



**Auburn**  
Housing Authority  
Your Key To Housing Opportunities

**Request for Tenancy Approval (RFTA) Instructions and Process**

1. The RFTA must be completed by all parties before it is returned to this office.  
Please note Incomplete RFTA's will not be accepted.

2. The owner of the property must provide proof of ownership and an unexecuted blank copy of the potential lease. All of the requested forms must be current, list the name of the owner, and the physical property on the proof of ownership.

Acceptable forms of documentation are:

- Property Tax Receipt
- Mortgage Statement
- Insurance statement

All of the aforementioned documents must be currently dated. Please note, if the owner is using a management company, a copy of the "Management Agreement" between the owner and Management Company must also be provided. Please note, current proof of ownership must be submitted with each RFTA, even if you are a current landlord and have submitted the documentation on the same unit previously. **NO Exceptions.**

3. Currently assisted participants/tenants must submit the Intent to Vacate Form, prior to the RFTA being submitted and/or can be submitted with the RFTA. The intent to vacate form must be filled out by the participant and the participant's current landlord. This only applies to participants who are already on the voucher program. **The RFTA will not be processed if all of the items listed through 1-2 and 3 if it applies to you, are not turned into this office. Incomplete documentation will delay this process.**

4. Once the RFTA is approved, the HCV Department will contact the owner and the participant via phone to inform both parties of the estimated rent shares. The RFTA will be submitted to McCright inspectors, Auburn Housing Authority's inspection company. McCright inspectors will contact the landlord to schedule an inspection.

To better help you understand this process below is an order of events that must be followed before HAP is paid.

1. RTA submitted
2. RTA processed
3. Landlord/participant are contacted and given estimated rent shares and total rent amount. If both parties disagree on the rent amounts, the process stops and both parties may find alternative leasing options. If all parties agree on the rent amounts HCV proceeds to number 4 listed below.
4. Inspection scheduled- AHA forwards unit information to inspection company to inspect
5. Inspection Company contacts landlord to schedule an inspection.
6. Unit inspected. If unit passes inspection participant may move in.
7. Owner and participant may enter into a lease only after all of the aforementioned has occurred.
8. Participant or landlord must notify HCV in writing of participant's move in date.
9. HAP contract documents are mailed or emailed to landlord
10. Landlord signs HAP contract, return to AHA with executed lease signed between landlord and participant/tenant
11. Participant/tenant will be moved into AHA's system. HAP is paid to the landlord. (Please refer to important note section below regarding when HAP is paid)

### **Important Notice Section**

The Auburn Housing Authority (AHA) **does not** recommend the tenant moves into the property before the unit has passed inspection. AHA will not be responsible for the participant's share of rent until the unit has passed inspection and until the HAP contract documents are signed after the inspection has passed. If the tenant moves in before the unit passes, the **tenant** is responsible for the rent.

**The deadline for AHA to receive and process new HAP contracts turned into this office is the 22<sup>nd</sup> of each month. New Contracts turned in after the 22<sup>nd</sup> will not have payments processed until after the second full month of occupancy. HAP is paid monthly. A participant/tenant can be in the unit for 2 full months before HAP is paid.**

*Example:* A completed HAP contract received on January 23<sup>rd</sup> will not have a check processed until March. At that time, all payments will be made in full.

**RFTA Checklist: Documents that must be submitted with the RFTA.**

1. Owner proof of ownership-must list the owner's name and the actual physical property address.
2. Management Agreement-This only applies to owners who have hired a management company only.
3. Voided Check if you are new landlord to the program and/or if you are an existing owner but your banking account changed.
4. Blank copy of unexecuted lease agreement-the lease agreement must be filled out completely but not signed by either the landlord or tenant.
5. Intent to Vacate Form-This only applies to participants who are moving from one unit to another. This form may be submitted prior to the RFTA being submitted or with the RFTA. However, if it is not the RFTA will not be processed until the intent to vacate form is received.

If you have any questions about this process, please contact the HCV Department at (334) 821-2262.

Thank you for partnering with AHA in providing decent, safe, and sanitary housing to low income families. We look forward to serving you.

HCV Department



### Notice to Prospective HCV Landlords

The Auburn Housing Authority does not conduct current and/or former landlord reference checks for HCV applicants/participants for the landlord. We do check applicant's/participants criminal background and previous rent history from other Housing Authorities to determine if the individual qualifies for the program.

We highly encourage landlords to perform landlord reference checks for their potential renters to determine suitability. To aide you in the landlord reference check, per regulations, we can provide you the names and addresses of the landlords the HCV participant is either currently renting and/or previously rented from. Please note, we are unable to provide current or former landlord information for participants new to the program. For new participants to the HCV Program, you may get their current or former landlord information from them. This can be done by having the potential renter fill out an application requesting their residency history.

If you choose to contact the current and/or former landlords, please do so before completing and submitting the Request for Tenancy Approval (RFTA) form to this office.

Please indicate below if you want the current/previous landlord contact information and/or if you choose to decline obtaining the landlord contact information from the Housing Authority.

Thank you,

HCV Department

Print Name of the HCV Participant: \_\_\_\_\_

- I waive my right to receive the participant's current/previous landlord contact information.
- I am requesting to receive the participant's current/former landlord contact information. *If you choose this option, please only return this form to the HCV office. This form can be submitted via email, mail, fax, and/or hand delivered information.*

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For HCV Office Below Only

Date current/former landlord contact information sent: \_\_\_\_\_

HCV Representative Signature: \_\_\_\_\_

# Request for Tenancy Approval

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169  
exp. 7/31/2022

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

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

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<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)			<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	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		
Range/Microwave		

**12. Owner's Certifications**

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

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

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

- c. Check one of the following:

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

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

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

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

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



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Housing Voucher Program Unit Information

Property Owner: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Year Unit was Built: \_\_\_\_\_

Unit Square Footage: \_\_\_\_\_

Estimated Rent: \_\_\_\_\_

Type of Unit:  Single Family  Apartment  Ground Level  Upstairs  Mobile Home

Number of Bedrooms:  Efficiency  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom  
 5 Bedroom

Number of Bathrooms: Full \_\_\_\_\_ Half \_\_\_\_\_

Handicap Accessibility  Yes  No

If yes, please describe how the unit is Handicap Accessible: \_\_\_\_\_

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Location:  Residential Neighborhood  Rural

Nearest Shopping Areas:  1-3 Miles  3-5 Miles  5-7 Miles  7 plus Miles

Unit Amenities:

Heat & Air:  Central  Window Units  Furnace  Space Heater  None

Floor Covering:  Carpet (Wall to Wall)  Other: \_\_\_\_\_

Window Coverings:  Drapes  Blinds  Shades  None

Dishwasher  Range  Refrigerator  Microwave  Garbage Disposal  Washing Machine  
 Clothes Dryer  Hook- ups only  Cable TV Hookup

Other Amenities:

Central Laundry  Playground  Garage  Private Driveway  On-site parking  
 Grounds Maintenance  On site Management  Pets Allowed

Utilities Included in Rent:  None  Gas  Electric  Water  Sewage  Garbage



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**HCV Landlord Certification**

Unit Address: \_\_\_\_\_

**Ownership of Assisted Unit**

I certify that I am the legal or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

**Approved Residents of Assisted Unit**

I understand that the family members listed on the dwelling lease agreement are 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 the amount of the security deposit must be comparable to the fair market practices and that the tenant's portion of the contract rent is determined by the Housing Authority, and that 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 that 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.

**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 on the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

\_\_\_\_\_  
Landlord and/or Agent Signature

\_\_\_\_\_  
Date

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 any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.



# Auburn Housing Authority

## Direct Deposit Form

Housing Choice Voucher (formerly Section 8) Program

931 Booker Street Auburn, AL 36832

Phone: 334-821-2262 Fax: 334-821-2264

Form Updated 6/7/2016

### Ownership Information

Property Owner Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

Managing Agent of Property: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Managing Agent Email Address: \_\_\_\_\_

Tax Identification #/SS #: \_\_\_\_\_ Tax ID/SS # Refers to: \_\_\_ Owner \_\_\_ Agent

Please note that the party receiving the monthly payment will be the party responsible for receipt of the 1099

### Banking Account Information

<b>Bank Name:</b>		<b>Banking Information refers to:</b>  <input type="checkbox"/> Property Owner  <input type="checkbox"/> Managing Agent
<b>Bank Address:</b>		
<b>Bank Phone:</b>		
<b>Name as if appears on account:</b>		
<b>Electronic Routing #:</b>		
<b>Account #:</b>		
<b>Check only one:</b>	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

#### Complete and Attach a Voided Check (Not A Deposit Slip)

I certify the aforementioned information is correct. I understand that future housing assistance payments will be deposited electronically into this account. I agree to notify AHA promptly should this information change. I also agree if monies are erroneously deposited into my account that should not have been AHA has the right to recoup those funds from my account.

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

\_\_\_\_\_  
Date

This Form **MUST BE** Notarized by Property Owner if Managing Agent is designated as payee

**NOTARY**

SWORN TO and SUBSCRIBED Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public





# Auburn

## Housing Authority

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

The below checklist is provided as a courtesy to HCV landlords to help the unit pass The Housing Quality Standards (HQS) inspection. Most of the items below are items that consistently fail HQS inspections. This checklist is not inclusive and does not cover all HQS deficiencies.

#### **General Requirements**

- Front and rear exterior exit doors must seal, lock and work properly.
- Good air tight doors and windows
- At least one screen per window per room.
- Windows designed to open must operate properly.
- All windows must have permanently attached working locks.
- Windowpanes must not be cracked or broken.
- All switches, receptacles and light fixtures must be working.
- All 3 prong electrical outlets must be grounded as required by code.
- No loose light fixtures.
- All electrical outlet covers must not be cracked or missing.
- Light fixtures must have globe covers if so designed.
- No cable lines, extension cords or gas lines that can be a tripping hazard.
- No exposed or frayed electrical wiring.
- No plumbing leaks.
- All staircases leading to living/sleeping areas must meet city code requirements.
- All walls and ceilings must be clean with no holes or large cracks.
- No loose, peeling, chipped, flaking, or cracked paint or interior or exterior surfaces.
- No evidence of roaches, mice, etc.
- Carpet and floors must be clean.
- All floors must be in finished state.
- Out buildings and garages must be in good shape and repair.
- No tripping hazards caused by permanently installed floor covering (carpet, tile and or vinyl)
- Bathrooms must have a window that opens or a powered vent fan.
- Faucets and or plumbing must not leak.

## Kitchen

- Appliances must be in place, clean and working properly at the time of the inspection.
- All burners on the stove must be operable.
- All knobs on the stove must be intact and operable.
- The refrigerator gaskets must be sealed properly not allowing air to escape.
- Gas service line for range must have shutoff valve.
- Disposal wiring must be secured with proper connection.
- All drawers designed to open and close must open properly.
- All cabinets designed to open must open and close properly.

## Bedrooms

- At least 1 window must open for egress and ventilation.
- Windows designed to open must operate properly.
- Bedrooms must have built in closet.

## Heating & Cooling Systems

- All gas heating sources must be vented and working safely.
- All units must contain a thermostatically controlled primary heat source.
- All heating systems must be able to provide adequate heat either directly or indirectly to each room. If present, the air conditioning system must provide adequate cooling to each room.
- The heating and or A/C system must be in safe and proper operating condition.
- Gas furnace closets must have upper cumulative and lower combustion air vents.
- Gas space heaters (vented or un-vented) are not allowed.

## Hot Water Tanks

- Temperature and pressure relief release valve on hot water tanks must be present

## Miscellaneous

- On each level of the dwelling unit including basements, but excluding spaces and unfinished attics, at least 1 battery-operated or hard-wired smoke detector in proper operating condition must be present.
- The smoke detector must be installed near sleeping areas.

- All owner supplied amenities (dishwashers, disposals, ceiling fans, overhead door openers attic fans, central air conditioning, etc.) in place at the time of the initial inspection must be in proper working order and maintained by the owner. If they become inoperable they must be repaired or replaced. They cannot be removed.
- Detached garages, storages buildings and basements located the property cannot be used by owners for storage. (Applies to single-family properties only).
- Properties without separately metered utilities (water, gas, or electric) must be leased as all bills paid by owner for specific utility or utilities that are not separately metered.
- Handrails are required when 4 or more steps (risers) are present. This applies to interior and exterior.
- Protective railings are required when porches, balconies, and stoops are 30" or more above ground level.
- Manufactured homes must have proper tie downs devices and must be visual to the inspector.
- Empty slots in the breaker box must have covers.
- If a property was constructed prior to 1978, it may contain Lead-Based Paint.
- All utilities must be on during the inspection.
- All fences and gates must be in good repair.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER 2501-0014

exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Auburn Housing Authority  
931 Booker Street  
Auburn, AL 36832  
(334) 821-2262

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Auburn Housing Authority  
931 Booker Street  
Auburn, AL 36832  
(334) 821-2262

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Auburn Housing Authority  
 Housing Choice Voucher Program  
 931 Booker Street  
 Auburn, AL 36832  
 Phone (334) 821-2262 Fax (334) 821-2264

**NOTICE TO VACATE**

**PLEASE NOTE: This form only applies to current assisted HCV participants ONLY. The current landlord and participant must fill out this form.**

I, \_\_\_\_\_ hereby give notice I will vacate the premises located  
 Participant/Tenant Name

at \_\_\_\_\_  
ADDRESS CITY ZIP CODE

I will return all keys to the Owner/Property Manager and all furniture and personal belongings will be removed from the unit on \_\_\_\_\_  
DATE

My Forwarding Address is: \_\_\_\_\_  
ADDRESS CITY ZIP CODE

Telephone Number: \_\_\_\_\_

Participants who want to move must vacate the unit in compliance with the lease, provided by the Owner and/or Property Manager which may require a 30 or 60-day notice. The participant must be in good standing with no lease violations; damages or unpaid rent before a voucher is issued. Auburn Housing Authority (AHA) will not pay any rent or utility assistance after the vacate date. If you choose to remain in the unit, you must notify this office in writing of your change to remain in the unit. If your vacate date changes you will be required to refill out this form with the new vacate date.

Participant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE TO LANDLORD:** Before signing this section we strongly urge you to inspect your rental unit and resolve any matters of unpaid rent and/or damages beyond normal wear and tear.

If you find damages beyond normal wear and tear during the inspection you must provide your tenant with an itemized cost list of repairs and subtract the security deposit. Notice should be sent to the tenant at his/her last known address. i.e.: your rental unit as soon as possible. If the move out balance is provided to this office after the participant has moved out of your unit and has already moved into another unit the participant will be given until their annual recertification, which is typically one year, to pay the balance owed to you. This is to ensure the new landlord's; one-year lease is fulfilled.

We encourage you and your tenant to resolve this matter by making a written agreement acknowledging responsibility for any damage and or unpaid rent.

Please note: March 2014 the Alabama Legislature changed the Alabama Landlord-Tenant Law. Landlords have up to 60 days after the end of the lease to refund a security deposit to the tenant instead of 35 days. However; to ensure the participant is not issued a voucher to seek housing we ask you provide the list of itemized damages to the HCV Department within 10 business days from the date the participant moves out.

**By signing below as the Owner/Property Manager, I certify my tenant is in good standing. I have conducted a pre-move inspection and/or I have elected not to inspect the unit prior to the tenant move. If I elect not to conduct a pre-move inspection, my actions taken after the tenant moves for damages discovered will be in compliance with the Alabama Tenant Landlord Act and I will send a copy of the itemized charges to the HCV Department. Please make a copy of this form before submitting it to the HCV Department.**

Owner/Property Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Required)

Print Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_