# Welcome!

The Webinar will begin shortly



# Welcome!

HCV Lunch and Learn March 20<sup>th</sup>, 2024



## HCV Process – RTA to Vacate

Speakers:

Sarah King - HCV Technician

Tracee Smith - HCV Technician

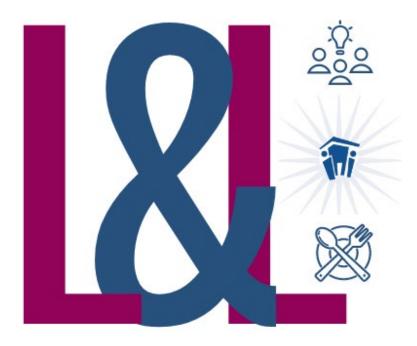
**Desmond Carroll** - HCV Technician

April Christopher - HCV Technician

**Chad Biggers** - Community Engagement Specialist

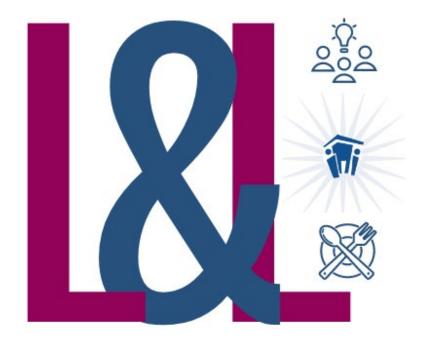
Moderator:

Emma Rellergert



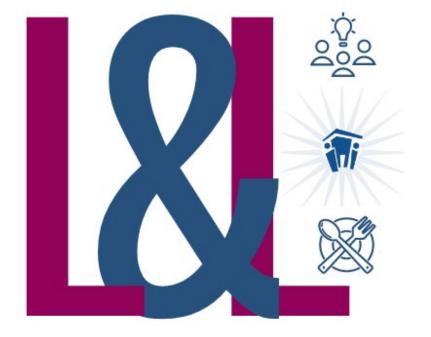
## Lunch and Learn Team

Emma Rellergert - Housing Coordinator Seneya Ephraim - Housing Coordinator Emmy Johnson - Housing Coordinator Fionna Tejada - Housing Coordinator Christine Perry - Lead Housing Coordinator Chad Biggers - Community Engagement



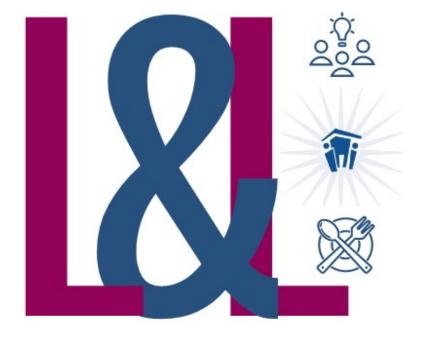
Specialist

# Agenda



- 1. Quick Housekeeping
- 2. Presentation on the Housing Choice Voucher Process - From RTA to Vacate
- 3. Questions and Answers
- 4. Closing Comments

# **Quick Housekeeping**



- Ask Questions in Zoom Q&A
- No Personal Information in Questions
- Webinar is going to be recorded, and uploaded to Lunch and Learn page, as well as additional materials from today's presentation

# **Quick Housekeeping - Special Note**

Today's Presentation is specifically about the process for our general Housing Choice Vouchers. Parts of this process will be different for some of our special programs and for Project Based Vouchers. These programs can be discussed in future Lunch and Learns.

If you have specific questions about your situation, please send them to the corresponding email below:

Property Owners/Managers: <u>owners@mplspha.org</u> Current Voucher Holders: <u>hcv@mplspha.org</u>



# The HCV Process

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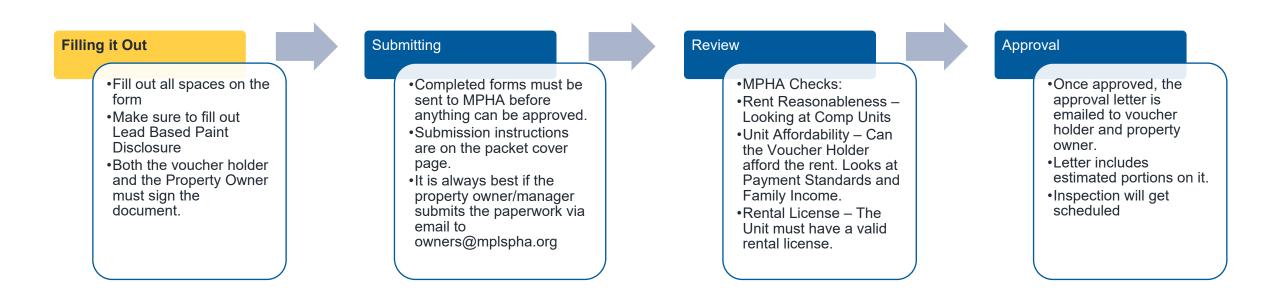
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From RTA to Vacate

# Request for Tenancy Approval and Moving In

Sarah King





OMB Approval No. 2577-0169

exp. 7/31/2022

U.S Department of Housing and

Urban Development

Request for Tenancy Approval

#### **Filling it Out**

- Fill out all spaces on the form.
- For "Date Unit Available for Inspection", do not put ASAP. Enter an actual date.
- Ensure utility assignments are correct.
- Make sure to fill out Lead **Based Paint Disclosure**
- Both Documents must be signed by both the Property Owner/Manager and the Voucher Holder

Housing Choice Vouche		Office of Public and I		ng	exp.	//31/2022			
instructions, searching e collection of information on this form by Section HUD is committed to pre with federal privacy laws Housing Authorities, wh Accordance with applica When the participant se unit. The information is	den for this information co existing data sources, gath The Department of Hous 8 of the U.S. Housing Act otecting the privacy of indi s, guidance, and best praco o collect, use maintain, or	eliection is estimate nering and maintair ing and Urban Dev (42 U.S.C. 1437f), viduals' informatior tices, HUD expect disseminate HUD he unit completes i nit is eligible for rem	d to be 30 ing the dat velopment ( Form is on a stored ele s its third-p information this form to tal assistar	minutes, including the ti a needed, and completii (HUD) is authorized to c ly valid if thincludes an ( totronically or in paper for arty business partners, i to protect the privacy o provide the PHA with in ce. HUD will not disclose	ng and review ollect the info OMB Control orm, in accon including Put f that information ab	wing the ormation Number. dance blic ation in out the			
1, Name of Public Housing A			2, Addres	s of Unit (street address, uni	t #, city, state,	zip code)			
MPHA - fax 612-335	-4427 or email owners@	mplspha.org							
3, Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed		d Rent 7. Security Deposit Amt	8, Date Unit for Inspec	stion			
9, Structure Type:	hed (one family under one	maß	10. If this	s unit is subsidized, indica	ate type of sul	osidy:			
		1001)							
Semi-Detached (dup	olex, attached on one side)								
Rowhouse/Townho	use (attached on two sides)			Dwner's Certifications				c. Check one of the following:	
	building (4 stories or fewer	)	a.	The program regulation the rent charged to the is not more than the re	housing cho	ice voucher ten	ant	<ul> <li>Lead-based paint disclosure required because this property was built</li> </ul>	
High-rise apartment	building (5+ stories)			comparable units. Own				1978.	
Manufactured Home	e (mobile home)			units must complete th				The unit, common areas servicin	g the unit, and exterior
11. Utilities and Applian	ces			recently leased compar premises.	able unassis	ted units within	the	painted surfaces associated with	
The owner shall provide o utilities/appliances indice	or pay for the utilities/applia ated below by a "T", Unless	ances indicated belo otherwise specified	Ad	dress and unit number	Date Rente	d Rental Am	ount	areas have been found to be lea lead-based paint inspector certi	
refrigerator and range/m	icrowave.		1.					certification program or under a	
	pecify fuel type	_	2.					State certification program.	
Heating	Natural gas 🛛 Bottled	gas 🗌 Electric						A completed statement is attach	
Cooking	Natural gas 🛛 Bottled	gas 🗌 Electric	3.					disclosure of known information and/or lead-based paint hazards	in the unit, common
Water Heating	Natural gas 🛛 Bottled	gas 🗌 Electric	b.	The owner (including a				areas or exterior painted surface statement that the owner has p	
Other Electric				party) is not the parent sister or brother of any				information pamphlet to the fan	
Water				the PHA has determine	d (and has n	otified the owne	er	13. The PHA has not screened the fa	
Sewer				and the family of such leasing of the unit, not				suitability for tenancy. Such screenir responsibility.	g is the owner's
Trash Collection				would provide reasona				14. The owner's lease must include	word-for-word all
Air Conditioning				member who is a perso	on with disab	lities.		provisions of the HUD tenancy adde	
								15. The PHA will arrange for inspecti notify the owner and family if the ur	
Other (specify)				ner Payee			_		
Refrigerator			Pri	nt or Type Name of Owner	r/Owner Repr	esentative		Print or Type Name of Household Head	
							- 1		
Range/Microwave			Ow	ner/Owner Representativ	e Signature		-	Head of Household Signature	
	III that apply I W/D Hook	ups 🗆 Washer 🗆 D			0		- 1		
🗆 Garage 🗆 Street Parki	ng 🗆 Off Street Parking	1							
		-	Bu	siness Address				Current Address	
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			10			ata (inity ad/ )))	"		
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									The data sector
			Con	tact millo who will attend i	wovern inspe	cuon il different a	above	Head of Household Last 4 of Social Se	curity Number

Previous editions are obsolete

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

Owners: If your property was built before 1978, fill out this form or provide a copy of your own disclosure form

#### Lead Warning Statemen

HUD-52517 (7/2019)

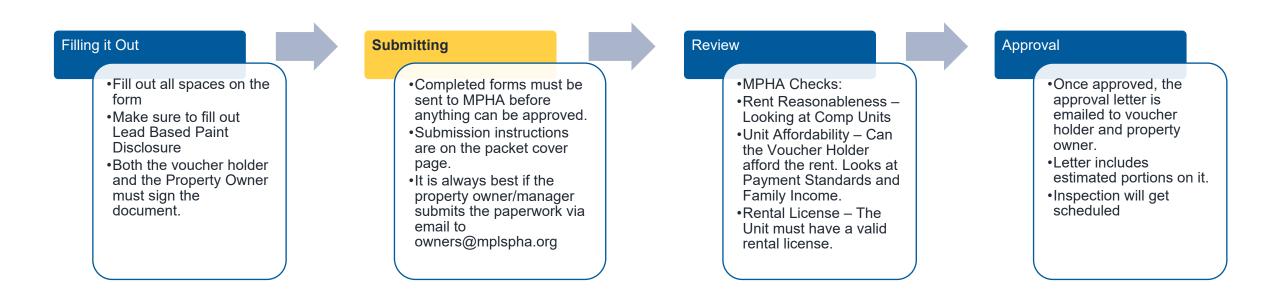
Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, property owners must disclose the presence of known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

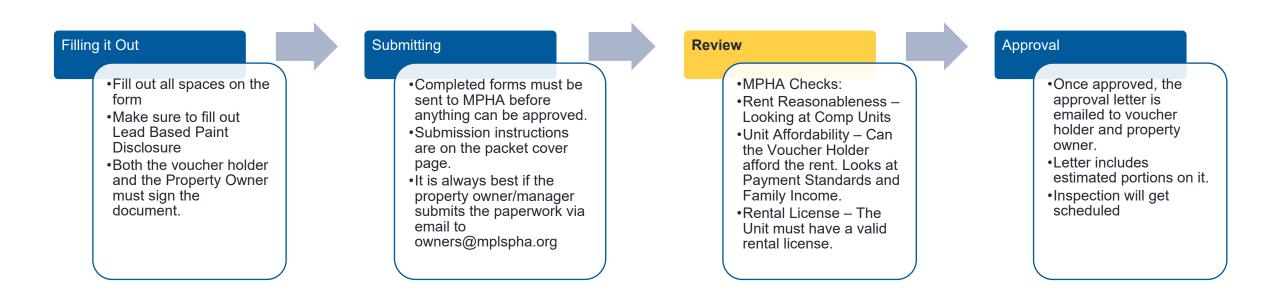
#### Property Owner's Disclosure

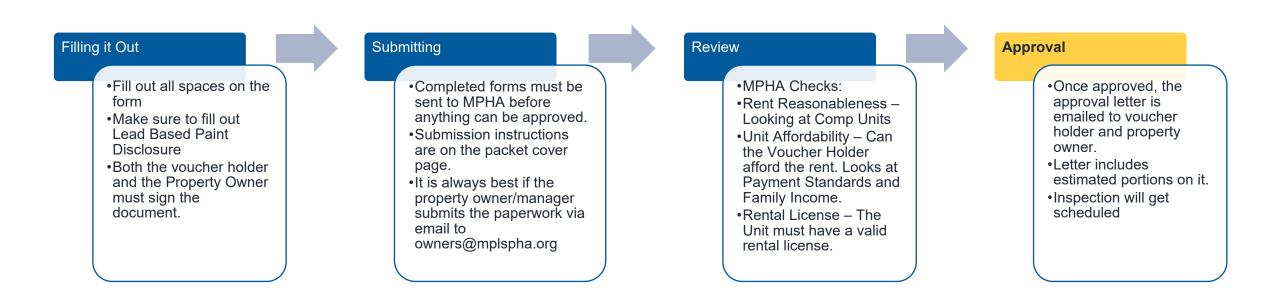
	Known lead-based paint and/or lead-based paint hazard	s are present in the housing. Explain:
	Property owner has no knowledge of lead-based paint a	nd/or lead-based paint hazards in the housing
Record	s and reports available to the property owner. Check one:	
	Property owner has provided the tenant with all availabl	e records and reports pertaining to lead-
	based paint and/or lead-based paint hazards in the hou	sing. List documents:
	Property owner has no reports or records pertaining to hazards in the housing.	ead-based paint and/or lead-based paint
's Ack	nowledgment	
Initial	Tenant has received copies of all information listed above.	
Initial	Tenant has received the pamphlet Protect Your Family from	Lead in Your Home.
s Ackno	wledgment (if applicable)	
Initial	Agent has informed the property owner of the property owner	ner's obligations under 42 U.S.C. 4852(d) and is
	aware of his/her responsibility to ensure compliance.	
owing	f Accuracy parties have reviewed the information above and certify, to the e and accurate.	best of their knowledge, that the information the
Prope	rty Owner Signature	Date
		1.8.2
Tenan	t Signature	Date
Tenan	t Sgnature	Date

1001 WASHINGTON AVENUE N, MINNEAPOLIS, MN 55401 (612) 342-1400 WWW MPHAONLINE.ORG EQUAL HOUSING OPPORTUNITY - EQUAL EMPLOYMENT OPPORTUNITY

#### Housing Choice Voucher Lunch and Learn





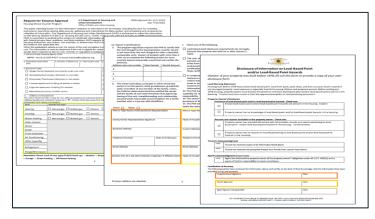


### **Approval**

- Once approved, the approval letter is emailed to voucher holder and property owner.
- Letter includes estimated portions on it.
- Inspection will get scheduled

MIMASAPOLIS PUBLIC HOUSING AUYHOWITY
Date
Property Owner/Manager Name and Email Voucher Holder Name and Email
RE: Submitted Request for Tenancy Approval and Estimated Rent Portions RTA Unit Address:
The Request for Tenancy Approval (RTA) submitted <b>has been approved</b> and the initial move-in inspection request has been submitted. The property owner will be notified via e-mail of the date and time of the scheduled inspection. If the participant wants to attend the inspection or learn about the results, please make arrangements directly with the property owner.
<i>Important:</i> Since June 1, 2017 the rental subsidy start date can be effective on the date the unit passes HQS Inspection <u>and</u> the participant both receives possession of the unit and fulfills any previous lease agreement. Please send the signed lease to <u>owners@mplspha.org</u> .
Additionally, the <u>estimated HAP and rent portion are below:</u> Contract Rent: <b>Total Rent Amount</b> Estimated HAP: <b>MPHA's Portion</b> Estimated Participant Rent Portion: <b>Tenant Portion</b>
<i>Important:</i> the HAP and participant's estimated rent portion are subject to change in accordance to program guidelines.
Please note, we use the Smartsheet platform to send automated messages to owners and participants. If you receive one of these messages, please note it is not junk and do not reply directly to those messages.
Thank you, Minneapolis Public Housing Authority (612)342-1480
English This information is important, if you do not understand it, please call your MPHA representative, for free language assistance

# Key Things to Remember – RTAs



Property Owner/Manager AND Voucher Holder MUST sign the RTA documents

Incomplete or missing documents will delay the approval process.

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 mer shall pay for all utilities and p Natural gas 🔲 Bottled gas 🗌 Electric 🗌 Heat Pump 🗌 Oil 🗌 Othe □ Othe Bottled gas Natural gas 🛛 Bottled gas 🗌 Electric Oil Othe Water Heating Other Electric Water Sewer Trash Collection Air Conditioning Other (specify) Refrigerator HUD-52517 (7/2019

Utility Information MUST be correct.

If the utility assignments are different when we receive the lease, then either a new RTA will be needed, or a corrected lease will need to be submitted.

	PUBLIC DUSIN G
D	ate
	roperty Owner/Manager Name and Email oucher Holder Name and Email
	E: Submitted Request for Tenancy Approval and Estimated Rent Portions TA Unit Address:
in ar	he Request for Tenancy Approval (RTA) submitted <b>has been approved</b> and the initial move-in spection request has been submitted. The property owner will be notified via e-mail of the date nd time of the scheduled inspection. If the participant wants to attend the inspection or learn bout the results, please make arrangement directly with the property owner.
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C) E!	dditionally, the <u>estimated HAP and rent portion</u> are below; ontract Rent: Total Rent Amount stimated HAP: MPHA's Portion stimated Participant Rent Portion: <b>Tenant Portion</b>
	<i>nportant:</i> the HAP and participant's estimated rent portion are subject to change in accordance to rogram guidelines.
p	lease note, we use the Smartsheet platform to send automated messages to owners and articipants. If you receive one of these messages, please note it is not junk and do not reply rectly to those messages.
	hank you.

Approval Letter will have estimated portions on it. Until Lease up is completed, these are the portions that should be used.

## After Approval

Once the RTA is approved, the file gets sent to the inspections team.

For More Information regarding Inspections, please review previous Lunch and Learns about Inspections:

https://mphaonline.org/section-8/lunch-and-learns/

Once the unit passes inspection, sign the lease and send it to <u>owners@mplspha.org</u>. If the family moves in prior to the unit passing inspection, they are responsible for 100% of the rent until the unit passes inspection.

The next step in the process cannot start until MPHA receives a copy of the signed lease.

# Lease Up

Tracee Smith



### Lease Up

The Lease Up is the process where MPHA reviews the lease, ensures the information is correct, calculates final portions, and sets up payments.

- Process does not start until the lease is received by MPHA.
- Once everything is processed, letters are sent to the Property Owner and the Tenant with the final portions.
- A HAP Contract is also sent to the Property Owner for signature. Payments cannot be released until HAP Contract is returned to MPHA.

CONSULT WITH A LA	WYER TO D	ETERMINE THAT THIS CONTRACT A ity arising out of use of this form.	nesota. BEFORE YOU USE OR SIGN THIS LI DEQUATELY PROTECTS YOUR LEGAL RIG	HTS. Minnesota State
The Office of the Min	nesota Atto	ney General certifies that this contra	ct complies with the requirements of Minn.	Stat. \$325G.31 (1999).
OTHERWISE AN APP	ROVAL	T BT THE MINNESOTA ATTORNET O	SENERAL UNDER THE PLAIN LANGUAGE C	UNITACT ACT IS NOT
Landlord and Ten	ant arri			
TENANTS. (Eac			_	U.S. Department of Housing
		Housing Assistance Pa	yments Contract	and Urban Development
OTHER OCCU	PANTS	(HAP Contract)		Office of Public and Indian Housing
L LYDL ODD		Section 8 Tenant-Base Housing Choice Vouch		
LANDLORD. The Premises ("F	manica	Privacy Act Statement. The		
at (street address)		Section 8 of the U.S. Housing address is mandatory. The inf		MINNEAPOLIS
and garage no.	, 5	of housing assistance paymer appliances are to be supplied		M
Term of Lease. (		regulatory investigations and p		
Starting Date of	Possess	Failure to provide any of the in		
Monthly Rent \$ Late Fee \$		Instructions for use of HAP	DATE	N. N. EAPOLIS
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		is used to provide Section housing choice voucher pro		
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LEASE:		regulation for this program i 982.	Property Owner Addre	
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FIRST MONTH	'S UTI	agency (PHA) . The HAP co and the owner of a unit occ	Re: Rent Change Noti	
LAST MONTH	S REN'	and the owner of a unit occ contract has three parts:	The changes shown be	Tenant Name
SECURITY DE		Part A Contract information (	NAME at UNIT ADDRE	Tenant Address
		section by section instruction Body of contract		
FIRST MONTH		Part C Tenancy addendum	Contract Rent:	
FIRST MONTH		Use of this form	HAP Amount:	Re: Rent Change Notification
OTHER (Specif	y)	Use of this HAP contract is	Tenant Amount:	The changes shown below take effect: EFFECTIVE DATE. The following is a breakdown of the new rental
		HAP contract is not permitte word in the form prescribed b		amounts:
		However, the PHA may choo	The reason for this ch	Contract Rent: Total Rent
Notice. Under Min customer of record		Language that prohibit deposit in excess of p	_ REEXAMINATION	HAP Amount: MPHA Portion
UTILITIES:	Inc	amounts charged by t	INTERIM ADJUSTN	Tenant Amount: Tenant Portion
cillinitis.	Choic	prohibition must be add	X RENT ADJUSTMEN	The second facility descents due to
-		Language that defines the PHA is deemed rec	_ CHANGE IN FAMIL	The reason for this change is due to:
	LAND	by the PHA or actual		REEXAMINATION - Annual Review of family income and/or composition, or Agency Correction.
		must be added to Part A	If you have questions	INTERIM ADJUSTMENT - Interim change in family income and/or composition.
		To prepare the HAP contract.	number listed below.	X RENT ADJUSTMENT - The owner/agent request for a contract rent adjustment.
UTILITY OR		of the contract. Part A must PHA.	Sincerely,	_ CHANGE IN FAMILY COMPOSITION
SERVICE	(Utiliti	Use for special housing type		If you have questions concerning the determination of your portion, please feel free to contact me at the
	include	In addition to use for the bas must also be used for the foll	HCV Technician	number listed below.
		voucher program variants fo	Minneapolis Public Ho	Humber Insea below.
Natural Gas		Subpart M): (1) single n congregate housing: (3) gro	(612) 342-1480	Sincerely,
Water & Sewer		congregate housing; (3) gro manufactured home rental b		
Electricity		home and space. When this the special housing type sh		HCV Technicion Minneapolis Public Housing Authority
Fuel Oil		contract, as follows: "This I special housing type under		Minneapolis Public Housing Authority (612) 342-1480
Garbage Collection		voucher program: (Insert Nar		(011) 012 1100
Telephone	l			
	1			English: This information is important. If you do not understand it, please call your MPHA representative for free language assistance.
		Previous editions are obsolete		Somali: Halkan waxaa ku qoran war ama akhbaar aad u muhim ah, haddii aad fahmi kari weydo, fadlan ula tag wakilka hay'adda MPHA si aad tarjumaad bilaash ah uga hesho.
		r remous canons are obsored		bilaash ah uga hesho. Hmong: Yog koj tsi to taub txog cov ngi lust seem ceeb no, thov hu mus rau ntawm tsev luam ghov chaw ua hauj lwm MPHA peb yuav pab ntshais rau nej
				Oromo: Beeksifni kun hedduu barbaachisaa dha. Yaadhi isaa hoo isiniif hin gale ta'e, balka bu'aa MPHA sikka afaan isiniif hiikamu gargaarsa tolaa gaafacliaa.
				Spanish: Esta informacion es importante, si usted no lo entienda, por favor póngase en contacto con MPHA para asistencia linguística gratuita.
				Ambaric: ይህ መረጃ ወሣም እንፈላጊ አው። ምን እንደሚሉ የማይንዩም ክንኑ ከየ ለቡዓለ (ሚንደምሌስ የመንከት የመኖሪያ ቤቶች ባልስለማን) ወኪሉ ጋር ተንናኝተው ወደ የሚሰዋ የተንየ(ግስትርስም) እርዳታ እንዲሰተም ደመደቁ።
			1001 WASHINGTON AVENUE NOI	เขารถูกทรางราช ACS หวังการของสามารถ Laotian: ถึงสามารถสายปล้างในที่กอบแต่งกับปี, ตามกองใหปน์ตาพัก ตองกายเนื้อมกลอง MPHA ของเรียงสุดของสี่ยงปลี่ของ

### Lease Up

- The total rent and utility assignments must match between the RTA, Lease, and HAP Contract
- The initial lease term must match on the Lease and HAP Contract. If they don't, we will need a lease addendum
- The Tenants and Other Occupants listed on the lease must match the Tenant and Household on the HAP Contract.
- Payments will be released once HAP Contract is signed and returned. They will be dated for when the unit passed inspection, or when the tenant moved in, which ever came second.

Request for Tenancy Approval Housing Choice Voucher Program	U.S Department of Urban Developmen Office of Public and 1	nt -	OMB Ap	proval No. 2577-0169 exp. 7/31/2022
The public reporting burden for this information instructions, searching existing data sources, collection of information. The Department of a on this form by Section 8 of the U.S. Housing HUD is committed to protecting the privacy of with foderal privacy laws, guidance, and best Housing Authorities, who collect, use maintain Accordance with applicable laws. When the participant selects a unit, the vomen unit. The information is used to determine if the except when required by law for cold, criminal 3, hann of Public Ionar(Applere) (HN)	gathering and maintain tousing and Urban Dev Act (42 U.S.C. 1437f). individuals' information practices, HUD expect of disseminate HUD of the unit completes 1 e unit is eligible for rem	ting the data need relopment (HUD) Form is only valid is stored electronic is third-party bu information to pro- this form to provid dat assistance. Hill ations and prosec	ied, and completing is authorized to col if it includes an OT ally or in paper fon siness partners, in tect the privacy of 1 e the PHA with info JD will not disclose utions.	and reviewing the lect the information MB Control Number. In, in accordance cluding Public that information in crimation about the
MPHA - fax 612-335-4427 or email owne	rs@molsoba.ord	2, 2001055 01 000	(ever aurea, unit	e, org, some, op cooe)
	rrs 5, Year Constructed	6, Proposed Rent	r, Security Deposit Amt	8, Date Unit Available for Inspection
9, Structure Type:		10. If this unit is	subsidized, indicate	a type of subsidy:
Single Family Detached (one family under	one roof)	Section 202	Section 221	(d)(3)(BMIR)
Semi-Detached (duplex, attached on one a	ide)	Tax Credit	HOME	
Rowhouse/Townhouse (attached on two si	des)	Section 236	(insured or uninsur	ed)
Low-rise apartment building (4 stories or fe	rwer)	Section 515	Rural Development	
High-rise apartment building (5+ stories)		-	ribe Other Subsidy.	
Manufactured Home (mobile home)		or local subs		interest of the second
<ol> <li>Utilities and Applances</li> <li>The owner shall provide or pay for the utilities/a utilities/applances indicated below by a "T". Un refrigeration and range/microwan.</li> </ol>	ppliances indicated belo less otherwise specified	w by an "O". The t below, the owner	enant shall provide shall pay for all utilit	or pay for the ies and provide the
Item Specify fuel type				Paid by
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Cooking Natural gas Both	ded gas 🔲 Electric		Othe	r
Water Heating Natural gas Bott	led gas 🗌 Electric		□ 0 □ □ Othe	,
Other Electric				
Water				
Sewer				
Trash Collection				
Air Conditioning				
Other (specify)				Provided by
Refrigerator				
Range/Microwave				
Amenities: Please mark all that apply D W/D Ho Garage Street Parking Off Street Parking		ryer 🗆 Dishwashe		Vall/Window A/C

~			SIDENTIAL LEA	
CONSULT WITH A LA	y Minnesota State Bar Associatio WYER TO DETERMINE THAT	THIS CONTRACT ADEQUAT	EFORE YOU USE OR SIGN TH ELY PROTECTS YOUR LEGAL	IS LEASE, YOU SHOULD RIGHTS. Minnesota State
	ims any liability arising out of use nesota Attorney General certif			
ERTIFICATION OF	ROVAL OF THE CONTRACT'S	OTA ATTORNEY GENERAL	UNDER THE PLAIN LANGUAG	E CONTRACT ACT IS NOT
	ant agree to the following			
TENANTS. (Eac	h adult who signs this Lea	se is a "Tenant.")		
OTHER OCCUT	PANTS.			
ANDLORD.				
he Premises ("F	remises") includes dwellis			
t (street address)		(city)	MN (zip cod	e)
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ate Fee S	(In the case that t		verdue rent pryment. Minn. Stat. Se	ction 504B.177.)
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UTILITIES:	Included in Rent	Not Include	ed in Rent; Paid or Bille	d Separately
	Choice No. 1	Choice No. 2	Choice No. 3	Choice No. 4
	LANDLORD PAYS SERVICE PROVIDER	TENANT PAYS DIRECTLY TO SERVICE PROVIDER	TENANT PAYS LANDLORD (Reimbursement for securately metered utility or	TENANT PAYS LANDLORD FOR A PORTION OF UTILITIES OR
UTILITY OR SERVICE	(Utilities and services are included in rent.)	(Tenant's Premises has a separate meter and separate billing or account in Tenant's name.)	for service for Tenant's Premises with separate billing or account in Landlord's name.) (ADDED TO RENT.)	SERVICES (Tenant's Premises does <u>not</u> have a separate meter.) (ADDED TO RENT)
			OR EACH UTILITY OR SER	
Natural Gas	1			
Water & Sewer				
Electricity				
Fuel Oil				
Garbage Collection				
	8			

Housing Assistance Payments Contract (HAP Contract) Section 8 Tenant-Based Assistance Housing Choice Voucher Program	U.S. Department of and Urban Develo Office of Public and	oment						
Part A of the HAP Contract: Contract Information (To prepare the contract, fill out all contract information in Part A.) L. Contents of Contract								
Contract of Contract     This HAP contract has three parts:     Part A: Contract Information     Part B: Body of Contract Part		pliances or pay for the utilities an otherwise specified below		· by an " O". The tenant shall p utilities and appliances provid	provide or pay for the utilit led by the outset.			
C: Tenancy Addendum	Item		Specify fuel typ		1_	Provided by	Paid	
2. Tenant	Heating	Natural gas	Bottle gas	Oil or Electric	Coal or Other			
	Cooking	□Natural gas	Bottle gas	Oil or Electric	Coal or Other			
	Water Heating	□Natural gas	Bottle gas	Oil or Electric	Coaler Other		Τ	
3. Contract Unit	Other Electric				· ·			
	Water							
4. Household	Sewer							
The following persons may reside in the unit. Other persons may not be added to the household v the owner and the PHA.	Trash Collection						$\top$	
the owner and the FIIA.	Air Conditioning						1	
	Refrigerator							
	Range/Microwave							
	Other (specify)							
5. Initial Leave Term	Signatures: Public Housing A	gency		Owner				
The initial lease term begins on (mm/dd/yyyy):	Print or Type Name of PEA			Print or Type Name	of Owner			
6. Initial Reat to Owner	Signature			Signature	Signature			
The initial rent to owner is: \$ During the initial lease term, the owner may not raise the rent to owner.	Print or Type Name and Ti	a of Simoney		Drive or Type Name	and Tale of Signatory			
7. Initial Housing Assistance Payment								
The HAP contract term commences on the first day of the initial lease term. At the beginning of the H of the homing assistance payment by the PHA to the owner is \$ per month.	Dete (som/dd/yyyy)			Date (mm/dd/yyyy)				
of the housing systemetry systemetry the PTA to the owner is 3 per mouth. The amount of the monthly housing assistance payment by the PHA to the owner is subject to change in accordance with HUD requirements.	Mail Payments to			Name				
Previous editions are obsolete Page 2 of 12				Address (street, city,	State, Zip)			

# Key Things to Remember – Lease Ups

#### MINNESOTA STANDARD RESIDENTIAL LEASE

	Copyright 2011 by Minnesota State Bar Association, Minneapolis, Minnesota. BEFORE YOU USE OR SIGN THI	S LEASE, YOU SHOULD
	CONSULT WITH A LAWYER TO DETERMINE THAT THIS CONTRACT ADEQUATELY PROTECTS YOUR LEGAL	RIGHTS. Minnesota State
	Bar Association disclaims any liability arising out of use of this form.	
	The Office of the Minnesota Attorney General certifies that this contract complies with the requirements of Mi CERTIFICATION OF A CONTRACT BY THE MINNESOTA ATTORNEY GENERAL UNDER THE PLAIN LANGUAG	nn. Stat. §325G.31 (1999).
	OTHERWISE AN APPROVAL OF THE CONTRACT'S LEGALITY OR LEGAL EFFECT.	E CONTRACT ACT IS NOT
1	Landlord and Tenant agree to the following terms.	
2	TENANTS. (Each adult who signs this Lease is a "Tenant.")	
3		
4	OTHER OCCUPANTS.	
5		
6	LANDLORD.	
7	The Premises ("Premises") includes dwelling unit number	
8	at (street address) (city) MN (zip code	)
9	and garage no. , storage unit no. , parking stall no.	
10	Term of Lease. (Write number of months or "month-to-month.")	
11	Starting Date of Possession Ending Date of Possession (if known)	
12	Monthly Rent \$ Security Deposit \$	
13	Late Fee \$ (In no case may the late fee exceed 8.0% of the overdue rent payment. Minn. Stat. Se	tion 504B.177.)
14	OTHER CHARGES (specify)	
15		
16	RECEIPT. RECEIVED FROM TENANT BY LANDLORD AT THE SIGNING OF THIS	AMOUNT
17	LEASE:	
18	FIRST MONTH'S RENT PAID IN ADVANCE	

Nothing can happen until the lease is received by MPHA.

U.S Department of Housing and Request for Tenancy Approva OMB Approval No. 2577-016 Urban Development exp. 7/31/2022 Housing Choice Voucher Progr MINNESOTA STANDARD RESIDENTIAL LEASE instructions, searching exis ollection of information. The n this form by Section 8 of IN OF A CONTRACT BY THE MINNESOTA ATTORNEY GENERAL UNDER THE PLAN LANGUAGE CON NISE AN APPROVAL OF THE CONTRACT'S LEGALITY OR LEGAL EFFE diord and Tenant arree to the following ter When the participant selec adult who signs this Lease is a "Tena unit. The information is use OTHER OCCUPANTS MDHA - fex 612-225-64 LANDLORD The Premises ("Premises") includes dwelling unit mushe MN (zip code Single Family D Ending Date of Possession (if OTHER CHARGES RECEIPT. RECEIVED FROM TENANT BY LANDLORD AT THE SIGNING OF THE FIRST MONTH'S RENT PAID IN ADVANCE FIRST MONTH'S UTILITIES PAID IN ADVANCE (See Choices 3 and 4 below

If the information does not match between the lease and the RTA, there will be delays.

\* Remember that MPHA approved the unit based on the information on the RTA. If that information changes after the unit is approved, it may result in the unit being denied.

Housing Assistance Payments Contract (HAP Contract)	U.S. Department of Housing and Urban Development Office of Public and Indian Housing
Section 8 Tenant-Based Assistance Housing Choice Voucher Program Privacy Act Statement. The Department of Housing and Urban Developme Section 8 of the US. Housing Act of USI (2013). C. 1437). Collection of fa address in mandatory. The Information is used to provide Section 8 tenant-bu- address in sunchatory. The Information is used to provide Section 8 tenant- tenant and the supplied by the tenant. HUD may dolone this information regulatory investigations and prosecutions. It will not be otherwise disclosed alture to provide any of the Information may result in delay or registor of far	mily members' names and unit address, and owner's name and payment ased assistance under the Housing Choice Voucher program in the form and appliances are to be supplied by the owner, and what utilities and on to Federal, State and local agencies when relevant to civil, criminal, or or released outside of HUD, except as permitted or required by law.
Instructions for use of HAP Contract This form of Housing Assistance Psymetric Contract (HAP contract) is used to provide Section 8 team-based assistance under the housing choice vouches program (voucher program) of the U.S. Department of Housing and Urban Development (HUD). The main regulation for this program is 24 Code of Federal Regulations Part 92.	However, this form may not be used for the following special housing type: (1) numlfactured home space rental by a family that owns the maunfactured home and lease only the space, (2) cooperative housing, and (3) the homeownership option under Section 8(9) of the United States Housing Act of 1937 (42 U.S.C. 1437f8y)).

Section 3. Contract Unit

Enter address of unit, including apartment number, if an

Payments cannot be released until the HAP contract is signed and returned.

Part A Contract information (fill-ins). See

ection by section instructions. Part B

# **Annual Certifications**

**Desmond Carroll** 



DATE Annual ET: CASEWORKER DATE TENANT NAME



#### SIGN & RETURN ALL FORMS WITH PROOF OF INCOME BY DATE

NAME ADDRESS

MINNEAPOLIS, MN ZIP

#### RE: ANNUAL RECERTIFICATION FOR CONTINUED PARTICIPATION

English: This information is important. If you do not understand it, please call your MPHA representative for free language assistance.

Somali: Halkan waxaa ku qoran war ama akhbaar aad u muhim ah, haddii aad fahmi kari weydo, fadlan ula tag wakiilka hay'adda MPHA si aad tarjumaad bilaash ah uga hesho.

Hmong: Yog koj tsi to taub txog cov nqi lust seem ceeb no, thov hu mus rau ntawm tsev luam qhov chaw ua hauj lwm MPHA peb yuav pab ntxhais rau nej

Oromo: Beeksifni kun hedduu barbaachisaa dha. Yaadni isaa hoo isiniif hin galle ta'e, bakka bu'aa MPHA akka afaan isiniif hiikamu gargaarsa tolaa gaafacliaa.

Spanish: Esta informacion es importante, si usted no lo entienda, por favor póngase en contacto con MPHA para asistencia linguistica gratuita.

Amharic: ይሀ መረጃ በጫም አስራላጊ ነው። ምን እንደሚል የግይንዞዎ ከሆኑ፣ ከየ MPHA (የሚንያፖሊስ የመንግስት የመኖሪያ ቤቶች ዓልስልማን)ወኪል .ዶር ተንናኝተው ሰንጻ የሚስዋ የተንキ(ማስተርንም) እርዳታ እንዲስተዎ ይመይቁ።

Laotian: ຄຳຫາກວ່າທ່ານບໍເອົ້າໃຈໃນອໍ້ຄວາມສຳຄັນນີ້, ທ່ານຕອງໃຫ້ໄປຫາທັງ ຫລັງການເຮືອນຫລວງ MPHA ຫລາເຮົາຈະຮຸດພອະທີ່ຫານໃຫ້ທ່ານ.

## You MUST complete all pages of this application and return with proof of income

Completion of your recertification will determine your new rent amount and will be effective [DATE]. *Important:* to avoid a loss of rental subsidy you will need to do the following:

- Return all forms we have provided along with documentation of all sources of income.
- · Provide school schedules listing credit hours for any adult full-time students.
- Return everything signed by [DATE] using one of the methods we've provided.

Mail 1001 Washington Ave N, HCV Dept, Minneapolis, MN 55401, or drop off (lockbox is located in the front entrance MPHA does not discriminate in admission or access to, or treatment or employment in, its federally assisted <u>program</u> <u>RETURN THIS PAGE WITH PROOF OF ALL INCOME</u>

### **Annual Certifications**

All Families are required to recertify with MPHA on an annual basis.

Packet is sent via USPS 2 months before recertification date.

Everything must be submitted prior to the due date on the packet.

Failure to submit paperwork before deadline can result in losing the voucher.

Housing Choice Voucher Lunch and Learn

the purpose of verifying my eligi receive income information un independently verifying what th	D or the HA to request and obtain inco- bibility and level of benefits under HUD' der this consent form cannot use it is amount was, whether 1 actually had a portunity to contest those determination this after signed.	's assisted housing programs. I unde to deny, reduce or terminate assi access to the funds and when the fun	rstand that HAs that stance without first								
Signatures:	U U										
Head of Household			U.S. Department of Housing	a							
Social Security Number (if any) of Head of	Authorization for the Rel Privacy Act Notice		and Urban Development Office of Public and Indian He	ousing							
Spouse	to the U.S. Department of Housing a and the Housing Agency/Authority (I PHA requesting release of information; (Cro- (Full address, name of contact person, and d	HA)	OMB CONTROL NUMBER: 2591-0014 exp. 07/31/2021 juesting release of information: (Cross out sp	pace if none)							
Other Family Member over age 18 Other Family Member over age 18		fate) (Full ad	dress, name of contact person, and date)								
Privacy Act Notice. Authority: by the U.S. Housing Act of 1937 Housing Act (42 U.S.C. 3601-1	MINNEAPOLIS PUBLIC HOUSIN HCV PROGRAMS 1001 WASHINGTON AVE N MINNEAPOLIS, MN 55401	i	1								
Indiang Prec (w2 010 C) 500 C) participants to submit the Social other information are being coll- will pay toward rent and utilities. HUD-assisted housing programs This information may be release investigators and prosecutors. H or required by law. Penalty: Yo and all other household member	Authority: Section 904 of the Assistance Amendments Act of of the Housing and Community Section 3003 of the Omnibus Bu This law is found at 42 U.S.C. 35- This law requires that you sign a c	Г	LEAD OUEST	IONNAIRE							
and an outer neoded of the first second of the second	and the Housing Agency/Authorit salary and wages from current or the HA to request wage and une information from the state ager information; (3) HUD to request c the U.S. Social Security Adminis U.S. Internal Revenue Service. 1 verification of income information request information from finan eligibility and level of benefits.	<ol> <li>Do you have ar No acknov Yes If yes</li> <li>Have the childr No initial Yes If yes</li> </ol>	<ol> <li>Use the assisted unit for n</li> <li>Notify the PHA in writing y</li> <li>Request within 10 busines unit.</li> <li>Promptly notify the PHA i</li> <li>Give the PHA a copy of an</li> <li>A pay utility bills and provid</li> </ol>	wher in writing before moving out of esidence by the family. The unit mu- within 10 business days of the birth, is days PHA written approval prior to n writing if any family member no lo ny owner eviction notice within 3 day de and maintain any appliances that using Chalth's Krandard (HOC) breact	st be the family's only resi adoption, or court-awarde adding any other family n onger lives in the unit. ys of receipt. the owner is not required	dence. ed custody o nember as a to provide u	n occupant of the				
Penalities for Misusing this Consen HUD, the HA and any owner (or any Information collected based on the ou- Use of the information collected base reguests, obtains or discloses any inf than 50.000	Purpose: In signing this consen and the above-named HA to requesteries intermediate to verify your boushehd's income eligible for assisted horizing berne matching programs with these eligibility and level of benefits. Uses of Information to be Obta the income information it obtains of 1974, 51 SLS C552a. HUD than tax return information for ear	Child's Name	The family (including 1. Breach any repayment 2. Own or have any intery manufactured homes 3: 3. Commit fraud, bribery 5. Engage in drug-related health, safety or right premises. 6. Sublease or let the unit 7. Receive housing choice	OTHER INFORMATION 1. Do you plan to add anyon 2. Have you or anyone in you crime, including misdement	e to your household in th ur household ever been ar eanors, other than traffic \ d any fraud in a federally-a	e future? If rested, chai violations? I ssisted hous	ged, or convicted of any	Circle: Y or Y or Y or Y or	r N r N		
Any specificant or participant affected t the officer or many specification of the officer or many index of the original is retained by the requesting of Original is retained by the requesting of	agencies for employment autuble purpose of determining housing as to protect the income information applicable State provides for autothering and the state of the state of the state autotherized by this form. Who Mast Sign the Consent household who is 18 years of ag members, joining the Noueback household become 18 years of ag Olganis related by the requesting of the	I hereby give conso lead testing done of	unit or a different unit 8. Damage the unit or premises. 9. Receive housing choice grandparent, grandchil notified the owner and relationship, would pro 10. Engage in abuse of aice residents and persons 11. Engage in or threaten a Any information the	A re you or any member maternity, or other lear Does anyone outside or To by you or any member business? Examples in your taxes from last ye LANGUAGE SURVEY Do you or another adult ho If not, would you like	You must use the     All household me     HOUSEHOLD IN     Head of Household Nam	ASE READ		FULL USING B		_	
L		consent forms exp Signature of Head of Hou	RECERTIFICATION AG I/We understand that the a Information given will be wi- the information given on the that providing false stater I/We further understand that days, of any changes in addr MPHA Section 8 Program. Signature of Head of Household	Language in which as Do you or another househe If not, language(s) read: UNIT & EMERGENCY Have you received a contra Are you vacating your unit scheduled for the briefing. Do you need to update you form can be found online :	Phone Number HOUSEHOLD CO Full Name As it appears on Social Security Card	OMPO	Did you or anyone in your     Do you or any member of     I authorize Hennepin Cou     Ves, please provide C     *Income includes: all money	r household have your household nty to release to Case # from all sources	tt provide proof of income (check e changes in income* increase d own any assets valued over \$50,000? & MPHA information related to my assista s, earned or unearned, income from asset storad, or self-employment (own business,	decrease no No No Yes nce received from this	change? is agency. ome, self- e
			Signature of Adult Household Me Signature of Adult Household Me Signature of Adult Household Me Signature of Adult Household Me	OBLIGATIONS OF TH When the family's unit is below in order to contin The family must: 1. Supply any information immigration status, an		Head o Househ	Name of Household Member Receiv	ving Income Na	ame of Employer	Gross Income, not net \$ Gross Income, not net \$	t <u>Circle o</u> Week Two w
			Signature of Adult Household Me Revised 10/2021	<ol> <li>Things door status, and con status, and con 2.</li> <li>Documentation must b any change in income - 3.</li> <li>Disclose and verify soci 4.</li> <li>Supply any information family absence from th 5.</li> <li>Request permission frc</li> </ol>			Name of Household Member Receiv		ame of Employer ame of Employer	Gross Income, not net Gross Income, not net Gross Income, not net	Two we
				<ol> <li>Request permission ne exceed 90 days. Any fa</li> <li>Promptly notify the PH accordance with PHA p</li> <li>Allow the PHA to inspe</li> </ol>			Name of Household Member Receiv	ving Income So	purce of Income	Gross Income, not net	Two w
			L				Name of Household Member Receiv	ving Income So *st Ving Income So	Child Support Durce of Income timulus money will not be counted as income Inemployment Durce of Income	\$ Amount \$ Amount	per week
Housing	g Choice	Vouche	r Lunch	and Lea	Piease use a blank page	to list any	Name of Household Member Receiv	ving Income So SS ving Income So	IFIP/GA (cash assistance) urce of Income SI burce of Income burce of Income burce of Income burce	\$ Amount \$ Amount \$ Amount \$	per mont per mont per Week Two weel

### **Annual Certifications**

Every page that needs a signature must be signed by all household members over 18.

Documents that are needed:

- Proof of Income for All Household • Members
- **Completed and Signed Household** • **Information Form**
- Lead Questionnaire  $\bullet$

per Week or Two weeks

Month or Ye

**Release of Information** •

1. Did you or anyone in your household	have changes in income* 🔲 increase	🛛 decrease 🔲 no cl	hange?
2. Do you or any member of your house	hold own any assets valued over \$50,000?	No Yes	
	se to MPHA information related to my assist		agency.
Yes, please provide Case #	,		0 ,
·· · ·	rces, earned or unearned, income from asse	ets rental property incor	ne self-emi
	, seasonal, or self-employment (own busines		
	, , ,	,	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	<u>Circle one</u> Week
			Two week
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two week
		\$	Year
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two week
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two week
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week
		\$	Two week
Name of Household Member Receiving Income	Source of Income	Amount	
	Child Support	Ś	per week
Name of Household Member Receiving Income	Source of Income	Amount	
	*stimulus money will not be counted as income	Ś	
Name of Household Member Receiving Income	Unemployment Source of Income	Amount	per week
Name of Household Member Receiving filcome	Source of meome	Amount	
	MFIP/GA (cash assistance)	\$	per month
Name of Household Member Receiving Income	Source of Income	Amount	
	SSI	\$	per month
Name of Household Member Receiving Income	Source of Income	Amount	per Week or
	Other	s	Two weeks Month or Ye

### Housing Choice Voucher Lunch and Learn

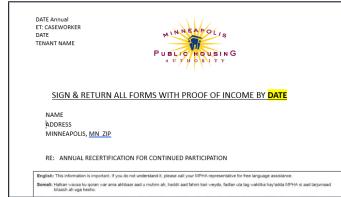
### **Annual Certifications**

New Change in Income Policy – Will discuss in the Interims Section

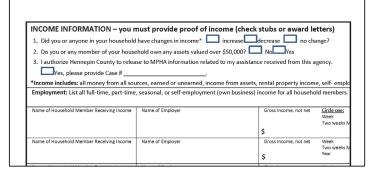
### Proof of Income required for All Adult Members of the Household:

- 3 of your most recent pay stubs,
- Unemployment
- Child Support
- Misc. Income
- Proof of Full Time Student Status where applicable
- Zero Income Form for Adults in Household with Zero Income

### Key Things to Remember – Annual Certifications

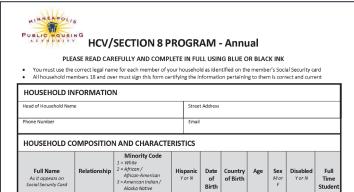


Annual Certifications are a program requirement. Failure to provided the necessary documentation by the due date can result in the family losing their voucher.



Make sure to provide all sources of income, or proof of zero income.

If income is unreported and later discovered, it may result in a repayment agreement with the Housing Authority.



Dependents in the household who are 18 by the recertification date are considered Adults in the Household for the purpose of the Recertification.

April Christopher



Interim Actions are processed during the tenancy, and not part of the annual recertification.

There are four types of Interim Actions.

Interim Actions may result in change of portions.

Adding a Family Member to the Household

Removing a Family Member from the Household

Change in Income

Change in Rent

### Adding a Family Member to the Household

### Documents Needed for New Adult Member:

- MPHA's Add Adult Member Packet
- Copy of Social Security Card
- Copy of Photo ID
- Proof of Income for New Household Member
- Proof of Assets over \$50,000
- Written Approval from Property Owner Approving the Addition to the Lease
- MPHA Approval

Documents Needed for New Minor by Birth:

- Copy of Birth Certificate
- Copy of Social Security Card
- Declaration of 214 Status

Documents Needed for New Minor by Other Circumstances:

- Copy of Birth Certificate
- Copy of Social Security Card
- Declaration of 214 Status
- Court Awarded Custody Documents (If Applicable)
- Notarized Letter from Child's Parent Designating Custody and Length of Stay (If Applicable)
- Foster Care Documents (If Applicable)



#### Description of Immigration Status Categories

Eligible immigration status and 62 years of age or older: For non-citizens who are 62 years of age
or older were receiving assistance under a Section 214 covered program on June 19, 1995. If you are
eligible and elect to select this category, you must include a document providing evidence of proof of
age. No further documentation of eligible immigration is required.

C. Immigration status under§§101(a)									
for permanent residence, as defined by §1 immigrant, as defined by §101 (a)(15) of [ <i>immigrant status</i> ]. This category include U.S.C. 1160 or 1161), [ <i>special agricultura</i> ]		Section 8 bice Voucher Pro	Declar ogram of 214 S						
<ol> <li>Permanent residence under §249 of 1 1972, or such later date as enacted by lay then, and who is not ineligible for citizens residence as a result of an exercise of disa 1259) [annesty granted under IM4 249].</li> <li>Refugee, asylum, or conditional entry</li> </ol>	All family members who will benefit under the Secti program must either be a ditzen/national of the Ur States (U.S.) or be a citizen with eligible immigra status, as determined by the U.S. Department of Hos and Urban Development (HUD) and U.S. Citizensh Immigration Services (USCIS).	hited Head of House	shold name:	lev. Ode 12 22 -2016					
who is lawfully present in the U.S. pursua ( <i>relapee status</i> ); pursuant to the granting INA (U.S.C. II 53(a)(7)) before April I, 19 race, religion, or political opinion or becau [ <i>conditional entry status</i> ]. Parole Status under §212 (d)(5) of II	Immigration services (USLIS). INSTRUCTIONS: All family members who claim to be a citizen/national be listed on this form and should check one box. If I either a citizen/national of the U.S. OR a noncitizen w members should fill out the "Non-Contending Form." consult with an immirration lawere or another immigra	here are family membe	ers residing in the unit that do no a status, they should not check ar mplete this form carefully; please	t claim to be					
of an exercise of discretion by the Attorne the public interest under §2l2(d)(5) of the 5. Threat to life or freedom under §243	The head of household and all adult household m by an adult member of the household who is resp CERTIFICATION:		*	INNEAPOLIS					
a result of the Attorney General's withhold [threat to life or freedom]. 4. Amnesty under §245A of INA. A non- under §245A of the INA (8 U.S.C. 1255a)	I certify under penalty of perjury that, to the be below, am lawfully within the United States becau A. Citizen by birth or Naturalized citizen/national B. Eligible Immigrant 62+ years of age C. Immigrant status		Pu	BLIC HOUSING					
	D. Permanent Resident status (See rear of form for description of the above categories)				NGE REQUEST				
	FIRST NAME MI LAST NAME  1	change. Failure to repay money	to report a change in household to MPHA.	composition and provide re-	e within thirty (30)* business days o quired documentation may require				
	2 3	The change will	a list of the required documents be effective on the first of the mation and to provide a 30-day						
WASHINGTON AVENUE NORTH MINNEAPOLIS, MN EQUAL HOUSING OPPO	4 5 6.	If you report a change in January, Janu     Fobury, then is the waiting month, all     both you and the property owner a 30     The change will be effective. March 14				11			
	7 8.	To Add a Minor • Social Se	<ul> <li>Child to your Household throu ecurity Card</li> </ul>		PUBLIC	HOUSING			
	9 10	Birth Carificate     Adoption Court Documents     To Add a Minor Child to your Household throu     Sorial Security C.rdd     Birth Carificate     Court Awarded Custody Documents C				FAMILY COMPOSITION CHANGE REQUEST This form WILL NOT BE ACCEPTED without the required documentation. (see other side for instructions on required documentation)			
			warded Custody Documents O		(see other side for instruct	tions on required docume	ntation)		
	Signature of Head of Household D	Court A     Notarize     To Add an Adult	ed letter from child's parent de It* to your Household: (this per		(see other side for instruct		intation)		
	Signature of Head of Household D Household Member Age 18 and Over D toot WAGHINGTON AVENUE MOVENT MINITAPOLIS, MN EDUAL HOUSING OPPO	Court A     Notarize     To Add an Adul     Contact your Eli     bring the follow     Statemer	ed letter from child's parent de it* to your Household: (this per igibility Technician to schedule : ing documentation to this mee ent from property owner appro	HOUSEHOLD Head of Household Name Street Address		Lest Four Digits of Social Security Number	ntation)		
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## Interim Actions

### Removing a Family Member from the Household

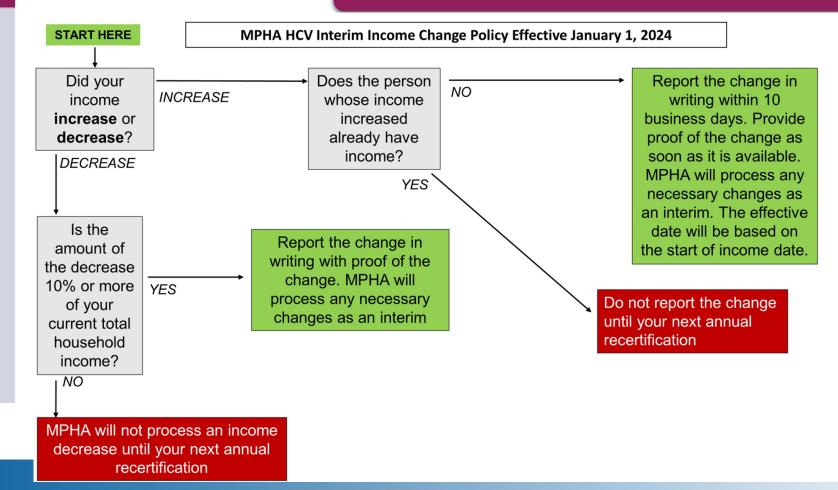
### **Documents Needed**

- Completed Removal of Adult Household Member Form
- Proof of New Address for the Member Being Removed
- No Documents Required for removal of Minor Household Member (other than letting MPHA know)

#### Housing Choice Voucher Lunch and Learn

Proof of Income Needed

- 3 of your most recent pay stubs,
- Unemployment
- Child Support
- Misc. Income
- Proof of Full Time Student Status where applicable
- Zero Income Form for Adults in Household with Zero Income

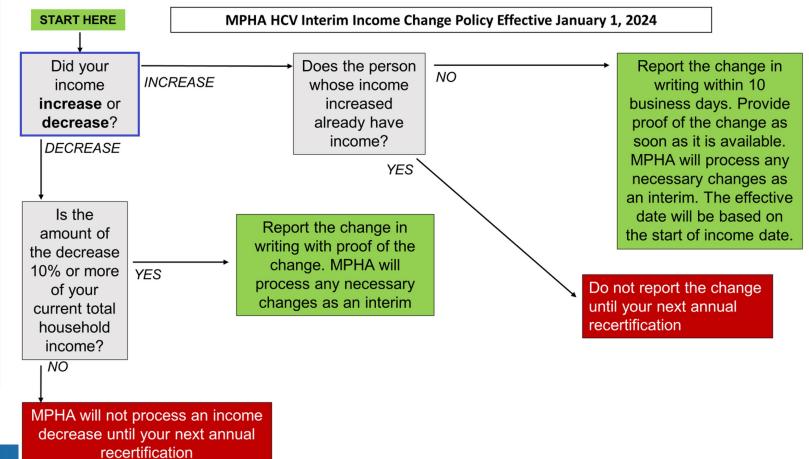


### Change in Income

Housing Choice Voucher Lunch and Learn

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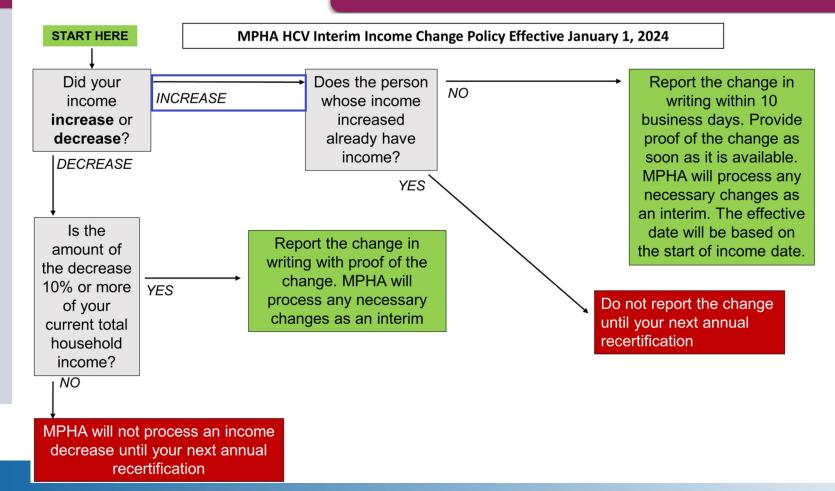


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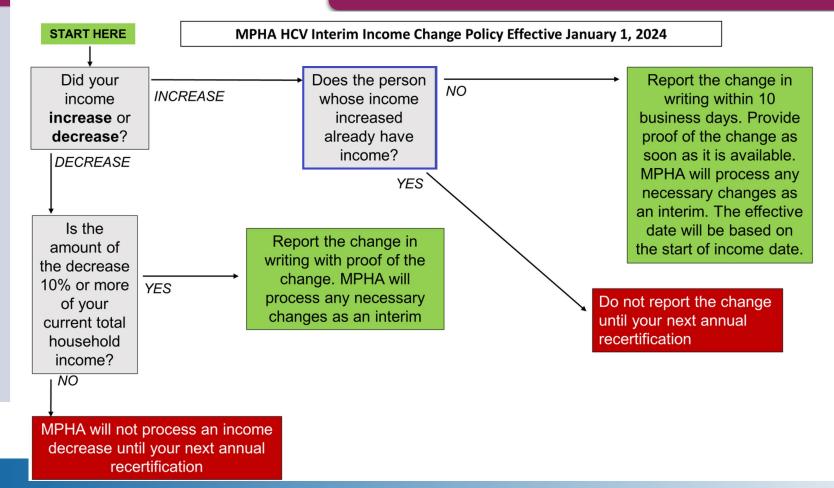


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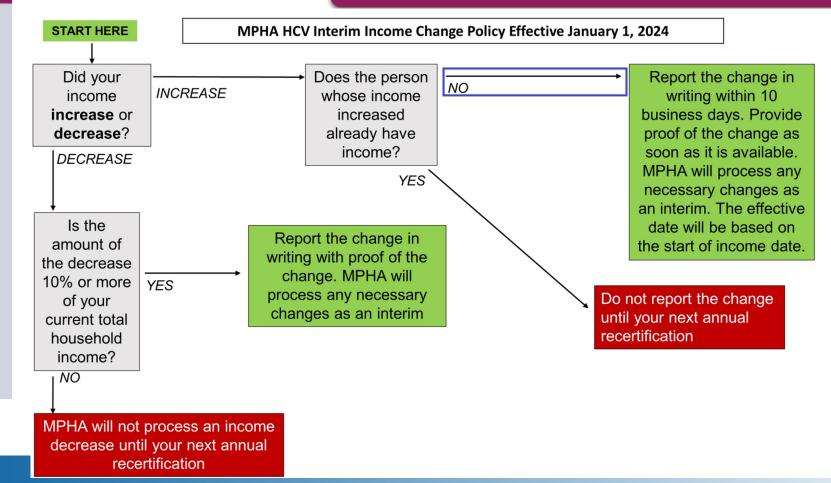


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Housing Choice Voucher Lunch and Learn

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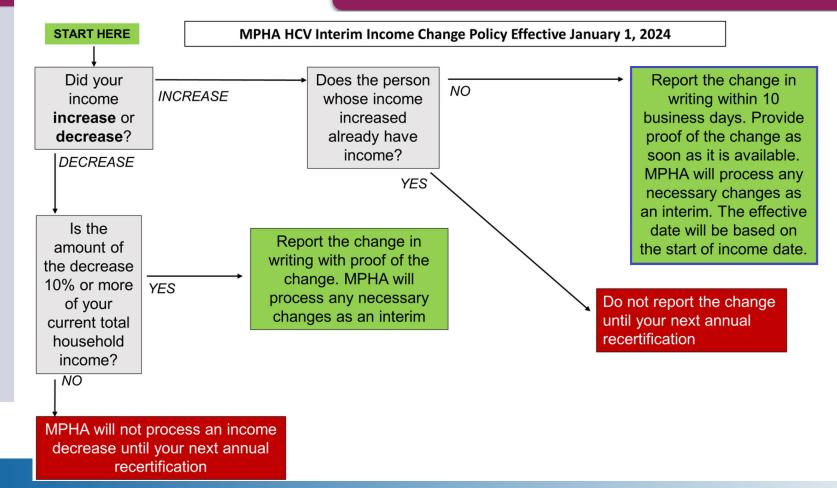
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Change in Income

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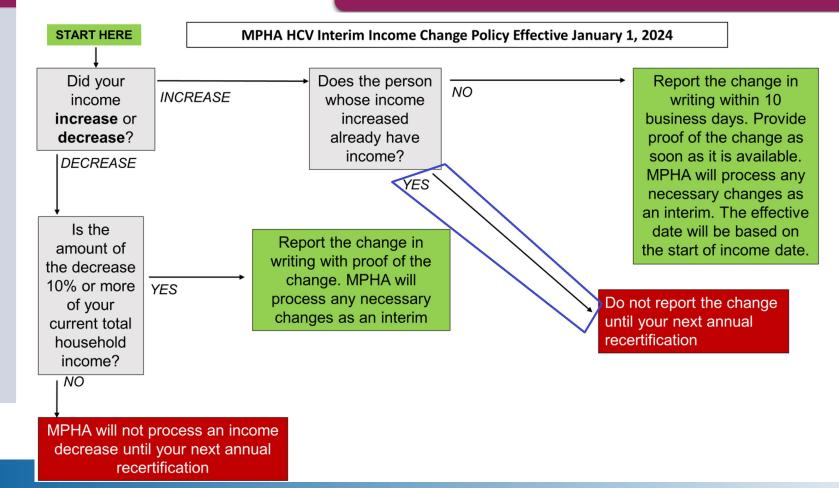
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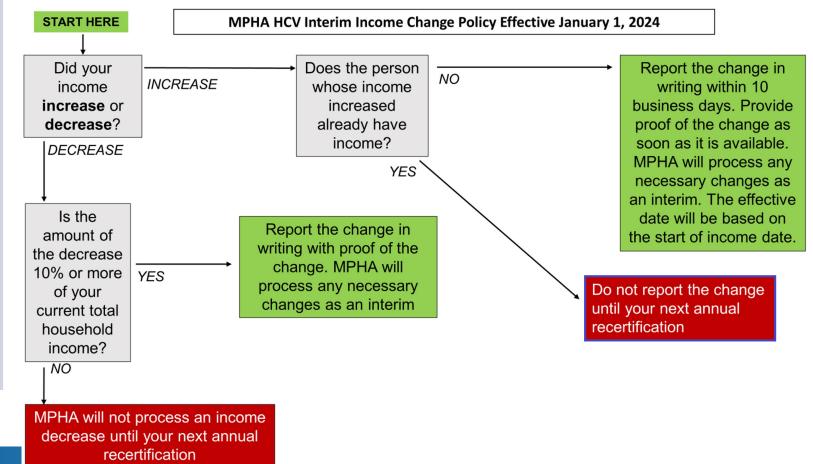
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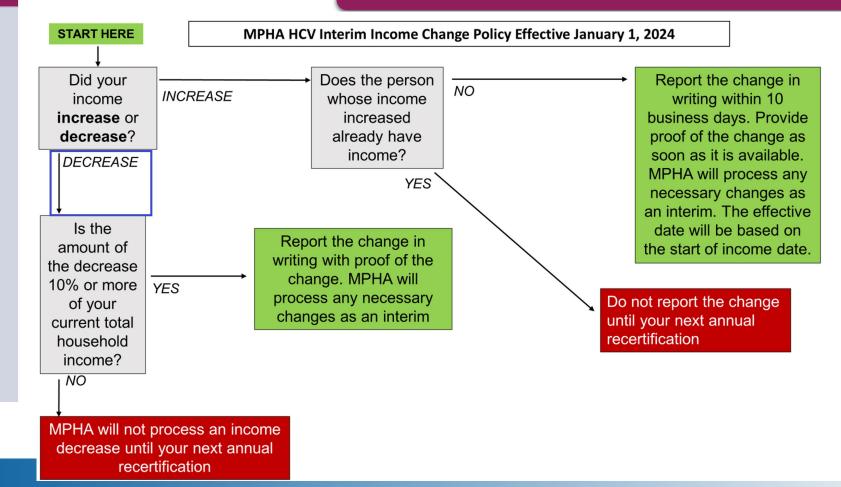
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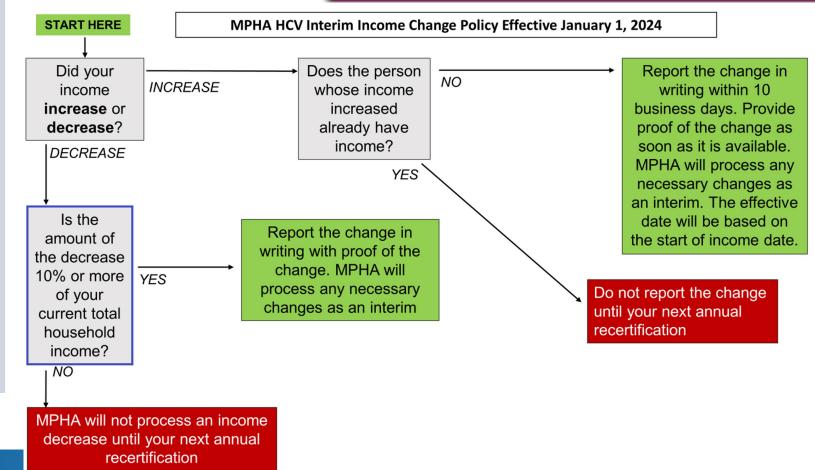
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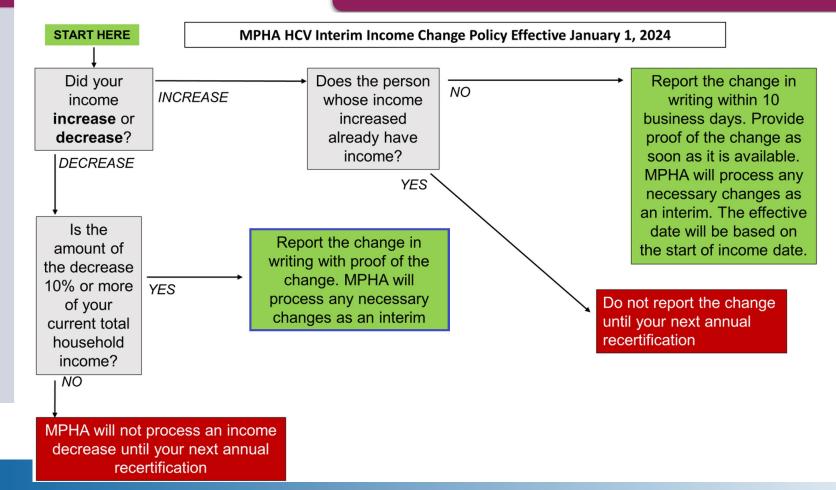
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#### START HERE MPHA HCV Interim Income Change Policy Effective January 1, 2024 Report the change in Did your Does the person NO INCREASE income whose income writing within 10 increase or increased business days. Provide decrease? already have proof of the change as income? soon as it is available. DECREASE MPHA will process any YES necessary changes as an interim. The effective Is the date will be based on Report the change in amount of the start of income date. writing with proof of the the decrease change. MPHA will 10% or more YES process any necessary Do not report the change of your changes as an interim until your next annual current total recertification household income? I NO MPHA will not process an income decrease until your next annual recertification

Proof of Income Needed

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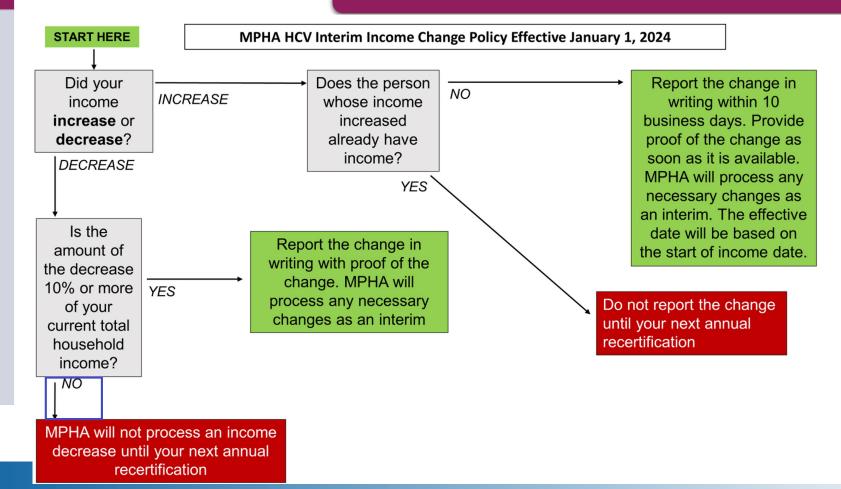


### Change in Income

Housing Choice Voucher Lunch and Learn

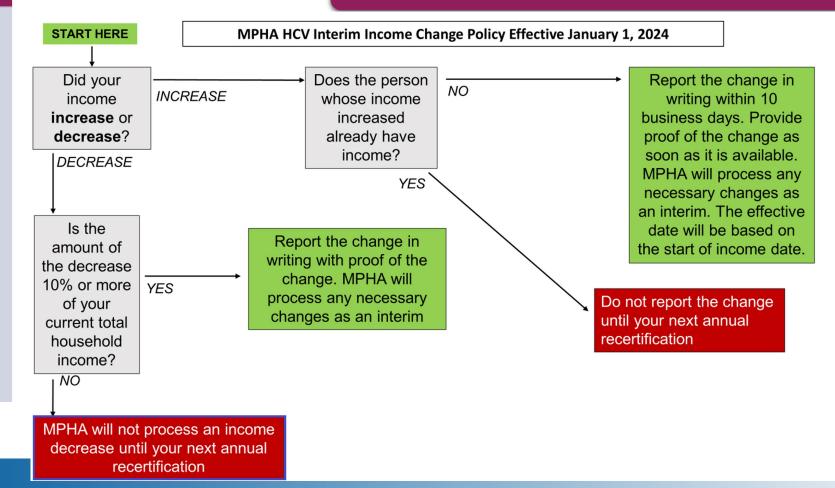
Proof of Income Needed

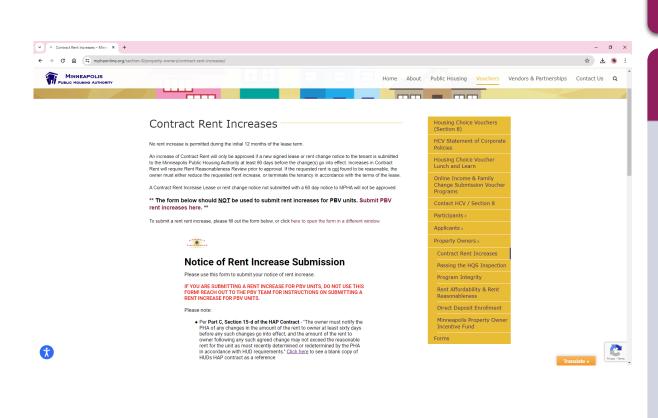
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### Change in Rent

### **New Rent Increase Process**

- Property Owner/Manager Must Submit Rent Increases via form on <u>MPHA Website</u>
- Minimum of 60-Day Notice Required for All Rent Increases
- Cannot Raise Rent Within the First HAP Term
- MPHA Reviews Increase for Reasonableness

## Key Things to Remember – Interims

MPHA HCV Interim Income Change Policy Effective January 1, 2024

NO

Report the change i

writing within 10

isiness days Provid

proof of the change as

soon as it is available

PHA will process and

ecessary changes a interim. The effective

date will be based or

Does the person

whose income

increased

already have

income?

Report the change i

writing with proof of the

change, MPHA will

process any necessary

YES

START HEF

Did your

income

increase or

decrease?

DECREASE

Is the

amount of

the decrease

10% or more YES

INCREASE



HOUSEHOLD INFORMATI	ON
Head of Household Name	Last Four Digits of Social Security Number
Street Address	
Phone Number	Email

Make sure correct and completed documentation is submitted.



Failure to report or submit documentation can result in loss of voucher and/or repayment agreement with MPHA

10 North Statements

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## Vacating and Moving

**Desmond Carroll** 



## Vacating and Moving

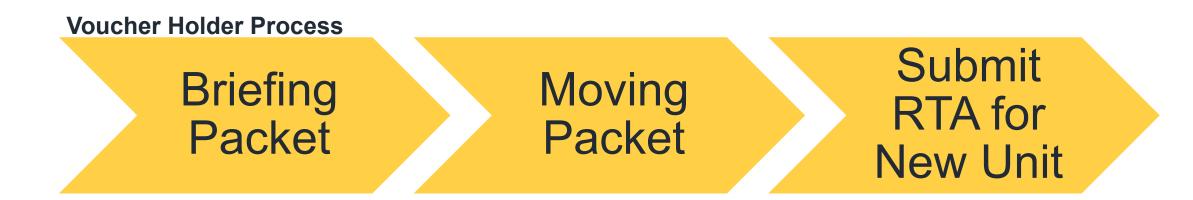
### Notice Submitted by Tenant

- Written notice with landlord signature
- Minimum of 60-day notice

Notice Submitted by Property Owner/Manager

- Written notice that was provided to tenant
- Ask for 60-day notice

## Vacating and Moving



#### **Property Owner/Manager Process**



Housing Choice Voucher Lunch and Learn

## Key Things to Remember – Vacating

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#### STANDARD NOTICE TO VACATE AGREEMENT

You are required to give a PROPER NOTICE to vacate per your lease terms. MPHA strongly encourages that you give a 60-day notice to accommodate your search time and the briefing/inspection processes.

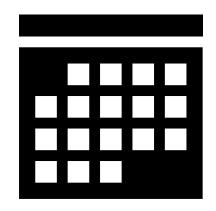
HCV/Section 8 Participants should only move when their lease expires. However, if you are wanting to move before your lease expires you must contact your Eligibility Technician for approval.

We, the undersigned Tenant and Owner/Landlord hereby acknowledge the acceptance of proper notice to move for the property address located at:

Minneapolis. MN 554

If vacate date changes, Notify MPHA right away – In writing, with a new date, or canceling the vacate.

If HAP payments are made for a time after the Tenant vacates the unit, MPHA will recoup the overpayment.



If the Tenant vacates the unit in the middle of the month, the payment for that month will be prorated.

Issues During Tenancy and Tenant Caused Damages

Chad Biggers



### Key Things to Remember – Issues During Tenancy and Tenant Caused Damages



Always Send Copies of Lease Violations to MPHA at <u>Owners@mplspha.org</u>.

Repeated or serious lease violations are also program violations. If you are a current tenant, and are having issues in your unit, make sure to let MPHA know. Email MPHA at hcv@mplspha.org



Watch our previous Lunch and Learn regarding Tenant Caused Damages and Filing a Damage Claim.



# **Questions?**

Add any questions you haven't asked yet to the Q&A tab in your Zoom window

## **Questions?**

Add any questions you haven't asked yet to the Q&A tab in your Zoom window.

Please Remember:

- Don't include personal information in your question.
- For questions about a specific situation, reach out to the contacts to the right

### **Contact the HCV Team:**

## **By Phone:** (612) 342-1480

### By Email:

Property Owners/Managers: <u>owners@mplspha.org</u>

Current Voucher Holders: <u>hcv@mplspha.org</u>

## Thank you for Attending

- All the forms discussed today (except Briefing, Moving, and Recertification Packets) can be found at: <u>https://mphaonline.org/section-8/forms/</u>
- Thank you to our presenters!
- Please take the Lunch and Learn Survey

   will open once the webinar ends.
- Lunch and Learn Website: <u>https://mphaonline.org/section-8/lunch-and-learns/</u>
- Next Lunch and Learn : April 17<sup>th</sup> Fair Housing

