



2024 AMHA Landlord Meeting Calendar

In-person: AMHA offices at 100 W. Cedar Street, Akron OH 44307

Online: Contact Clyde Elkins at celkins@akronhousing.org for link

All meetings to start at 10:00 a.m. EST

Tuesday, January 30

Tuesday, February 27

Tuesday, March 26

Tuesday, April 30

Tuesday, May 28

Tuesday, June 25

Tuesday, July 30

Tuesday, August 27

Tuesday, September 24

Tuesday, October 22

Tuesday, November 19

Tuesday, December 17

Inspections Overview

Landlord Portal

HCVP Program Overview

MTW Vacancy Loss Payments

Areas of Opportunity



*Putting Your
Home within Reach*

SummitHousingSearch.org



Find
a Place
to Live

- Search up-to-date listings of rental housing
- Find housing according to your specific needs
- Interactive map tools and photos
- Assistance available by toll-free phone and fax, mail and email



List
Rental
Housing

- Detailed listings let you advertise amenities and neighborhood features
- Add up to 10 photos
- Toll-free, bilingual call center helps you manage listings and helps tenants find your listings

For more information, go to
SummitHousingSearch.org
or call 1-877-428-8844



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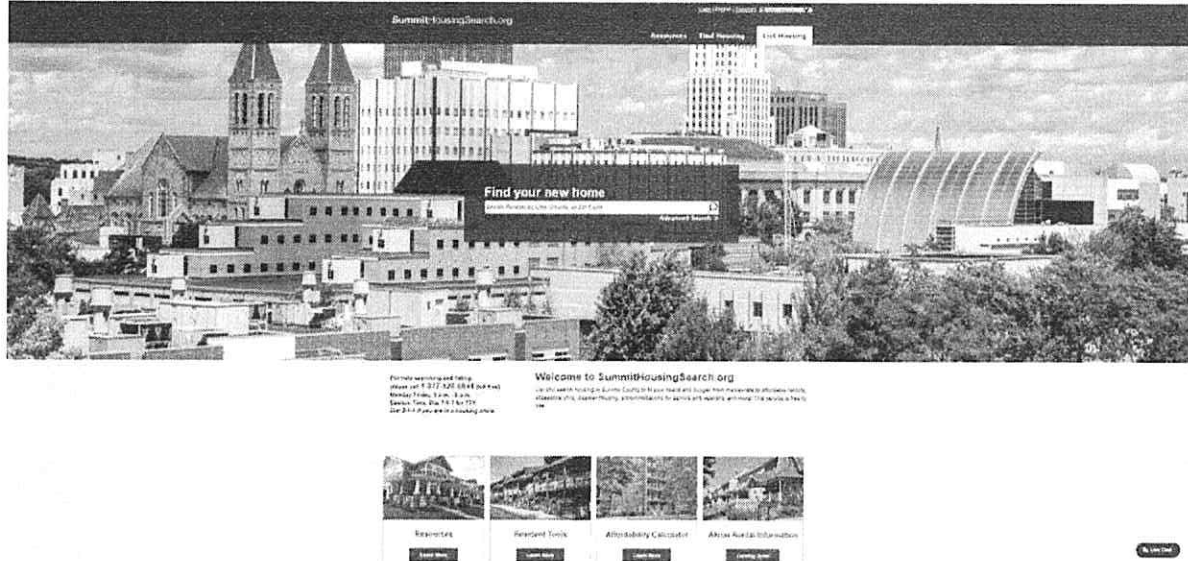


SUMMIT HOUSING SEARCH REFRESH

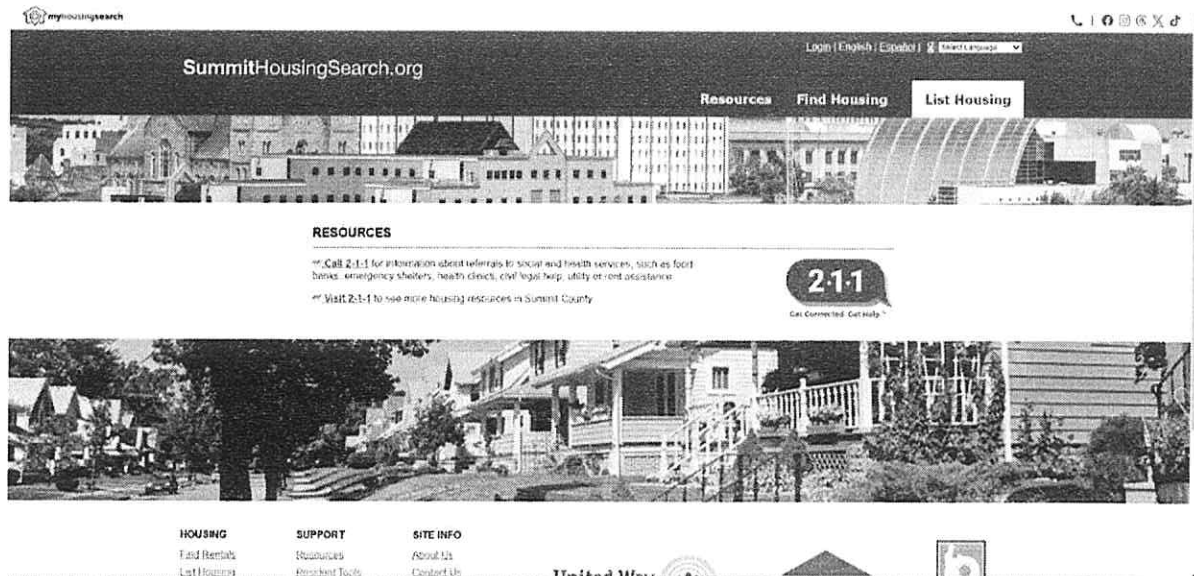
On February 12, 2024 the website www.SummitHousingSearch.org was updated in both format and content. The busy orange/yellow/blue (and dated) formatting has been revised to a more navigator-friendly layout and there is now more information available to landlords and renters.

Note that the Akron Rental Information link will be live in the next few weeks and *you are all going to want to see that when it's active.*

HOME PAGE:



RESOURCES PAGE:



RESIDENT TOOLS PAGE:

The screenshot shows the SummitHousingSearch.org website. At the top, there is a navigation bar with the site name and a language dropdown menu (English, Español). Below the navigation bar are three main menu items: Resources, Find Housing, and List Housing. The main content area is titled "RESIDENT TOOLS" and contains a list of three links: "Rental Checklist", "What can you afford to rent? (Calculate)", and "An example of moving costs". Below the list is a large image of a residential neighborhood with houses and trees. At the bottom of the page, there are three small links: HOUSING, SUPPORT, and SITE INFO.

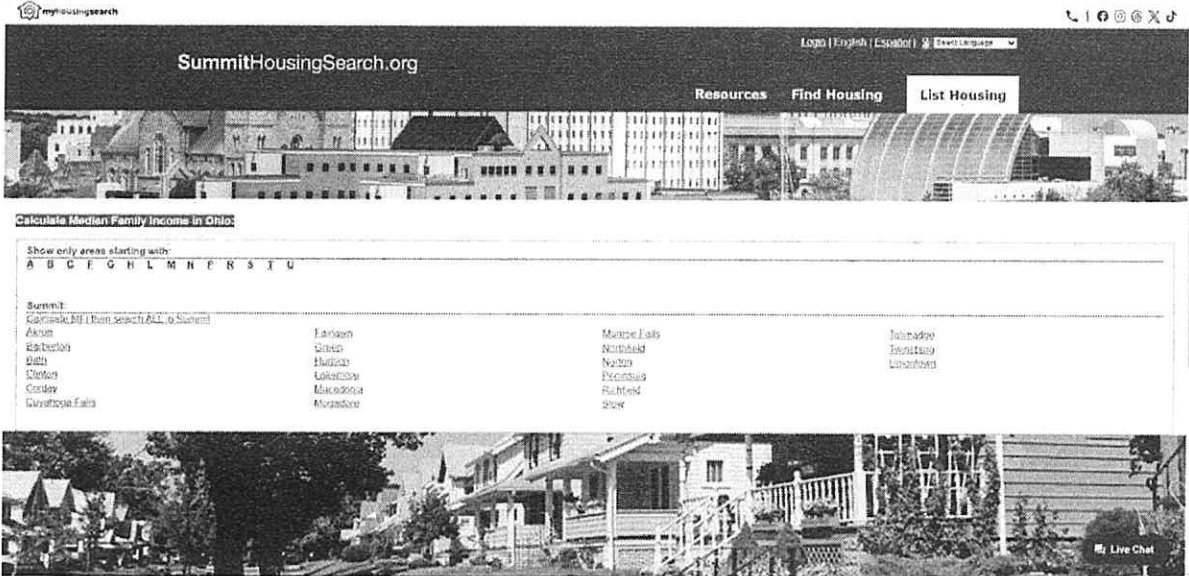
AFFORDABILITY CALCULATOR PAGE:

The screenshot shows the SummitHousingSearch.org website's Affordability Calculator page. The navigation bar is identical to the previous page. The main content area is titled "Calculate Median Family Income in Ohio". Below the title, there is a search filter "Show only areas starting with" followed by a list of letters: A B C D E F G H I J K L M N P Q R S T U. Below the list, there is a table of results for the letter "S".

Summit	Easton	Marion Falls	Township
Episcopal Hill (Set search ALL in District)	Green	Norfield	Township
Africa	Madison	North	Township
Bethesda	Lancaster	Rehobeth	Township
Buffy	Mason	Shirley	
Clinton	Mason	Shirley	
Dobson	Mason	Shirley	
Sacramento Falls	Mason	Shirley	

At the bottom of the page, there is a large image of a residential neighborhood with houses and trees, and a "Live Chat" button in the bottom right corner.

FIND A NEW HOME PAGE:



Please note that while AMHA is affiliated with the site, we do not own or manage www.SummitHousingSearch.org.

However, a link to the site is available from the AMHA homepage by going to: www.akronhousing.org > FOR LANDLORDs > List Your Property For Rent

Presenters at the June 4th Housing Subsidies workshop:
Summit County Continuum of Care, United Way of Summit/Medina, AMHA

FREE LANDLORD WORKSHOPS

FOR ALL HOUSING PROVIDERS

DATES & TOPICS

March 5 • Rental Process Best Practices

April 2 • Fair Housing 101

May 7 • Housing Conditions Requirements

June 4 • Housing Subsidies
How they can support your business

July 2 • Ohio Tenant-Landlord Law 101

Aug 6 • Rent Escrow process

Sept 3 • Disability Rights in Housing
Pets vs service animals

Oct 1 • Emerging Housing Issues

THE WELL CDC

647 E Market St Akron

5:00-6:30PM



fairhousingakron.org

330.376.6191

ATTENTION LANDLORDS & RENTERS



DO YOU HAVE TENANTS STRUGGLING TO PAY RENT?

Introducing Akron Municipal Court's New Housing Specialist

For help finding resources to prevent an eviction,
please call our newly hired housing specialist.

Vyrone Finney - Housing Specialist

Office

Cell

(330) 375-2985 OR **(330) 212-5707**

vfinney@akronohio.gov

Section 1752 Civil Code

#9672

Akron Municipal Court

172 South Broadway Street Akron, OH 44308

www.akronmunicipalcourt.org

**WE HELP LANDLORDS AND TENANTS
RESOLVE EVICTION DISPUTES.**



Akron Municipal Court Judges:

Administrative/Presiding Judge David Hamilton

Judge Annalisa S. Williams • Judge Jerry Larson

Judge Jon Oldham • Judge Ron Cable • Judge Nicole Walker

PAYMENT STANDARDS FOR THE VOUCHER PROGRAM
(24 CFR 982.503)

The payment standard is used to calculate the housing assistance payment for a family. The PHA establishes a payment standard amount for each "unit size".

As of January 1, 2024 they are as follows:

BEDROOM SIZE	PAYMENT STANDARD	PAYMENT STANDARD IN ZIP CODES: 44056, 44067, 44087, 44141, 44221, 44223, 44224, 44236, 44250, 44264, 44286, 44301, 44303, 44319, 44321, 44333, 44685
0	728	800
1	857	897
2	1,091	1,142
3	1,366	1,431
4	1,431	1,527
5	1,645	1,756
6	1,860	1,986
7	2,014	2,215

- 44056: Macedonia
- 44067: Northfield, Sagamore Hills
- 44087: Twinsburg, Reminderville
- 44141: Brecksville
- 44221: Cuyahoga Falls, Stow
- 44223: Cuyahoga Falls, Akron
- 44224: Stow, Hudson, Silver Lake, Cuyahoga Falls
- 44236: Hudson, Boston Heights
- 44250: Lakemore
- 44264: Peninsula
- 44286: Richfield
- 44301: Akron
- 44303: Akron

- 44319: Coventry, New Franklin
- 44321: Akron, Copley, Norton, Montrose-Ghent, Pigeon Creek
- 44333: Fairlawn, Bath Township, Montrose-Ghent, Cuyahoga Falls
- 44685: Green, Uniontown

SECTION 8

ONE STORY TENANT-FURNISHED UTILITIES AND OTHER SERVICES

Effective January 2024

UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCES							
	Eff.	1-BR	2-BR	3-BR	4-BR	5-BR	6-BR	7-BR
Heating								
a. Natural Gas	62.00	67.00	74.00	79.00	86.00	94.00	101.00	109.00
b. Bottle Gas	125.00	149.00	199.00	231.00	280.00	330.00	380.00	429.00
c. Oil	138.00	177.00	238.00	277.00	338.00	396.00	454.00	512.00
d. Electric	66.00	80.00	105.00	131.00	157.00	183.00	209.00	236.00
Air Conditioning								
Cooking								
a. Natural Gas	2.00	2.00	3.00	3.00	4.00	4.00	4.00	5.00
b. Electric	8.00	12.00	15.00	17.00	18.00	20.00	22.00	23.00
c. Bottle Gas	13.00	15.00	18.00	21.00	23.00	26.00	28.00	31.00
Other Electric Lighting, Refrigeration, etc.								
	27.00	36.00	45.00	49.00	53.00	57.00	62.00	66.00
Water Heating								
a. Natural Gas	4.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
b. Electric	23.00	31.00	38.00	43.00	48.00	54.00	60.00	65.00
c. Bottle Gas	23.00	28.00	33.00	39.00	46.00	51.00	57.00	62.00
d. Oil	27.00	31.00	40.00	53.00	62.00	71.00	80.00	89.00
Water/Sewer								
	48.00	63.00	108.00	153.00	213.00	273.00	303.00	363.00
Trash Collection								
	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
Range gas								
	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
electric								
	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Refrigerator								
	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00

ACTUAL FAMILY ALLOWANCES (To be used by family to compute allowances. Complete below for Actual Unit Rented)

	UTILITY OR SERVICE	PER MONTH
Name of Family	Heating	\$
Address of Unit	Air Conditioning	\$
	Cooking	\$
	Other Electric	\$
	Water Heating	\$
	Water/Sewer	\$
	Trash Collection	\$
	Range	\$
	Refrigerator	\$
	Other (Specify)	\$
	Number of Bedrooms	TOTAL

SECTION 8

TWO (or more) STORY TENANT-FURNISHED UTILITIES AND OTHER SERVICES

Effective January 2024

UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCES							
	Eff.	1-BR	2-BR	3-BR	4-BR	5-BR	6-BR	7-BR
Heating								
a. Natural Gas	59.00	64.00	70.00	74.00	81.00	87.00	94.00	100.00
b. Bottle Gas	107.00	128.00	171.00	200.00	244.00	287.00	330.00	373.00
c. Oil	119.00	155.00	205.00	241.00	291.00	343.00	396.00	448.00
d. Electric	58.00	70.00	91.00	113.00	136.00	159.00	182.00	204.00
Air Conditioning								
Cooking								
a. Natural Gas	2.00	2.00	3.00	3.00	4.00	4.00	4.00	5.00
b. Electric	8.00	12.00	15.00	17.00	18.00	20.00	22.00	23.00
c. Bottle Gas	13.00	15.00	18.00	21.00	23.00	26.00	28.00	31.00
Other Electric Lighting, Refrigeration, etc.								
	27.00	36.00	45.00	49.00	53.00	57.00	62.00	66.00
Water Heating								
a. Natural Gas	4.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
b. Electric	23.00	31.00	38.00	43.00	48.00	54.00	60.00	65.00
c. Bottle Gas	23.00	28.00	33.00	39.00	46.00	51.00	57.00	62.00
d. Oil	27.00	31.00	40.00	53.00	62.00	71.00	80.00	89.00
Water/Sewer								
	48.00	63.00	108.00	153.00	213.00	273.00	303.00	363.00
Trash Collection								
	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
Range								
gas	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
electric	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Refrigerator								
	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00

ACTUAL FAMILY ALLOWANCES (To be used by family to compute allowances. Complete below for Actual Unit Rented)

UTILITY OR SERVICE PER MONTH

Name of Family	Heating	\$
Address of Unit	Air Conditioning	\$
	Cooking	\$
	Other Electric	\$
	Water Heating	\$
	Water/Sewer	\$
	Trash Collection	\$
	Range	\$
	Refrigerator	\$
	Other (Specify)	\$
	Number of Bedrooms	
TOTAL		\$



Akron Metropolitan Housing Authority

100 West Cedar Street, Akron, Ohio 44307 • Phone: (330) 762-9631 • Fax: (330) 374-5088

Below you will find a list of requirements to be met prior to submitting a Request for Tenancy Approval (RTA) to AMHA. Please be sure to review this checklist to avoid any delays in processing. We only accept original paperwork, no faxes or copies. AMHA will be unable to estimate a rent and/or schedule an inspection if all of the following is not completed correctly.

Once the RTA is received, an initial inspection must pass within 45 days or the client must choose another unit.

1. RTA:

- _____ Box #2 - Complete full address of unit including the city and zip code.
- _____ Box #3 thru #8- Complete requested information
- _____ Box #9 - Complete type of structure of unit
- _____ Box #11 - Complete fuel type and utility responsibility.
WATER DEPOSITS ARE NOT PERMITTED.
- _____ Box #12 thru 15 -Complete requested information
- _____ Print Business Name, Tax I.D. number AND/OR SOCIAL SECURITY number OF THE OWNER OF THE PROPERTY. If you use your personal Social Security number you must use the name on the Social Security card. Signature required.
- _____ Client signatures required and dated and attach 30 day notice if applicable.

**RTA
Coversheet**

- 2. _____ W-9 to be completed by the owner of the property (all new landlords)
- 3. _____ Agent Form to be completed for each property if you have an agent
- 4. _____ Direct Deposit form to be completed by all new landlords and/or if any change
- 5. _____ Change of address form to be completed if applicable

IMPORTANT: Utilities must be on in the owners name once the RTA has been submitted. Unit must be vacant, clean and ready for inspection unless the tenant on the RTA currently occupies unit.

When you have completed these steps, please return all documents by mail or deliver to AMHA lobby at 100 W Cedar St Akron, OH 44307.

If you have any additional questions, you can contact the inspection schedulers:

330-376-9353 and 330-376-7026

(Revised 1/18)

For previously submitted RTA's only:

The RTA you submitted for the address of _____ has been cancelled.

You have been approved to receive _____ toll (additional voucher) days.

Request for Tenancy Approval

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169

exp. 7/31/2022

DO NOT ACCEPT AFTER Check Date

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

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Akron MHA			2. Address of Unit (street address, unit #, city, state, zip code) Do not miss! Full through zip code, include apt #.	
Lead Paint	Under 6 or pregnant	Bedrooms	Voucher Size	Family Size
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent Do not miss!	7. Security Deposit Amt Cannot exceed rent.
9. Structure Type			8. Date Unit Available for Inspection	
<input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____	

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	<div style="border: 1px solid black; padding: 5px;"> O for Owner or T for Tenant in each of these fields. </div>	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Electric	<div style="border: 1px solid black; padding: 10px; font-weight: bold; font-size: 1.2em;"> SAMPLE/GUIDANCE DOCUMENT </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Inspection schedulers can contact the landlord to fill in certain missing information, such as utility type or who is responsible for utility payment. However, staff cannot make edits to Field 2 (Address) or Field 6 (Proposed Rent). </div>		
Water			<input type="checkbox"/> City <input type="checkbox"/> Well
Sewer			<input type="checkbox"/> City <input type="checkbox"/> Septic
Trash Collection			
Air Conditioning			
Other (specify)			
Refrigerator	Separate meters must be provided for any tenant paid utilities.	Provided by	
Range/Microwave			

12. Owner's Certifications

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

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

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

c. Check one of the following:

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

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

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

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

Owner Tax ID/Social Security Number as stated on W-9 SSN if private owner. EIN if LLC or other such entity. NOT the Tax ID of the agent or property manager.	Tenant Social Security Number Pre-populated with prospective tenant's last four of SSN.
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Print or Type Name of Owner/Owner Representative Owner Name/Agent Name (include both if managed).	Print or Type Name of Household Head Pre-populated with full name of voucher holder.	
Owner/Owner Representative Signature Can be owner or agent signature, as appropriate.	Head of Household Signature Signature of voucher holder.	
Business Address Address of owner/entry. NOT the address of the agent.	Present Address At minimum a mailing address should be provided.	
Telephone Number Best number to reach decision maker on rent/inspection date. Suggest email as well.	Telephone Number Be sure to include current number.	Date (mm/dd/yyyy)

**HOUSING CHOICE VOUCHER RENTAL PROGRAM
LEAD PAINT DISCLOSURE FORM**

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 taken care of properly. Lead exposure is especially harmful to young children, under seven years of age, and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

Housing Choice Voucher Program Landlord Disclosure

Presence of lead-based paint or lead-based paint hazards may exist (check one below):

The Housing Choice Voucher Program Landlord has indicated lead-based paint exists in the home and has provided all available record and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below)

The Housing Choice Voucher Program Landlord has no knowledge of lead-based paint in the housing unit where you reside or record/reports of lead hazards.

Resident Acknowledgement

I will report all defective paint to my Housing Choice Voucher Program Landlord.

I acknowledge that AMHA and my Housing Choice Voucher Program Landlord have encouraged me to have all children under the age of seven tested for elevated lead blood levels.

I have received and read the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial if Applicable)

The Housing Choice Voucher Program Landlord has informed the resident of the landlord's obligations under 42 U.S.C. 4582 (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 provided by the signatory is true and accurate.

Voucher holder signature and date signed.

Can be owner or agent as appropriate.

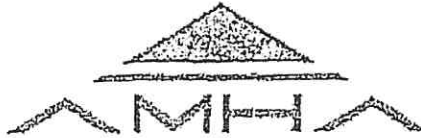
Resident Signature

Date

HCVP Landlord Signature

Date

This is a 2-sided form. Please make sure you sign both the front and back of this form.



RESTRICTIONS ON LEASING TO RELATIVES

Pursuant to HUD regulations, 24 CFR Part 982.306 and HUD Form #52641, Housing Authorities must not approve a unit if the owner (including the principal or other interested party) is the parent (including step-parent), child, grandparent, grandchild, sister or brother of any member of the family.

We hereby certify that the owner (including the principal and other interested parties) listed on the Request for Tenancy Approval is not a relative of the family, including the definitions below:

- Parent or spouse of Parent (Including Step-Parent)
- Child or spouse of Child (Including Step-Child)
- Grandparent or spouse of Grandparent
- Grandchild or spouse of Grandchild
- Sister or spouse of Sister (Including Step-Sister)
- Brother or spouse of Brother (Including Step-Brother)

Can be owner or agent as appropriate.

Owner Signature

Date

Voucher holder signature.

Client Signature

Date

I/We certify that the above information given to Akron Metropolitan Housing Authority is accurate and complete to the best of my/our knowledge and belief. We understand that giving false statements or information can be grounds for punishment under federal and state laws. We also understand that giving false statements or information can be grounds for termination of housing assistance.

This is a 2-sided form. Please make sure you sign both the front and back of this form.



If the RTA is submitted under a private owner, an individual using their SSN for the Tax ID, then this form does not need to be completed.

AGENT FORM

To be completed **ONLY** if all written and verbal correspondence needs directed to individual/address other than directed on W-9 Form.

LLC or other entity name (NOT the agent or property mgmt name).
 _____, the owner of property located at
 (OWNER NAME)

Full address of the unit to be inspected and leased.

(Address as stated on front of RFTA –Box #2)

does hereby authorize C/O Name of the property manager, local rep, or owner (if point of contact for LLC)
 for said property. _____ to act as my agent
 (AGENT NAME)

Agent address for property manager, local representative, or owner (if you are point of contact for your own LLC)

 (Agent Address, City, State, Zip to be used for all AMHA correspondence)

Best direct line for primary point of contact (recommend adding email address).

 (Agent Phone Number)

Acting as agent, I hereby authorize him/her to sign all contracts and leases that are required by the Akron Metropolitan Housing Authority.

This following information needs to be written exactly the same on the backside of REQUEST FOR TENANCY APPROVAL (RFTA).

Same number as SSN or EIN, as written on back of the RTA sheet.

 (Owner Tax ID)

Owner name on RTA must match owner name shown on this site: <https://fiscaloffice.summitoh.net/index.php/property-tax-search>

 (Owner Name as shown on Fiscal Office of County of Summit)

C/O Name of property manager, local rep, or owner (if point of contact for LLC)

 (Representative/Agent Name)

Full address of the property manager, local representative, or owner (if acting as agent for your own LLC)

 (Business Address, City, State, Zip as stated on W-9)

This permission cannot be revoked without my expressed written consent.

Electronic signature of owner okay.

 (Owner Signature, Date)

I/We certify that the above information given to Akron Metropolitan Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

REQUIRED FORM FOR USE OF A POST OFFICE BOX
OR CHANGE OF ADDRESS

If you use a PO Box number as a mailing address please provide your business/home address for our records only. We will continue to use your mailing address for all correspondence to you and your tenant.

If the Request for Tenancy Approval (RTA) or Direct Deposit Form only reflects a PO Box number as an address and this form is not filled out, it could result in a delay in the processing the RTA. An AMHA staff person will need to contact you for this information before they can proceed with the processing of the RTA.

IF YOU HAVE A NEW MAILING ADDRESS OR ARE USING A PO BOX AS YOUR MAILING ADDRESS YOU MUST FILL IN THIS FORM.

Business/Home address if different from mailing address:

LANDLORD NAME:

PHYSICAL ADDRESS:

CITY/STATE/ZIP

PHONE NUMBER:

SIGNATURE/DATE:

This form can be either faxed to 330-374-5088 Attn: Elizabeth Kask or e-mailed to ekask@akronhousing.org

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) Owner name if private owner and SSN used for Tax ID.	
	Business name/disregarded entity name, if different from above Name of business if LLC or other entity.	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) Owner address. NOT agent or property manager address. City, state, and ZIP code List account number(s) here (optional)	Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)	Same SSN as on back page of RTA sheet if private owner.																								
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 <i>How to get a TIN</i> 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 40%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="width: 60%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	Social security number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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Part II Certification	Same EIN as on back of RTA sheet if LLC or other entity.		
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 on page 3.			
Sign Here	Signature of U.S. person ▶	Electronic signature of owner okay.	Date ▶

General Instructions

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

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

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

Akron Metropolitan Housing Authority HOUSING CHOICE VOUCHER PROGRAM AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

CHECKING ACCOUNTS - YOU MUST ATTACH A VOIDED CHECK
(NO DEPOSIT SLIP PLEASE - Or this form cannot be processed and will be returned)

PLEASE CHECK ONE	
NEW	
CHANGE	
CANCEL	
DATE	

I (We) hereby authorize Akron Metropolitan Housing Authority hereinafter called AMHA to initiate credit entries and, if necessary, debit entries (solely to offset AMHA credit entries) to my (our) CHECKING SAVINGS ACCOUNT (select one) indicated below. I (We) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the U.S. law.

I will not hold the Akron Metropolitan Housing Authority, 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.

DEPOSITORY INFORMATION - PLEASE PRINT		
FINANCIAL INSTITUTION NAME Name of bank HAP to be deposited into.	ROUTING NUMBER	Can be owner's private account or property manager account, if agent is contracted to make dispersal payments to owner.
BRANCH	ACCOUNT NUMBER	_____ CHECKING _____ SAVINGS
CITY, STATE, ZIP		

CHECKING ACCOUNTS - YOU MUST ATTACH A VOIDED CHECK
(Or this form cannot be processed and will be returned to you)

This authority is to remain in full force and effect until AMHA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AMHA and DEPOSITORY a reasonable opportunity to act on it.

INFORMATION - PLEASE PRINT	
SOCIAL SECURITY NUMBER OR TAX ID (TIN) Same number as SSN or EIN written on back of the RTA sheet. NOT agent or property manager Tax ID.	EMAIL ADDRESS
LEGAL NAME (OWNER/AGENT) Name of private owner, LLC or other entity. Add "slash" and agent or property manager if appropriate.	TELEPHONE
ADDRESS Address of private owner, LLC or other entity. NOT agent or property manager address.	CITY/STATE/ZIP

SIGNATURE (ON JOINT ACCOUNT BOTH MUST SIGN)	SIGNATURE Electronic signature of owner okay.
--	---



Minimum Rent and VAWA Fact Sheet

Minimum Rent:

Effective November 1, 2013 AMHA implemented a minimum rent of \$50.00.

You may qualify for a hardship exemption if you have experienced one of the following:

1. A death in the family, which impacts a client's ability to pay rent.
2. Loss of income, which excludes voluntary loss of employment due to quitting.
3. Loss of income due to medical reasons.
4. Pending or lost eligibility for a Federal, State or Local assistance program.
5. The issuance of a 3-day eviction notice by an owner or agent.

These exemptions are required to be verified and are subject to approval.

Important:

1. If a client does not pay rent, they will not qualify for a hardship exemption.
2. A caseworker will mail hardship exemption documents to all clients who may qualify for an exemption with their amendment letter.
3. Proof must be provided when requesting an exemption or it will be automatically denied.

NOTE: Exemptions lasting less than 90-days will be required to enter into a repayment agreement to AMHA.

Violence Against Women Act (VAWA):

Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

By signing below, I confirm that I have received a copy of the VAWA Notice of Occupancy Rights and a Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking form.

Please contact the HCVP Manager, at 330-376-9453, with any questions.

Client Signature

Date

AMHA Process - RTA Sequencing and Timeframe Chart

RTA logged and forwarded to C&L:	24 hours
Landlord contacted with pre-inspection rent estimate:	48-72 hours
Landlord contacted to schedule inspection:	24 hours
Inspection paperwork logged and forwarded to C&L:	24 hours
C&L contacts landlord w/final rent & for move-in date:	48-72 hours

RTA TIMELINE (submission)	ACTION	PROCESSING TIME	SCENARIO
Completed RTA is placed in drop box or given to receptionist at AMHA	Time-stamped and checked for errors by Inspections Schedulers	24 hours	RTA dropped off Monday
RTA is forwarded to Contracts & Leasing (C&L) the next business day	Rent Reasoner is run, landlord is contacted with pre-inspection estimate	48-72 hours	RTA to C&L on Tuesday. Owner/agent contacted Thursday/Friday
If pre-inspection estimate is accepted, RTA is returned to Inspections Scheduler	Landlord is contacted to schedule the inspection	24 hours	Owner/agent contacted Friday or Monday

RTA TIMELINE (after unit passes inspection)	ACTION	PROCESSING TIME	SCENARIO
Inspection sequence takes place until unit passes inspection (open time frame)	Inspector places post-inspection RTA at Scheduler's desk	Same day	Unit passes inspection on Monday
The next day Inspections Scheduler records results of inspection in AMHA database	RTA returned to C&L	24 hours	This takes place on Tuesday
C&L runs the Rent Reasoner with post-inspection data. Landlord is contacted with final rent and for move-in date (effective date of the contract)	After learning move-in date, sets aside file for contract	48-72 hours	Contacts owner/agent by Thursday or Friday
C&L produces the HAP contract	Mailed or placed in lobby for pickup if arrangements made	10 business days	Allow time for the Post Office to deliver
Completed contract packet and signed lease are returned to AMHA.	C&L releases the subsidy (HAP) dating back to effective date	Depends on return time	Initial subsidy paid during next check run

AMHA – Critical Inspection Items and Most Frequent Inspection Fail Items

The following are the defects most frequently flagged during Move-in and Annual inspections by AMHA:

1. All utilities must be turned on before the inspection can take place.
2. A unit should be clean, vacant (unless your current tenant just recently acquired their voucher), and ready for inspection.
3. An inspector cannot access the unit using a keycode. An adult age 18 or older must be present; the landlord/agent if the unit is not occupied, the tenant or a representative if it is.
4. Each floor of a unit must have a smoke detector, including the basement. If an attic is being utilized (e.g. as a bedroom or family room), a smoke detector is required there as well. Note that HUD instituted the NSPIRE inspection protocol in the last quarter of 2022 and a smoke detector is now required in each bedroom, in addition to the detector on each level.
5. If a unit is a house with two stories plus an in-use attic, then a drop-down fire escape ladder must be kept near a window, if that window has a drop of two stories to the ground. They are available at most DIY stores.
6. If any appliance in the unit is fueled by gas (water heater, furnace, stove) or the unit has an attached garage, a carbon monoxide (CO2) detector must be mounted or plugged in, in the immediate vicinity of the bedrooms,
7. The exhaust pipe from a gas-fueled water heater and the exhaust pipe from a gas-fueled furnace must maintain a constant upward tilt of at least 1/4" per foot of pipe.
8. A discharge pipe must be attached to the water heater and end 2" to 6" from the floor.
9. An electrical outlet within six feet of a water source, including in the basement, kitchen, and bathroom, must be a GFCI outlet.
10. Three-prong outlets must be grounded. The outlet tester used by AMHA inspectors will display an "Open Ground" if this is not the case.
11. Inspectors will always need access to the mechanicals room, even in an apartment complex. This is to inspect for specifics listed above (water heater, furnace, etc.) and to check for separate meters if the tenant is responsible for a specific utility.
12. If a house or unit was built prior to 1978 and there are children under the age of six in the household (or a member of the household is pregnant), distressed paint is a consideration. Paint that is flaking, peeling or chipping both inside and outside the unit will come under scrutiny and may be flagged for a Risk Assessment, to test for actionable levels of lead paint. Any building on the grounds is a consideration since children may have access to the structure or the soil around it.
13. Stairs, both in the unit and on the grounds, require a handrail for three or more steps. If you can count to four or more when you reach the landing, a handrail is required. Stairwells that descent/ascent in more than one direction may require separate handrails.
14. Windows must be able to stay open on their own (without the aid of a stick for instance).
15. To qualify for a bedroom, a room must have at least one electric outlet and an attached overhead light OR two electrical outlets (so that a lamp could be plugged in).
16. For ventilation a bathroom must have either a window that will stay open or a ceiling fan.
17. A toilet must be well-secured to the floor and the faucet diverter must work if there is a shower.

Akron Metropolitan Housing Authority NSPIRE Landlord Inspection Checklist

Below are 49 major fail items that the AMHA Inspectors come across daily. This checklist is not inclusive of everything that could fail an NSPIRE Inspection, however the use of it will result in fewer failed inspections and give the owners a better understanding of what the inspectors look for during their inspections. Please also visit our Web site for further updates. www.akronhousing.org/landlord/news.aspx

Areas to check	Will my unit pass inspection?	Yes or No
General - Defective Paint	Is the unit interior/exterior free of defective paint? ** Defective Paint is considered paint that is flaking, peeling, worn, cracking or chalking	1
General - Railings	Are there handrails at all steps that have 3 or more rises?	2
	Are all the balusters and spindles present on a staircase(s) or deck.	3
	Is there a guardrail present on a porch that is more than 30" above the ground? Is it secured?	4
Interior - Health and Safety	Is there a smoke detector working on each level of the unit? Is there a smoke detector installed in EACH bedroom (see next entry for specifications)	5
	Are the smoke detectors installed at least 3 feet from the kitchen and bathroom? (If installed on a ceiling, it must be more than 4 inches from the wall. If installed on a wall, it must be between 4 and 12 inches from the ceiling.) Are they installed horizontally on the bottom of a joist in the basement?	6
	Is a CO2 Detector installed in the immediate vicinity of the sleeping area where there are gas furnace, hot water tank, stove, or attached garage?	7
	Is the unit clean and ready to occupy? Are the utilities turned on?	8
	Is there proper ventilation for Dryers? Are they vented to the outside?	9
	Do all amenities in the unit (central air, screen doors, screens, ceiling fans etc.) work as designed, with no missing parts?	10
Interior - Walls and Ceilings	Are they free of holes and cracks?	11
	Have all water stains on walls/ceilings been repaired/replaced? Has the leak been fixed?	12
	Are they free of defective paint?	13
Interior - Floors	Are there any trip hazards? Ripped/torn/worn/unsanitary carpet? Missing tiles? Are the stairs in good repair? (Cannot be unlevel, slanted or broken.)	14
	Do floors in the kitchen and bathroom have some type of cover base or baseboard trim?	15
Interior - Security	Have the double bolt key locks been removed from the unit? Have locks on all doors restricting exit from a room/unit been removed?	16
	Are all exterior doors weather-tight, lockable, open and close freely, in good repair, and have a threshold?	17
	Are interior doors present on all bedrooms and bathrooms, and operating as designed (fit properly in the door frame, free of locks which restrict exit from a room, do they have a washable finish)?	18
	Do all window sills within 6 feet from the ground have a lock?	19
Interior - Windows	Is there at least one window in the bedroom? Living room?	20
	Do the windows open, close, and lock properly? When opened, do they stay open without the use of a tool, such as a stick?	21
	Are the windows free of hazards (cracked or broken)? Is the frame free of cut hazards (staples, nails, etc)?	22
	Screens are not inspectable under the NSPIRE protocol.	23
Kitchen Appliances/Electric	Do all the burners and the oven work? Are all knobs present with the temperature degrees visible?	24
	Does the refrigerator/freezer work properly?	25
	Are the stove and refrigerator clean?	26
	Are all outlets within 6ft of a water source GFCI protected?	27

Areas to check	Will my unit pass inspection?	Yes or No
Bathroom - General	Is the toilet securely fastened to the floor and flushing properly?	28
	Have cracked/worn toilet seats been replaced?	29
	Are all outlets within 6ft of a water source GFCI protected?	30
	Is the bathroom vented to a crawlspace, attic, or vented to the outside through an exterior window, exhaust fan, or gravity vent?	31
Heating and Plumbing - Furnace	Does the gas flue have an uninterrupted upward flow (1/4" per foot of constant rise)? Is it vented and properly sealed?	32
	Is there a sediment trap and shut-off valve? Are they properly installed?	33
	Does the furnace provide a minimum of 70 degrees in the unit when it is below 40 degrees outside?	34
Heating and Plumbing - Water Heater	Does the water heater have a properly installed and functioning temperature-pressure relief valve that is rated for high temperatures?	35
	Is the discharge line present? Is it 2-6 inches from the floor?	36
	Is there a sediment trap and a shut-off valve? Are they properly installed?	37
	Is the gas flue properly vented and sealed? 1/4" per foot constant rise?	38
Electricity - General	Do all light fixtures have globes, on the interior and exterior?	39
	Do all fixtures and outlets work? Are they properly wired?	40
	Are all cover plates on outlets and light switches free of cracks and breaks?	41
	Have all frayed, cut, or exposed wires in the unit been replaced?	42
Exterior - General	Is the unit interior/exterior free of debris, trash, glass or other hazards?	43
	Is the roof free of leaks? Is it in good condition? Are the gutters and spouts?	44
	Are the sidewalk(s) and driveway free from tripping hazards?	45
	Are there lids for trash/waste disposal?	46
	Do all exterior outlets have weatherproof covers?	47
	Are the house numbers readable from the street?	48
	Is the Garage free from hazards?	49

IF YOU CHECK NO TO ANY ITEM THE UNIT WILL FAIL THE INSPECTION

Defective Paint

The NSPIRE Inspectors are required to request a full property Risk Assessment if there is defective paint above de minimis (inside or outside, including separate structures) and the following apply: The unit was built prior to 1978, a child under the age of 6 lives in the unit, or a member of the household is pregnant.

Annual Inspections occur every 9 - 10 months so we can have them passed within a 12 month period.

Special/ Emergency Inspections can be conducted at any time.

Initial (Move-in) Inspection that are missed without giving a 24 hour notice must be logged a fail.

ADVICE FOR THE LANDLORD:

AMHA INSPECTIONS ENCOURAGE OWNERS TO PERIODICALLY INSPECT THEIR PROPERTIES USING THIS CHECKLIST, INCREASE THE NUMBER OF PASSED INSPECTIONS AS WELL AS ENSURE BASIC UPKEEP FOR THEIR PROPERTIES. CHECK THE LANDLORD PORTAL FOR UPCOMING INSPECTIONS!!

AMHA INSPECTION DEPARTMENT

HQS Supervisor	Kathy Patton	330-376-9366
HQS Scheduler	Steve Diamond	330-376-9353
HQS Scheduler	Kim Akers	330-376-7026
HQS Inspector	Severn Edwards	330-376-9401
HQS Inspector	Todd Covert	330-376-9373
HQS Inspector	Ray Trillet	330-376-9368

Notice to All Akron Metropolitan Housing Authority Housing Choice Voucher Participants

Effective October 2, 1995, the U.S. Department of Housing and Urban Development issued revised Family Obligations for all current and future HCVP participants. Failure to fulfill any of the following could lead to cancellation of your housing assistance.

AMHA HCVP Family Obligations

1. The family must supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR 982.551). "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify Social Security Numbers (as provided by 24 CFR 5.216) and must sign and submit consent forms for obtaining information in accordance with 24 CFR 5.230.
4. All information supplied by the family must be true and complete.
5. The family is responsible for a Housing Quality Standard breach caused by the family as described in 982.404(b). Following are three types of breaches.
 - Failure to pay for any utilities for which family is responsible per the lease signed by the owner and the family
 - Failure to maintain appliances for which the family is responsible per the lease signed by the owner and the family
 - Failure to correct/have corrected/rectify tenant caused damages beyond "normal wear and tear".
6. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
7. The family may not commit any serious or repeated violation of the lease.
8. The family must notify the owner, at the same time, notify the PHA before the family moves out of the unit or terminates the lease upon notice to the owner.
9. The family must promptly give the PHA a copy of any owner eviction notice.
10. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
11. The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request, in writing, PHA approval to add any other family member as an occupant of the unit.
12. The family must promptly notify the PHA if any family member no longer resides in the unit.
13. If the PHA has given approval, a foster child or a live-in aide may reside in the unit. If the family does not request approval or PHA approval is denied, the family may not allow a foster child or live in aide to reside with the assisted family.
14. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
15. The family must not sublease or let the unit.
16. The family must not assign the lease or transfer the unit.

Notice to All Akron Metropolitan Housing Authority Housing Choice Voucher Participants

- 17. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit or relating to family absence from the unit, including any PHA requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose.
- 18. The family must promptly notify the AMHA in writing of absence from the unit.
- 19. The family must not own or have any interest in the unit.

20. (A) The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the Federal housing program.

(B) The house members may not engage in drug-related criminal activity, violent criminal activity, other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises, or is subject to lifetime sex offender registration. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. An assisted family, or members of the family, may not receive HCVP tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State or local housing assistance program.

(C) Any adult not included on the 50058 who has been in the unit more than fifteen (15) consecutive days, or a total of sixty (60) days in a 12-month period, will be considered to be living in the unit as an unauthorized household member.

(D) Program participants must report all changes in income to the PHA between annual re-exams. Households reporting zero income who subsequently obtain income will be required to report within 10 calendar days and recertify.

I have read and been given the opportunity to discuss HUD's revised family obligation. I understand that AMHA is authorized to cancel housing assistance to my family for failure to comply with the above mentioned Family Obligations.

Signature of Head of Household

Date

Non-Waiver Acknowledgement

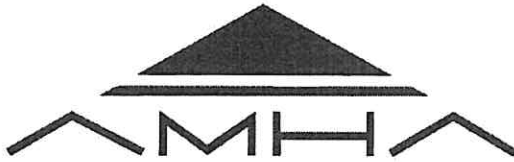
The Akron Metropolitan Housing Authority (AMHA) and the Participant/Client, (collectively the Parties) acknowledge that participation in the Housing Choice Voucher Program involves a mutual duty to comply with various Federal rules and regulations. This includes but is not limited to annual re-certifications and inspections.

In order to prevent any interruption of the Participant's receipt of current subsidy; to timely reflect changes in the Participant rent share; and to assure compliance with both federal regulation and state law, the Parties wish to proceed with recertification and/or inspection but agree that completing the recertification or inspection is not intended and shall not be considered to have waived that enforcement right, even in the event there is a pending HCVP enforcement action including proposed cancellation.

Any breach of the terms of the Housing Choice Voucher Program occurring prior to the date of recertification or inspection shall remain a current and continuing breach of the tenancy subject to federal and state law limitations; shall not be extinguished or waived by AMHA's processing of recertification or inspection; and may result in HCVP subsidy cancellation.

Signature of Head of Household

Date



Akron Metropolitan Housing Authority
100 West Cedar Street
Akron, Ohio 44307
(330) 762-9631
www.akronhousing.org

January 3, 2023

Dear Owner/Agent,

We are excited to share with you two new processes that will be effective January 1, 2023 in Zip Codes of Opportunity. The Zip Codes of Opportunity are 44056, 44067, 44087, 44141, 44221, 44223, 44224, 44236, 44250, 44264, 44286, 44301, 44303, 44319, 44321, 44333 and 44685.

The first is a **vacancy loss payment** that will be paid to the owner/agent for up to one-month contract rent, of the previous tenant. AMHA will make the vacancy payment to the owner if:

1. The owner/agent gives AMHA written notice within 10 business day certifying the family has vacated the unit and the date when the family has moved out;
2. The owner/agent releases the unit to a new voucher family within 3 months of the move-out date; and
3. The request is submitted on the attached zip code of opportunity vacancy loss payment request form.

The second is **pre-inspections** for units in the Zip Codes of Opportunity. Units in the above zip codes can now be pre-approved by AMHA before you locate a resident. All pre-approved units will be marketed to our voucher holders currently searching for a unit. To schedule a pre-inspection you must complete the pre-inspection request form. If you are a new owner/agent you will also need to provide the W-9 form, direct deposit form, a cancelled check, and the agent form, if applicable. (All forms are attached.) These forms can be placed in our drop box to the attention of the inspections department at 100 West Cedar Street or emailed to S8Inspections@akronhousing.org.

Please note that if your available units pass the pre-inspection, the AMHA does not guarantee tenancy and/or future Housing Assistance Payments. All pre-inspections are valid 90 days from the approved inspection date.

If you have any questions, please call me at 330.376.9717.

Sincerely,

Clyde Elkins
Housing Resource Specialist

ZIP CODE OF OPPORTUNITY VACANCY LOSS PAYMENT REQUEST FORM

Zip Codes of Opportunity: 44056, 44067, 44087, 44141, 44221, 44223, 44224, 44236, 44250, 44264, 44286, 44301, 44303, 44319, 44321, 44333, 44685

Date: _____

Address of unit (including zip code): _____

Unit is vacant as of: _____

Previous tenant's name: _____

Previous tenant's contract rent: _____

Date unit was ready to be leased: _____

The above listed unit was re-occupied as of: _____

New tenant's name: _____

Important notes:

All vacancy claims must be submitted within thirty (30) days after the new move-in order for payments to be approved.

I am requesting a vacancy payment for 1 month's contract rent of the previous tenant.

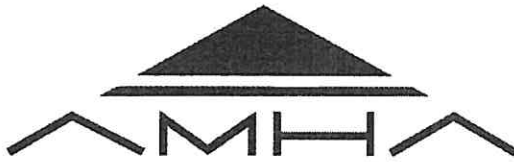
Signature/Date: _____

Signature of Owner/Agent

Date

___ Approved ___ Denied

Signature of AMHA Staff/date: _____



Akron Metropolitan Housing Authority
100 West Cedar Street
Akron, Ohio 44307
(330) 762-9631
www.akronhousing.org

Owner/Agent Pre-Inspection Request Form

By completing this form you are requesting that the Inspection Department of the AMHA review your request for approval in scheduling a property for pre-inspection in the Zip Codes of Opportunity: 44056, 44067, 44087, 44141, 44221, 44223, 44224, 44236, 44250, 44264, 44286, 44301, 44303, 44319, 44321, 44333 and 44685. The purpose of the pre-inspection is to prepare an Owner/Agent for future HCV participation in accordance with HUD inspection requirements.

Owner/Agent: _____

Owner/Agent Contact Number: _____

Owner/Agent Business Address: _____

Owner/Agent Email: _____

Property Address to be Inspected: _____

Name and telephone number of contact person who will accompany the inspector:

Approximate Square Footage of the property: _____

Number of Stories: _____ Multi-Unit _____ SFH _____ Duplex _____ Townhome _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Is the property currently occupied: yes no

Are all utilities turned on: yes no

Signature of Owner/Agent: _____ Date: _____

Office Use Only

Approved yes no Signature of staff: _____

Assigned to: _____ Date of inspection: _____



Properties to be listed:

Owner/Property Manager Name: _____

Phone Number: _____

Email Address: _____

Address, Zip Code: _____

Single Family Home Duplex Multi-unit Townhouse/Row House

1-story 2-story Pets w/Deposit? Y / N Near Bus Line? Y / N Off Street Parking? Y / N

Pays Gas: Owner / Tenant Pays Electric: Owner / Tenant Pays Water/Sewer/Trash: Owner / Tenant

No. of Bedrooms: _____ Date Available: _____

Address, Zip Code: _____

Single Family Home Duplex Multi-unit Townhouse/Row House

1-story 2-story Pets w/Deposit? Y / N Near Bus Line? Y / N Off Street Parking? Y / N

Pays Gas: Owner / Tenant Pays Electric: Owner / Tenant Pays Water/Sewer/Trash: Owner / Tenant

No. of Bedrooms: _____ Date Available: _____

Address, Zip Code: _____

Single Family Home Duplex Multi-unit Townhouse/Row House

1-story 2-story Pets w/Deposit? Y / N Near Bus Line? Y / N Off Street Parking? Y / N

Pays Gas: Owner / Tenant Pays Electric: Owner / Tenant Pays Water/Sewer/Trash: Owner / Tenant

No. of Bedrooms: _____ Date Available: _____

Thank you for listing your properties!

Please submit to Tressie Choate in the AMHA lobby or at
tchoate@akronhousing.org