unit, utilities and amenities included and current Family Market Rent (FMR).

The North Providence Housing Authority **CANNOT** authorize a lease in which the family will pay more than 40% of their income towards rent and utilities.

The North Providence Housing Authority **MAY NOT** approve a unit if the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the family except as a reasonable accommodation for a person with a disability.

It is the responsibility of the **LANDLORD** to determine suitability of prospective tenants. Landlords are encouraged to screen potential tenants.

ONCE the unit passes inspection, the North Providence Housing Authority will do all the necessary paperwork including the Lease and Housing Assistance Payment contract (HAP). The tenant and landlord **MUST** come in to the office to sign all forms and contracts before the effective date of the lease.

Tenant **MUST** pay his portion of rent **ON TIME**. The Housing Authority will send their portion of rent for the 1st of the month to the address of the owner, or person or organization designated by the owner.



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SECTION 8 LANDLORD CERTIFICATION

Name of Tenant: _____

Street Address: _____

City/Town/State: _____

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.

I understand that the family members listed on the dwelling Lease Agreement as approved by the North Providence Housing Authority are the only individuals permitted to live in the unit while I am receiving housing assistance payments (HAP).

I understand my obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards. (HQS)

I understand that I MAY NOT collect a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.

I understand that should the assisted unit become vacant; I will be responsible for notifying the North Providence Housing Authority immediately in writing.

I understand that failure to comply with the terms and responsibilities of the North Providence Housing Authority Assistance Payment Contract (HAP) is grounds for termination of participation in the Section 8 Housing Choice Voucher program.

I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature of Landlord/Agent

Date

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



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RESTRICTION ON LEASING TO RELATIVES

The Department of Housing and urban Development (HUD) prohibits Housing authorities from approving a unit for lease if the owner of the unit is the parent, child, grandparent, grandchild, sister or brother of the Housing Choice Voucher (HCV) participant that is seeking to rent the unit. Under the Final Rule, "owner" includes a principal or other interested party.

The North Providence Housing Authority can approve the unit for lease if it is determined that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.

PLEASE COMPLETE THE FOLLOWING:

Unit Address

I hereby certify that as the owner of the assisted unit, I am not a parent, child, grandparent, grandchild, sister or brother of any member of the family. I understand that the term "owner" also includes a principal or other interested party such as a husband or wife of a child.

Owner's Printed Name

Date _____

Owner's Signature

I hereby certify that I am not a parent, child, grandparent, grandchild, sister or brother of any member of the family. I understand that the term "owner" also includes a principal or other interested party such as a husband or wife of a child.

Tenant's Printed Name

Date _____

Tenant's Signature

WARNING: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making **FALSE OR FRAUDULENT** statement to any department or agency of the United States. State law may also provide penalties for false or fraudulent statements.



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SECURITY DEPOSITS

The owner may collect a security deposit from the tenant. However, the North Providence Housing may prohibit the owner from collecting a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.

Families are responsible for paying the security deposit.

When a tenant moves out, the owner, subject to State or Local Law, may use the security deposit as a reimbursement for any:

- Damages to the unit, or
- Other amounts the tenant owes under the terms of the lease

The owner must give the tenant and the North Providence Housing Authority a written list of all items and amounts charged against the security deposit.

After deducting the reimbursement to the owner, the owner must promptly refund the unused balance of the security deposit to the tenant.

If the security deposit is not sufficient to cover amounts the family owes under the lease, the owner may seek to collect the balance from the tenant.

Owner Printed Name

Date

Owner Signature

Date

Tenant Printed Name

Date

Tenant Signature

Date



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LANDLORD DIRECT DEPOSIT AUTHORIZATION

Landlord Name: _____

Address: _____

Email: _____

Social Security or Employer Identification #: _____

Phone: _____

Bank Name: _____

Address: _____

Which account do you wish your rental payment deposited to? (Please select one):

Checking Account #: _____

Savings Account #: _____

Bank Routing #: _____

I authorize the North providence Housing Authority to start or stop direct deposit of rental assistance payments, to initiate credit entries to my account, or debit entries if any overpayment were to occur.

Print Landlord/Representative Name:

Signature Landlord/Representative:

Date: