

Welcome!

The Webinar will begin shortly



Welcome!

HCV Lunch and Learn
March 20th, 2024



HCV Process – RTA to Vacate

Speakers:

Sarah King - HCV Technician

Tracee Smith - HCV Technician

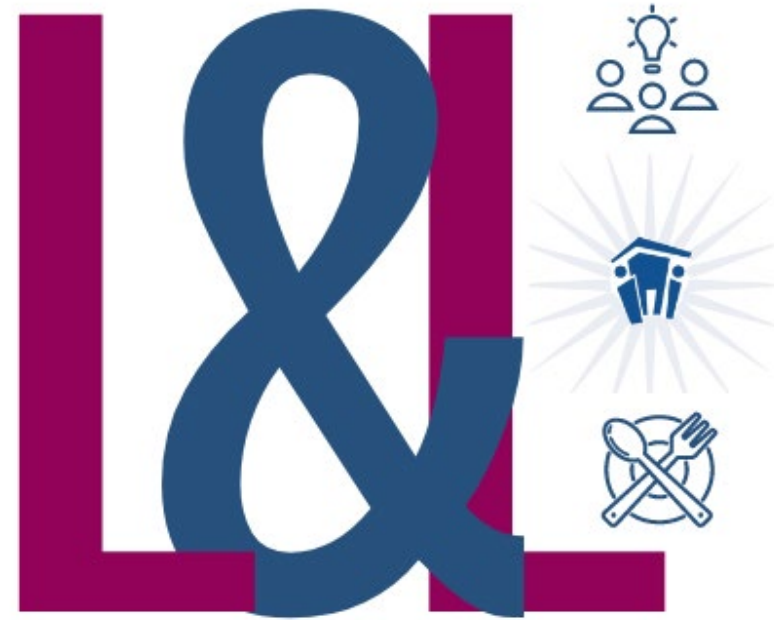
Desmond Carroll - HCV Technician

April Christopher - HCV Technician

Chad Biggers - Community Engagement Specialist

Moderator:

Emma Rellergert



Lunch and Learn Team

Emma Rellergert – Housing Coordinator

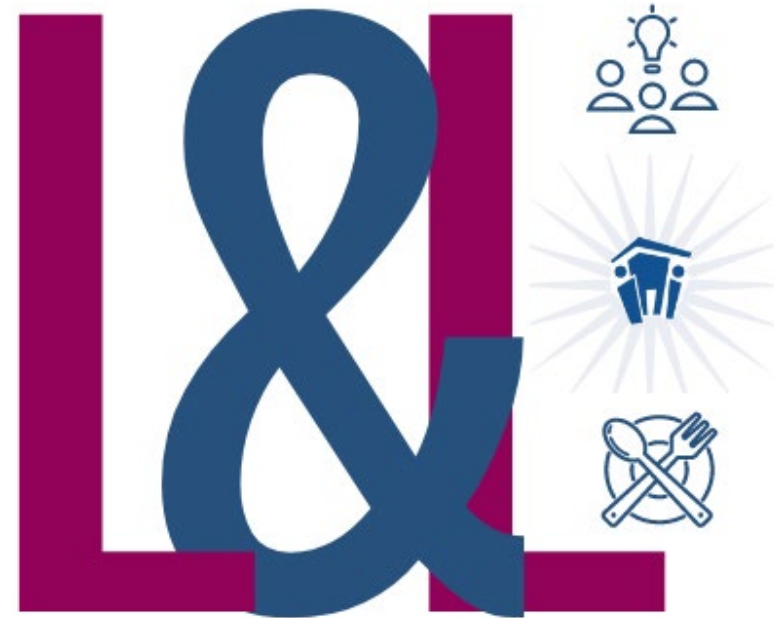
Seneya Ephraim – Housing Coordinator

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: owners@mplspha.org

Current Voucher Holders: hcv@mplspha.org



The HCV Process

From RTA to Vacate

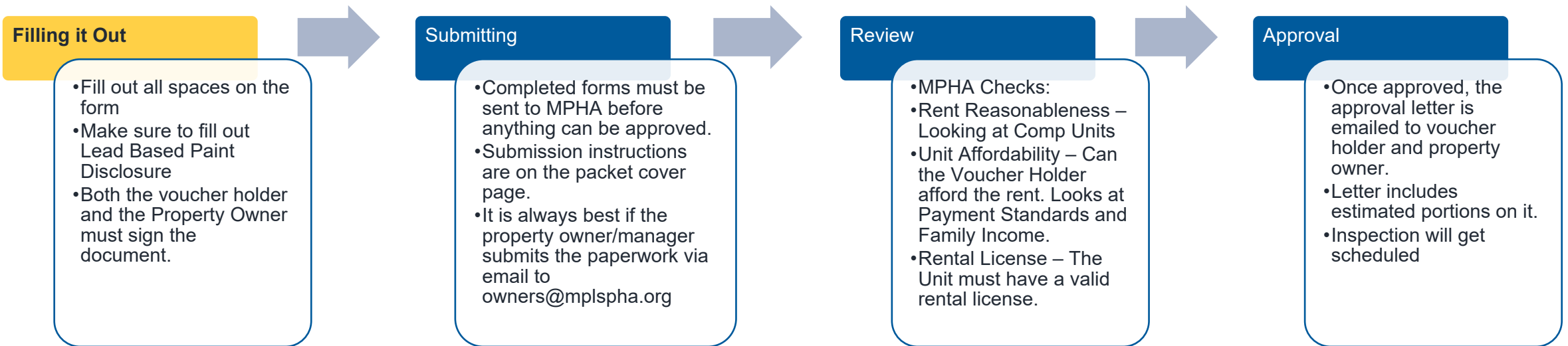
Request for Tenancy Approval and Moving In

Sarah King



Request for Tenancy Approval

Filling out and submitting the RTA is the first step in getting approval for a voucher holder to move into a unit



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

Request for Tenancy Approval U.S. Department of Housing and Urban Development OMB Approval No. 2577-0169
Housing Choice Voucher Program Office of Public and Indian Housing 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 9 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)
MPHA - fax 612-335-4427 or email owners@mplspha.org

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 Amt 7. Security Deposit Amt 8. **Date Unit Available for Inspection**

9. Structure Type:
 Single Family Detached (one family under one roof)
 Semi-Detached (duplex, attached on one side)
 Rowhouse/Townhouse (attached on two sides)
 Low-rise apartment building (4 stories or fewer)
 High-rise apartment building (5+ stories)
 Manufactured Home (mobile home)

10. If this unit is subsidized, indicate type of subsidy:

11. Utilities and Appliances
The owner shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified refrigerator and range/microwave.

Item	Specify fuel type:
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric
Other Electric	
Water	
Sewer	
Trash Collection	
Air Conditioning	
Other (specify)	
Refrigerator	
Range/Microwave	

Amenities: Please mark all that apply W/D Hook ups Washer D
 Garage Street Parking Off Street Parking

1

12. Owner's Certifications

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

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

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

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

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.
 14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.
 15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

Owner <input type="checkbox"/> Payee <input type="checkbox"/>	
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	Current Address
Telephone Number	Telephone Number
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Email Address	Email Address
Contact info who will attend MoveIn inspection if different above	Head of Household Last 4 of Social Security Number

Previous editions are obsolete 2 HUD-52517 (7/2019)

Disclosure of Information on Lead-Based Paint 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 Statement
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
Presence of lead-based paint and/or lead-based paint hazards. Check one:

<input type="checkbox"/>	Known lead-based paint and/or lead-based paint hazards are present in the housing. Explain:
<input type="checkbox"/>	Property owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

Records and reports available to the property owner. Check one:

<input type="checkbox"/>	Property owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. List documents:
<input type="checkbox"/>	Property owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment

Initial	Tenant has received copies of all information listed above.
Initial	Tenant has received the pamphlet Protect Your Family from Lead in Your Home.

Agent's Acknowledgment (if applicable)

Initial	Agent has informed the property owner of the property owner's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.
---------	--

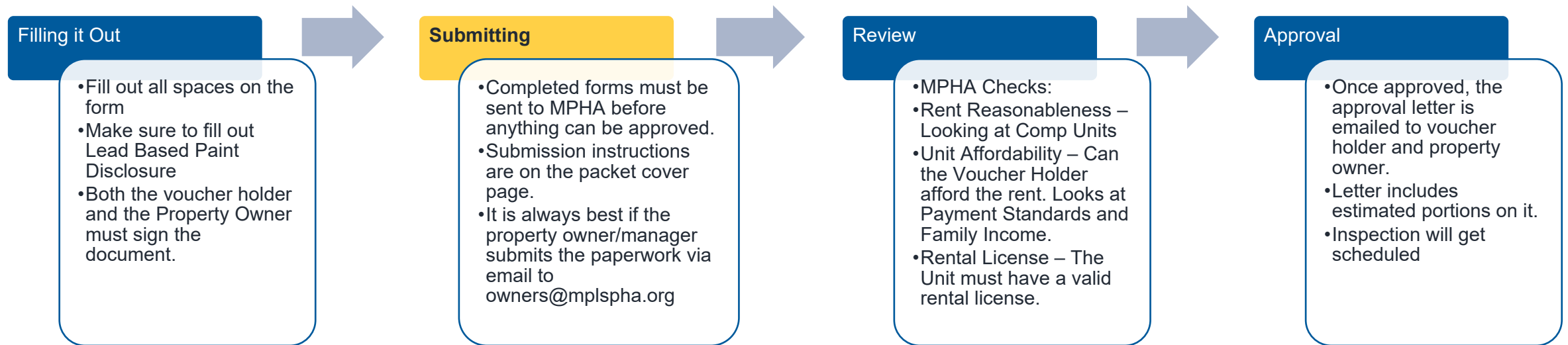
Certification of Accuracy
The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Property Owner Signature	Date
Tenant Signature	Date
Agent Signature (if applicable)	Date

1001 WASHINGTON AVENUE N, MINNEAPOLIS, MN 55401 (612) 343-1400 WWW.MPHAONLINE.ORG
EQUAL HOUSING OPPORTUNITY - EQUAL EMPLOYMENT OPPORTUNITY

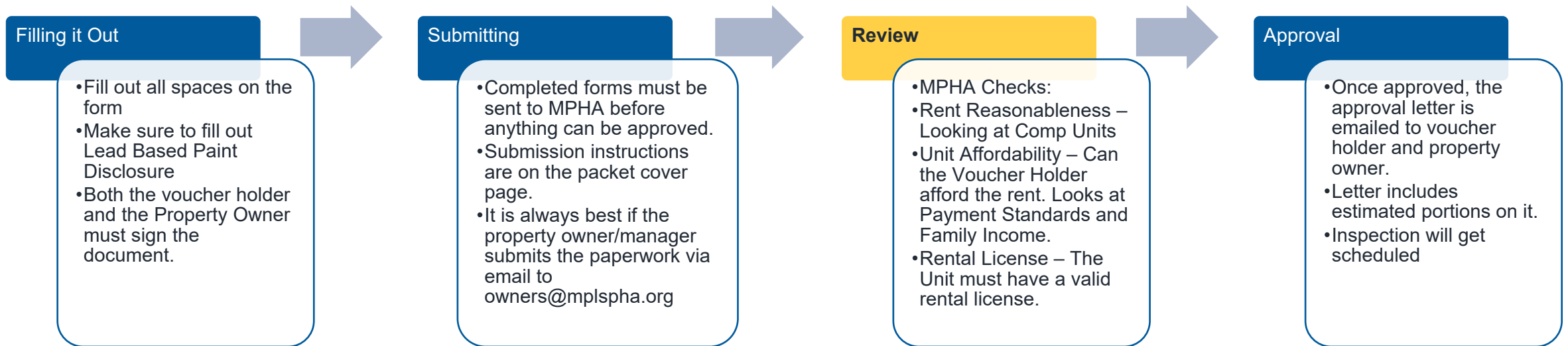
Request for Tenancy Approval

Filling out and submitting the RTA is the first step in getting approval for a voucher holder to move into a unit



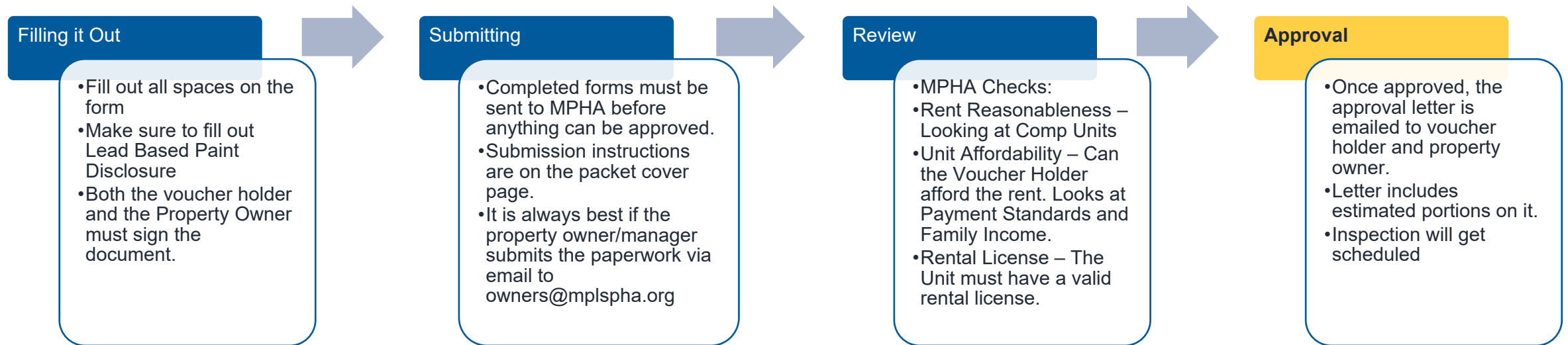
Request for Tenancy Approval

Filling out and submitting the RTA is the first step in getting approval for a voucher holder to move into a unit



Request for Tenancy Approval

Filling out and submitting the RTA is the first step in getting approval for a voucher holder to move into a unit



Request for Tenancy Approval

Approval

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



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 **has been approved** 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.

Important: Since June 1, 2017 the rental subsidy start date can be effective on the date the unit passes HQS Inspection and the participant both receives possession of the unit and fulfills any previous lease agreement. Please send the signed lease to owners@mplspha.org.

Additionally, the estimated HAP and rent portion are below:

Contract Rent: **Total Rent Amount**
Estimated HAP: **MPHA's Portion**
Estimated Participant Rent Portion: **Tenant Portion**

Important: 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

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		

Amenities: Please mark all that apply W/D Hook ups Washer Dryer Dishwasher Central A/C Wall/Window A/C
 Garage Street Parking Off Street Parking

**RE: Submitted Request for Tenancy Approval and Estimated Rent Portions
RTA Unit Address:**

The Request for Tenancy Approval (RTA) submitted has been approved 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.

Contract Rent: Total Rent Amount
Estimated HAP: MPHA's Portion
Estimated Participant Rent Portion: Tenant Portion

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

Property Owner/Manager AND Voucher Holder MUST sign the RTA documents
 Incomplete or missing documents will delay the approval process.

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.

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 owners@mplspha.org. 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.

MINNESOTA STANDARD RESIDENTIAL LEASE

© Copyright 2011 by Minnesota State Bar Association, Minneapolis, Minnesota. BEFORE YOU USE OR SIGN THIS 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 Minn. Stat. §325G.31 (1999). CERTIFICATION OF A CONTRACT BY THE MINNESOTA ATTORNEY GENERAL UNDER THE PLAIN LANGUAGE CONTRACT ACT IS NOT OTHERWISE AN APPROVAL.

1 Landlord and Tenant agree
2 **TENANTS.** (Each adult
3
4 **OTHER OCCUPANTS**
5
6 **LANDLORD.**
7 **The Premises** ("Premises"
8 at (street address) _____
9 and garage no. _____)
10 **Term of Lease.** (Write in
11 **Starting Date of Possession**
12 **Monthly Rent** \$ _____
13 **Late Fee** \$ _____
14 **OTHER CHARGES** (specify)
15
16 **RECEIPT. RECEIVED**
17 **LEASE:**
18 **FIRST MONTH'S RENT** _____
19 **FIRST MONTH'S UTILITIES** _____
20 **LAST MONTH'S RENT** _____
21 **SECURITY DEPOSIT** _____
22 **FIRST MONTH'S RENT** _____
23 **FIRST MONTH'S RENT** _____
24 **OTHER (Specify)** _____
25
26
27 **Notice.** Under Minnesota Law,
28 customer of record contracts
29 **UTILITIES:**

	In
	Choi
	LAND
	SERV

30
31
32
33
34
35
36
37 **UTILITY OR SERVICE** (Units included)
38
39
40 Natural Gas
41 Water & Sewer
42 Electricity
43 Fuel Oil
44 Garbage Collection
45

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

Date

Tenant Name _____
Tenant Address _____

Re: Rent Change Notification

The changes shown below take effect: **EFFECTIVE DATE.** The following is a breakdown of the new rental amounts:

Contract Rent:	Total Rent
HAP Amount:	MPHA Portion
Tenant Amount:	Tenant Portion

The reason for this change is due to:

REXAMINATION - Annual Review of family income and/or composition, or Agency Correction.
 INTERIM ADJUSTMENT - Interim change in family income and/or composition.
 RENT ADJUSTMENT - The owner/agent request for a contract rent adjustment.
 CHANGE IN FAMILY COMPOSITION

If you have questions concerning the determination of your portion, please feel free to contact me at the number listed below.

Sincerely,

HCV Technician
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.
Somali: Halkan waxaa ku qoran war ama akhbaar aad u muhiim ah, haddii aad fahmi kari weydo, fadlan ula tag wakilka hay'adda MPHA si aad tarjumaad bilaash ah uga hesho.
Hmong: Yog loj tsai to taub toog cov nqi. Iust seem ceeb no, thov hu mus rau ntawm tsev luam qhov chaw ua hauj lom MPHA peb yuav pab rhoais rau nej.
Oromo: Beelotini kun hedduu barbaachisaa dha. Yaadhi isaa hoo isiniif hin galle fa'e. bakka bu'aa MPHA akka ofaan isiniif hikkamu gargaarsa tolaa gaafalloola.
Spanish: Esta informacion es importante, si usted no lo entiende, por favor póngase en contacto con MPHA para asistencia lingüística gratuita.
Amharic: ይህ መረጃ በጣም አጠቃላይ ስሙ ግን እንደግልጽ የሚገባዎት ጉዳይ ሆኖ ለ MPHA ማግኘት ለሚችሉት ሰውያን ከግልጽ ለሆኑ ሰውያን ጋር ተያይዞ ሙሉ ማግኘት የሚችሉዎት ነው።
Laotian: ຖ້າທ່ານບໍ່ສາມາດເຂົ້າໃຈຂໍ້ມູນນີ້ໄດ້, ທ່ານຕ້ອງຕິດຕໍ່ສູນບໍລິການລູກຄ້າຂອງ MPHA ເພື່ອຕ້ອງການບໍລິການແປພາສາ.

1001 WASHINGTON AVENUE NORTH MINNEAPOLIS, MN 55401-1043 PHONE: (612) 342-1480 FAX: (612) 335-4427 WWW.MPHAONLINE.ORG
EQUAL HOUSING OPPORTUNITY - EQUAL EMPLOYMENT OPPORTUNITY

Minneapolis Public Housing Authority

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, whichever came second.

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. 2517-0169
exp. 7/31/2022

The public reporting burden for this information collection is estimated to average 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 individual's information stored electronically or in paper form, in accordance with federal privacy laws, guidelines, and best practices. HUD respects 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)
MPHA, fax 612-336-6427 or email owners@mplpho.org

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. Other LPA Available for Inspection

9. Structure Type:
 Single Family Detached (one family under one roof)
 Semi-Detached (duplex, attached on one side)
 Rowhouse/Townhouse (attached on two sides)
 Low-rise apartment building (4 stories or fewer)
 High-rise apartment building (5+ stories)
 Manufactured Home (mobile home)

10. PHA Unit Subsidized, indicate type of subsidy:
 Section 202
 Section 221(d)(3)(B)(RR)
 Tax Credit
 HOME
 Section 236 (Insured or Uninsured)
 Section 515 Rural Development
 Other (Describe Other Subsidy, including any state or local subsidy)

11. Utilities and Appliances
This owner shall provide or pay for the utilities/appliances indicated below by an "X". 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 provides the refrigerator and microwave.

Item	Specify fuel type	Provided by	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)		Provided by	
Refrigerator			
Range/Microwave			

Amenities: Please mark all that apply? W/D Hook ups : Washer : Dryer : Dishwasher : Central A/C : Wall/Window A/C
 Garage : Street Parking : Off Street Parking

1 HUD-52517 (7/2019)

MINNESOTA STANDARD RESIDENTIAL LEASE

© Copyright 2011 by Minnesota State Bar Association, Minneapolis, Minnesota. BEFORE YOU USE OR SIGN THIS 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 Minn. Stat. §2520.31 (1998). CERTIFICATION OF A CONTRACT BY THE MINNESOTA ATTORNEY GENERAL UNDER THE PLAIN LANGUAGE CONTRACT ACT IS NOT CONSIDERED AN APPROVAL OF THE CONTRACT'S LEGALITY OR LEGAL EFFECT.

Landlord and Tenant agree to the following terms:
TENANTS (Each adult who signs this Lease is a "tenant")

OTHER OCCUPANTS

LANDLORD
 The Premises ("Premises") includes dwelling unit number _____ at (street address) _____ (city) _____ MN (zip code) and lease no. _____ storage unit no. _____ parking stall no. _____

Term of Lease (Write number of months or "month-to-month")
Starting Date of Possession _____ **Ending Date of Possession (if Applicable)** _____

Security Deposit _____

Late Fee _____ (In no case may the late fee exceed 3% of the overdue rent payment. Minn. Stat. Section 504B.17.)

OTHER CHARGES (specify) _____

RECEIPT - RECEIVED FROM TENANT BY LANDLORD AT THE SIGNING OF THIS LEASE:	AMOUNT
FIRST MONTH'S RENT PAID IN ADVANCE	
FIRST MONTH'S UTILITIES PAID IN ADVANCE (See Choices 3 and 4 below.)	
LAST MONTH'S RENT PAID IN ADVANCE	
SECURITY DEPOSIT PAID IN ADVANCE	
FIRST MONTH'S RENT FOR GARAGE PAID IN ADVANCE	
FIRST MONTH'S RENT FOR STORAGE UNIT PAID IN ADVANCE	
OTHER (specify) _____ PAID IN ADVANCE	
TOTAL RECEIVED FROM TENANT:	

Notes: Under Minnesota law, the landlord of a single-unit residential building is the bill payer responsible and shall be the customer of record contracting with the utility for utility services. Utilities and Services shall be paid as follows:

UTILITIES:	Included in Rent		Not Included in Rent - Paid or Billed Separately	
	Choice No. 1	Choice No. 2	Choice No. 3	Choice No. 4
LANDLORD PAYS SERVICE PROVIDER	TENANT PAYS SERVICE PROVIDER	TENANT PAYS LANDLORD (landlord must be separately named entity or the service for Tenant's Premises with separate billing or account in Landlord's name.)	TENANT PAYS LANDLORD FOR A PORTION OF UTILITIES OR SERVICES (Tenant's Premises does not have a separate name.)	TENANT PAYS LANDLORD FOR A PORTION OF UTILITIES OR SERVICES (Tenant's Premises does not have a separate name.)
UTILITY OR SERVICE (Utilities and services are included in rent)	----- CHECK ONLY ONE COLUMN FOR EACH UTILITY OR SERVICE -----			
Internet/Gas				
Water & Sewer				
Electricity				
Trash/Cell				
Cable/Satellite				

Housing Assistance Payments Contract (HAP Contract)
 Section 8 Tenant-Based Assistance
 Housing Choice Voucher Program

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

Part A of the HAP Contract: Contract Information
 (To prepare the contract, fill out all contract information in Part A.)

1. **Contract of Contract**
 This HAP Contract has two parts:
 Part A: Contract Information
 Part B: Body of Contract Part C: Tenancy Addendum

2. **Tenant**

3. **Contract Unit**

4. **Household**
 The following persons may reside in the unit. Other persons may not be added to the household via owner and the PHA.

5. **Initial Lease Term**
 The initial lease term begins on (mm/dd/yyyy) _____
 The initial lease term ends on (mm/dd/yyyy) _____

6. **Initial Rent to Owner**
 The initial rent to owner is \$ _____
 During the initial lease term, the owner may not raise the rent to owner.

7. **Initial Housing Assistance Payment**
 The HAP contract was entered into on the first day of the initial lease term. At the beginning of the 1st of the housing assistance payment by the PHA to the owner is \$ _____ per month. The amount of the monthly housing assistance payment by the PHA to the owner is subject to change in accordance with HUD requirements.

Previous editions are obsolete Page 2 of 12

2. Utilities and Appliances
 The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Show otherwise specified below, the owner shall pay for all utilities and appliances provided for the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Other Electric:			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

Signatures:
 Public Housing Agency _____ Owner _____
 Print or Type Name of PHA _____ Print or Type Name of Owner _____
 Signature _____ Signature _____
 Print or Type Name and Title (if Agency) _____ Print or Type Name and Title (if Tenant) _____
 Date (mm/dd/yyyy) _____ Date (mm/dd/yyyy) _____
 Mail Payments to: _____
 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 THIS 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 Minn. Stat. §329C.31 (1999). CERTIFICATION OF A CONTRACT BY THE MINNESOTA ATTORNEY GENERAL UNDER THE PLAIN LANGUAGE CONTRACT ACT IS NOT OTHERWISE AN APPROVAL OF THE CONTRACT'S LEGALITY OR LEGAL EFFECT.

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. Section 504B.177.)
 14 **OTHER CHARGES (specify)** _____
 15
 16

RECEIPT. RECEIVED FROM TENANT BY LANDLORD AT THE SIGNING OF THIS LEASE:	AMOUNT
FIRST MONTH'S RENT PAID IN ADVANCE	

Request for Tenancy Approval U.S. Department of Housing and Urban Development OMH Approval No. 2577-0169 exp. 7/31/2022
 Office of Public and Indian Housing

MINNESOTA STANDARD RESIDENTIAL LEASE

© Copyright 2011 by Minnesota State Bar Association, Minneapolis, Minnesota. BEFORE YOU USE OR SIGN THIS 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 Minn. Stat. §329C.31 (1999). CERTIFICATION OF A CONTRACT BY THE MINNESOTA ATTORNEY GENERAL UNDER THE PLAIN LANGUAGE CONTRACT ACT IS NOT OTHERWISE AN APPROVAL OF THE CONTRACT'S LEGALITY OR LEGAL EFFECT.

Landlord and Tenant agree to the following terms.
TENANTS. (Each adult who signs this Lease is a "Tenant.") _____
OTHER OCCUPANTS. _____
LANDLORD. _____
 The Premises ("Premises") includes dwelling unit number _____
 at (street address) _____ (city) _____ MN (zip code) _____
 and garage no. _____, storage unit no. _____, parking stall no. _____
Term of Lease. (Write number of months or "month-to-month.") _____
Starting Date of Possession _____ **Ending Date of Possession (if known)** _____
Monthly Rent \$ _____ **Security Deposit \$** _____
Late Fee \$ _____ (In no case may the late fee exceed 8.0% of the overdue rent payment. Minn. Stat. Section 504B.177.)
OTHER CHARGES (specify) _____

RECEIPT. RECEIVED FROM TENANT BY LANDLORD AT THE SIGNING OF THIS LEASE:

AMOUNT
FIRST MONTH'S RENT PAID IN ADVANCE (see Choices 3 and 4 below.)

Housing Assistance Payments Contract (HAP Contract)

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

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

Section 8 Tenant-Based Assistance Housing Choice Voucher Program

The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names and unit address, and owner's name and payment address is mandatory. The information is used to provide Section 8 tenant-based assistance under the Housing Choice Voucher program in the form of housing assistance payments. The information also specifies what utilities and appliances are to be supplied by the owner, and what utilities and appliances are to be supplied by the tenant. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family or owner participation in the program.

Instructions for use of HAP Contract

This form of Housing Assistance Payments Contract (HAP contract) is used to provide Section 8 tenant-based assistance under the housing choice voucher 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 982.

The local voucher program is administered by a public housing agency (PHA). The HAP contract is an agreement between the PHA and the owner of a unit occupied by an assisted family. The HAP contract has three parts:

Part A Contract information (fill-in). See section by section instructions, Part B.

Part B Contract information (fill-in). See section by section instructions, Part B.

Part C Contract information (fill-in). See section by section instructions, Part B.

However, this form may not be used for the following special housing types: (1) manufactured house space rental by a family that owns the manufactured home and leases only the space, (2) cooperative housing; and (3) the homeownership option under Section 8(y) of the United States Housing Act of 1937 (42 U.S.C. 1437f(y)).

How to fill in Part A
 Section by Section Instructions

Section 2: Tenant
 Enter full name of tenant.

Section 3: Contract Unit
 Enter address of unit, including apartment number, if any.

Nothing can happen until the lease is received by MPHA.

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.

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

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 ntshais 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 gaafacilaa.
Spanish: Esta informacion es importante, si usted no lo entiende, por favor póngase en contacto con MPHA para asistencia linguística gratuita.
Amharic: ይህ መረጃ በጣም አስፈላጊ ነው ምን እንደሆነ የማይገባዎት ከዚህ በፊት MPHA የሚሰጥዎት የመጥፋት ቤቶች ህልውናን ወይንም ጋር ተገናኙት። በዚህ የሚሰጥ የተገናኘት ለርዳታ እንዲሰጥዎ ይጠይቁ።
Laotian: ຖ້າຫາກວ່າທ່ານບໍ່ເຂົ້າໃຈໃນຂໍ້ຄວາມນີ້, ທ່ານຕ້ອງໄປຫາຄົນອື່ນຂອງ MPHA ທີ່ສາມາດຊ່ວຍເຫຼືອທ່ານໄດ້.

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 program
RETURN THIS PAGE WITH PROOF OF ALL INCOME

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.

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

INCOME INFORMATION – you must provide proof of income (check stubs or award letters)

1. Did you or anyone in your household have changes in income* increase decrease no change?
2. Do you or any member of your household own any assets valued over \$50,000? No Yes
3. I authorize Hennepin County to release to MPHA information related to my assistance received from this agency.
 Yes, please provide Case # _____.

*Income includes: all money from all sources, earned or unearned, income from assets, rental property income, self-employment


Employment: List all full-time, part-time, seasonal, or self-employment (own business) income for all household members.

Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	<u>Circle one:</u> Week Two weeks M
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two weeks M Year
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two weeks M
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two weeks M
		\$	
Name of Household Member Receiving Income	Source of Income	Amount	
	Child Support	\$	per week
Name of Household Member Receiving Income	Source of Income *stimulus money will not be counted as income	Amount	
	Unemployment	\$	per week
Name of Household Member Receiving Income	Source of Income	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 Two weeks Month or Year
	Other	\$	

RETURN THIS PAGE WITH PROOF OF ALL INCOME

Key Things to Remember – Annual Certifications

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 muhiim ah, haddii aad fahmi kari weydo, fadlan ula tag wakilka hay'adda MPHA si aad tarjumaad bilaash ah uga hesho.

INCOME INFORMATION – you must provide proof of income (check stubs or award letters)

- Did you or anyone in your household have changes in income* increase decrease no change?
- Do you or any member of your household own any assets valued over \$50,000? No Yes
- I authorize Hennepin County to release to MPHA information related to my assistance received from this agency.
 Yes, please provide Case # _____.

*Income includes: all money from all sources, earned or unearned, income from assets, rental property income, self-employment: List all full-time, part-time, seasonal, or self-employment (own business) income for all household members.

Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Circle one: Week Two weeks M
		\$	
Name of Household Member Receiving Income	Name of Employer	Gross Income, not net	Week Two weeks M Year
		\$	



HCV/SECTION 8 PROGRAM - Annual

PLEASE READ CAREFULLY AND COMPLETE IN FULL USING BLUE OR BLACK INK

- You must use the correct legal name for each member of your household as identified on the member's Social Security card
- All household members 18 and over must sign this form certifying the information pertaining to them is correct and current

HOUSEHOLD INFORMATION

Head of Household Name	Street Address
Phone Number	Email

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Full Name <small>As it appears on Social Security Card</small>	Relationship	Minority Code	Hispanic <small>Y or N</small>	Date of Birth	Country of Birth	Age	Sex <small>M or F</small>	Disabled <small>Y or N</small>	Full Time Student <small>Y or N</small>
		<small>1 = White 2 = African / African-American 3 = American Indian / Alaska Native 4 = Asian</small>							

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.

Interim Actions

April Christopher



Interim Actions

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

Interim Actions

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

- B. 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)(15)** for permanent residence, as defined by § 101(a)(15) of [immigrant status]. This category includes U.S.C. 1160 or 1161, [special agricultural]
- D. Permanent residence under § 249 of IIRIRA** 1972, or such later date as enacted by law then, and who is not ineligible for citizenship residence as a result of an exercise of disk 1259) [Amnesty granted under INA 249.]
- E. Refugee, asylum, or conditional entry** who is lawfully present in the U.S. pursuant [refugee status]; pursuant to the granting INA (U.S.C. 1153(a)(7)) before April 1, 19 race, religion, or political opinion or because [conditional entry status].
- F. Parole Status under § 212 (d)(5) of IIR** of an exercise of discretion by the Attorney the public interest under § 212(d)(5) of the
- G. Threat to life or freedom under § 243** a result of the Attorney General's without [Threat to life or freedom].
- H. Amnesty under § 245A of INA.** A non-citizen under § 245A of the INA (8 U.S.C. 1255a)

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)

Section 8 Declaration of 214 Status
Housing Choice Voucher Program

All family members who will benefit under the Section 8 program must either be a citizen/national of the United States (U.S.) or be a citizen with eligible immigration status, as determined by the U.S. Department of Housing and Urban Development (HUD) and U.S. Citizenship & Immigration Services (USCIS).

INSTRUCTIONS:
All family members who claim to be a citizen/national of the U.S. or a noncitizen with eligible immigration status should be listed on this form and should check one box. If there are family members residing in the unit that do not claim to be either a citizen/national of the U.S. OR a noncitizen with eligible immigration status, they should not check any box; these members should fill out the "Non-Contending Form." Please read and complete this form carefully; please feel free to consult with an immigration lawyer or another immigration expert of your choice.

The head of household and all adult household members by an adult member of the household who is responsible for the household.

CERTIFICATION:
I certify under penalty of perjury that, to the best of my knowledge and belief, the information provided on this form is true and correct.

A. Citizen by birth or Naturalized citizen/national
B. Eligible Immigrant 62+ years of age
C. Immigrant Status
D. Permanent Resident status
(See rear of form for description of the above categories)

FIRST NAME MI LAST NAME

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Signature of Head of Household _____
Date _____

1001 WASHINGTON AVENUE NORTH MINNEAPOLIS, MN 55412-1400
EQUAL HOUSING OPPORTUNITY

FAMILY COMPOSITION CHANGE REQUEST

This request form must be completed and returned with proof of the change within thirty (30) business days of the change. Failure to report a change in household composition and provide required documentation may require you to repay money to MPHA.

The following is a list of the required documents needed to process your family change.

The change will be effective on the first of the month following a full month waiting period in order to allow necessary information and to provide a 30-day waiting period.

- If you report a change in January, January or February then is the waiting month, and both you and the property owner a JO.
- The change will be effective March 1st

To Add a Minor Child to your Household through:

- Social Security Card
- Birth Certificate
- Adoption Court Documents

To Add a Minor Child to your Household through:

- Social Security Card
- Birth Certificate
- Court Awarded Custody Documents OR
- Notarized letter from child's parent de

To Add an Adult* to your Household (this per Contact your Eligibility Technician to schedule, bring the following documentation to this meeting):

- Statement from property owner approval
- Social Security Card
- Valid picture ID
- Documentation of income (current 4 p

*Requesting to Add an Adult: must be approved by the unit. Failure to follow this family obligation assistance from the HCV/Section 8 Program.

To Remove a Household Member, please provide:

- Proof of the new address for the member, lease or a utility bill with their new add
- A statement from your current property owner
- If you are removing an adult member, you must provide a statement from the member that month if the change is reported with s

1001 WASHINGTON AVENUE NORTH MINNEAPOLIS, MN 55412-1400
EQUAL HOUSING OPPORTUNITY

FAMILY COMPOSITION CHANGE REQUEST
This form WILL NOT BE ACCEPTED without the required documentation.
(see other side for instructions on required documentation)

HOUSEHOLD INFORMATION

Head of Household Name _____ Last Four Digits of Social Security Number _____

Street Address _____

Phone Number _____ Email _____

FAMILY COMPOSITION CHANGES – CHECK ANY THAT APPLY

<input type="checkbox"/> Remove Household Member ADULT* <input type="checkbox"/>	Name _____	Date of Birth _____	Move Out Date _____
<input type="checkbox"/> Add Minor Child	Name _____	Date of Birth _____	Social Security Number _____
<input type="checkbox"/> Add Minor Child	Name _____	Date of Birth _____	Social Security Number _____
<input type="checkbox"/> Add Adult* CONTACT ET FOR APPT	Name _____	Date of Birth _____	Social Security Number _____
	Relationship to Head of Household _____	Date of Move-in _____	

*APPOINTMENTS ARE REQUIRED TO ADD ADULTS TO HOUSEHOLD

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of housing assistance.

Head of Household signature: _____ Date: _____

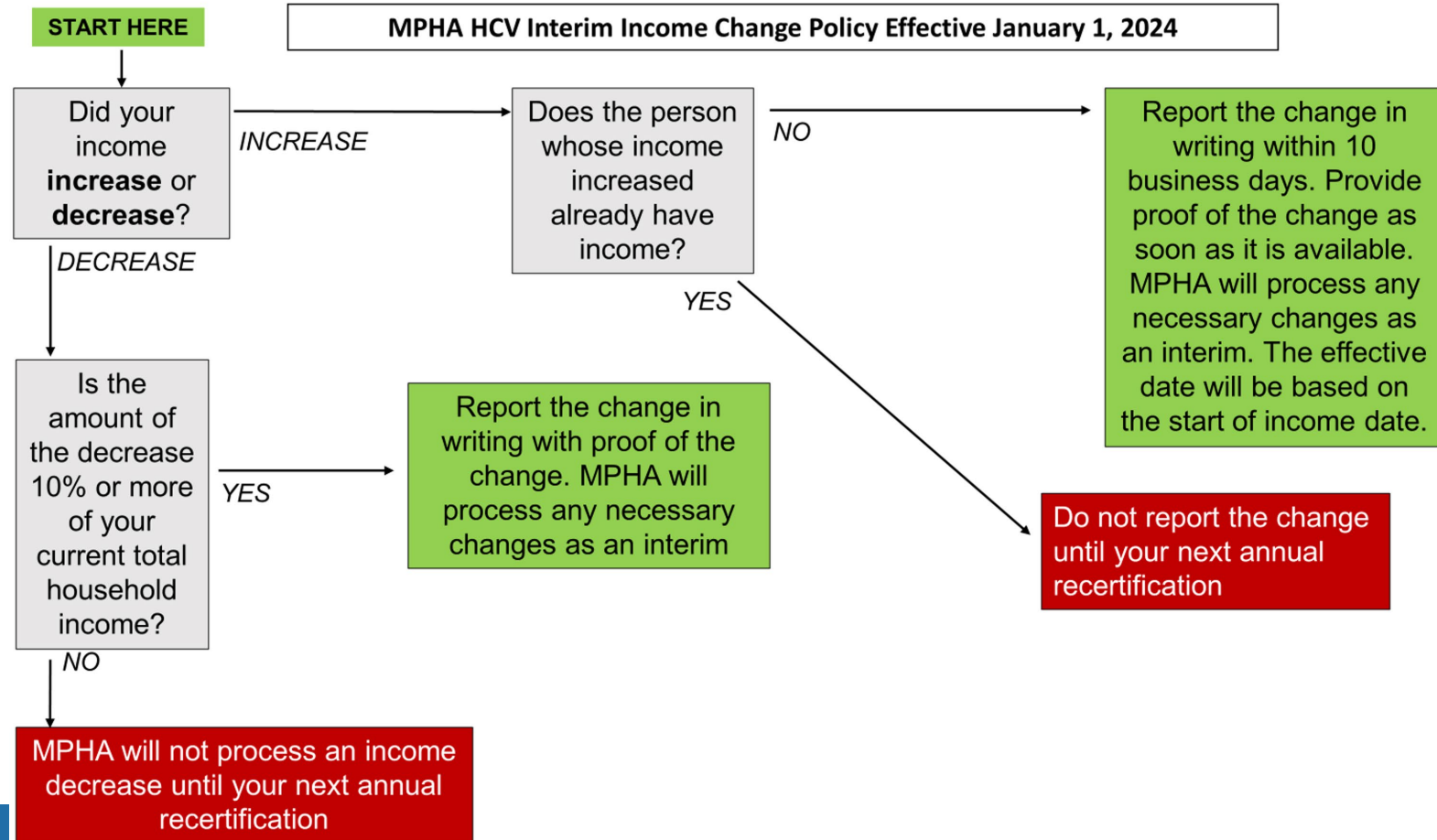
1001 WASHINGTON AVENUE NORTH MINNEAPOLIS, MN 55412-1400 PHONE: (612) 342-1400 FAX: (612) 332-4427
WWW.MPHAEQUALHOUSINGOPPORTUNITY.COM EQUAL HOUSING OPPORTUNITY – EQUAL EMPLOYMENT OPPORTUNITY

Interim Actions

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

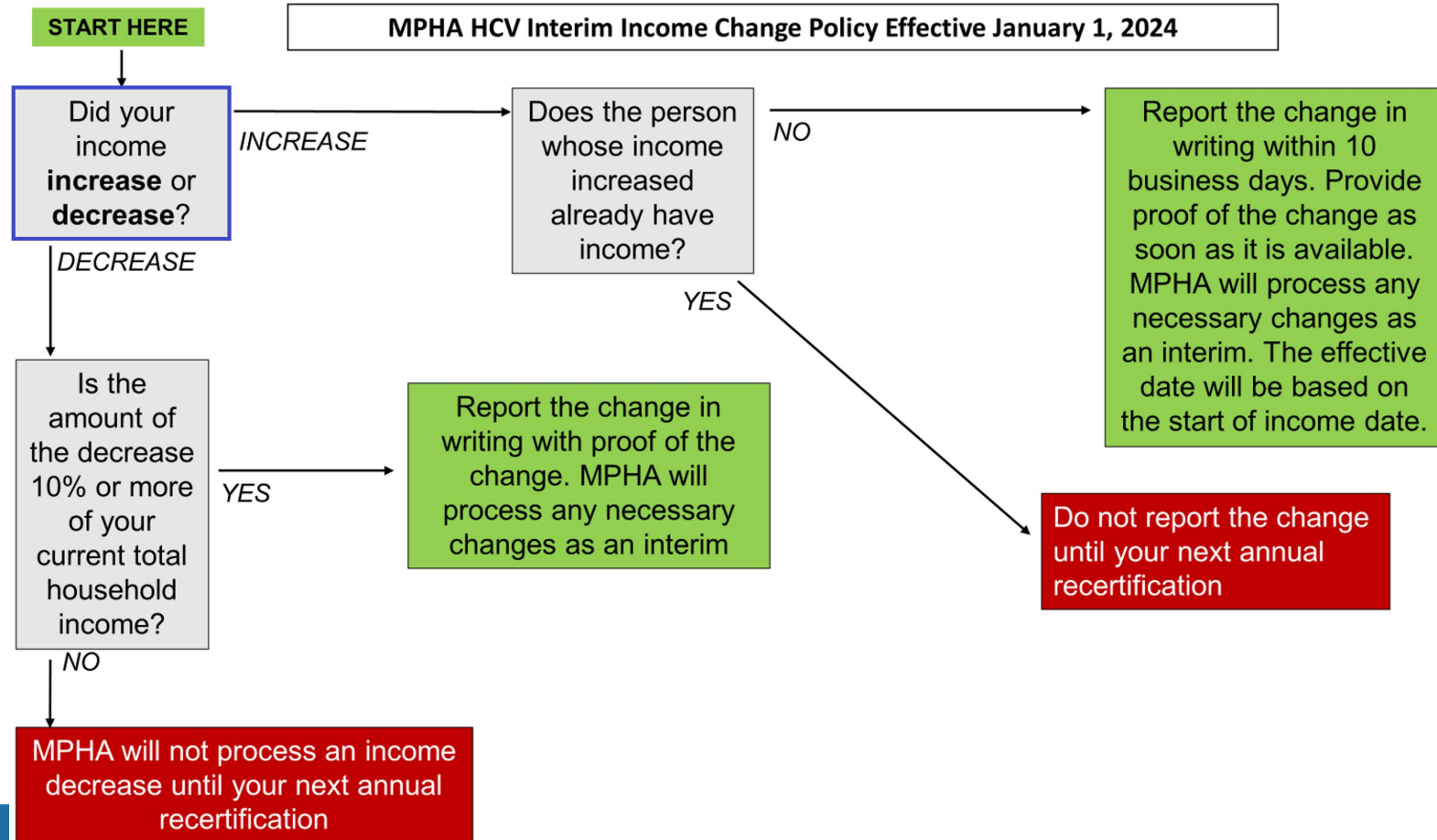


Interim Actions

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

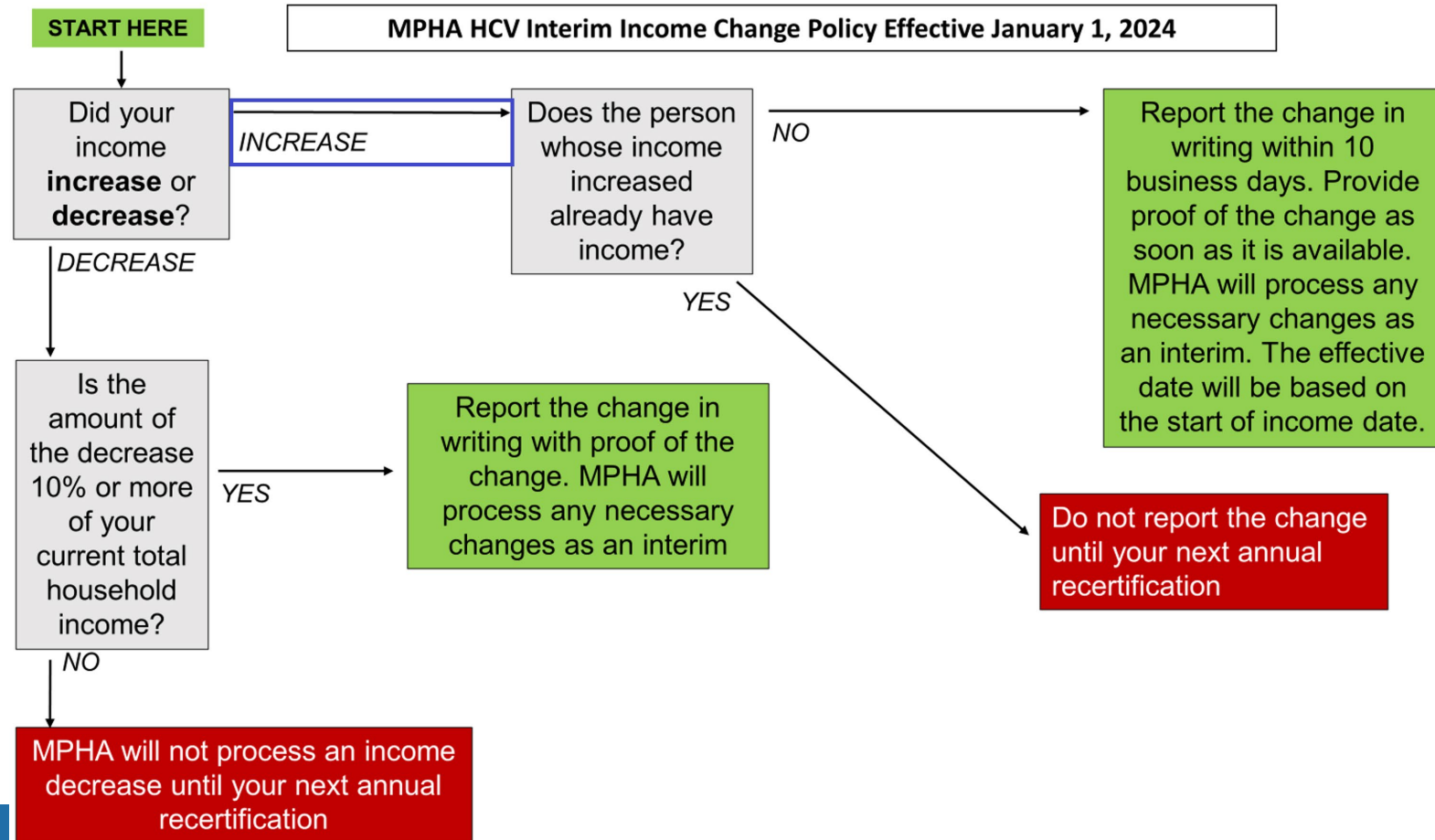


Interim Actions

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

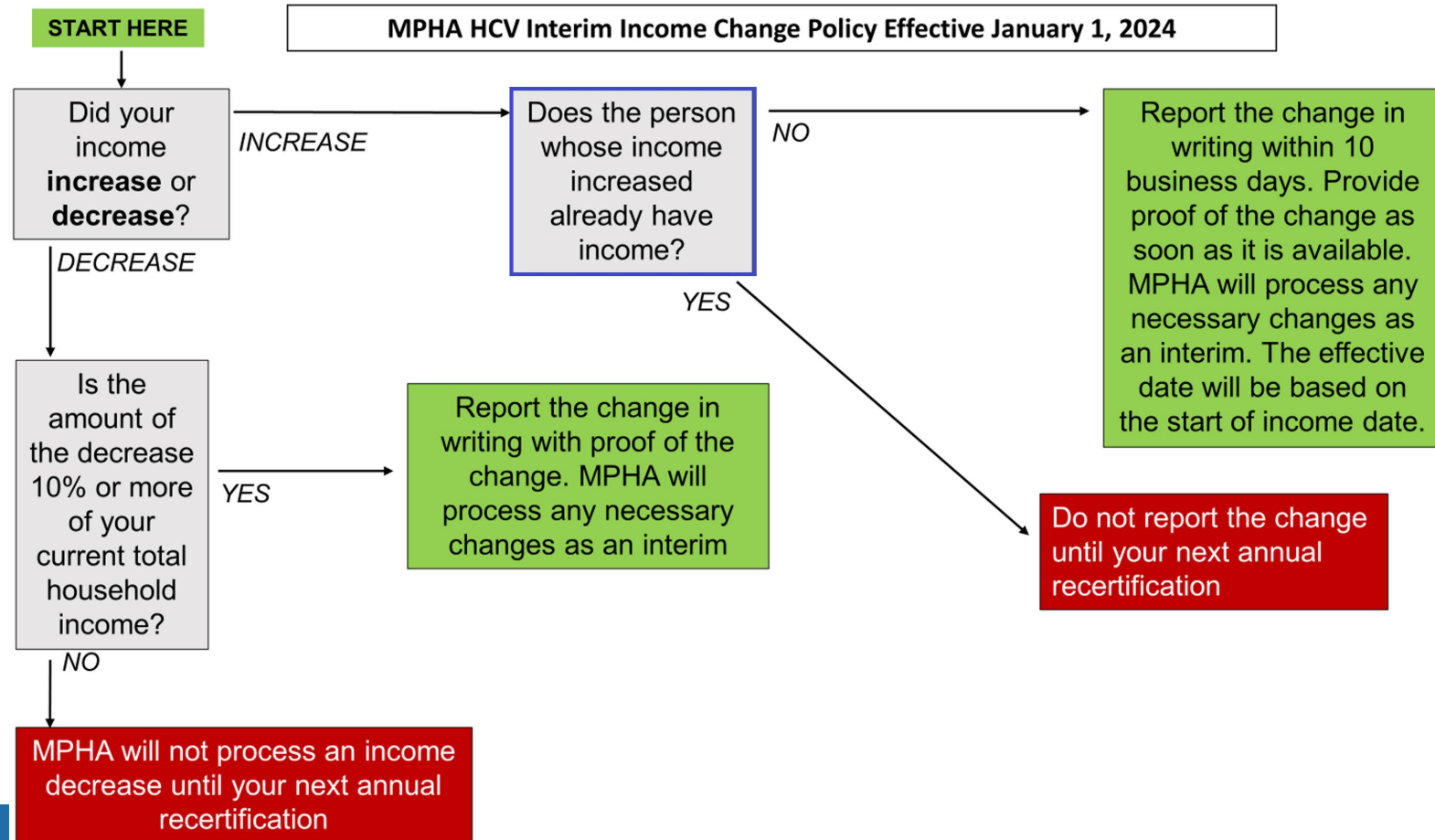


Interim Actions

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

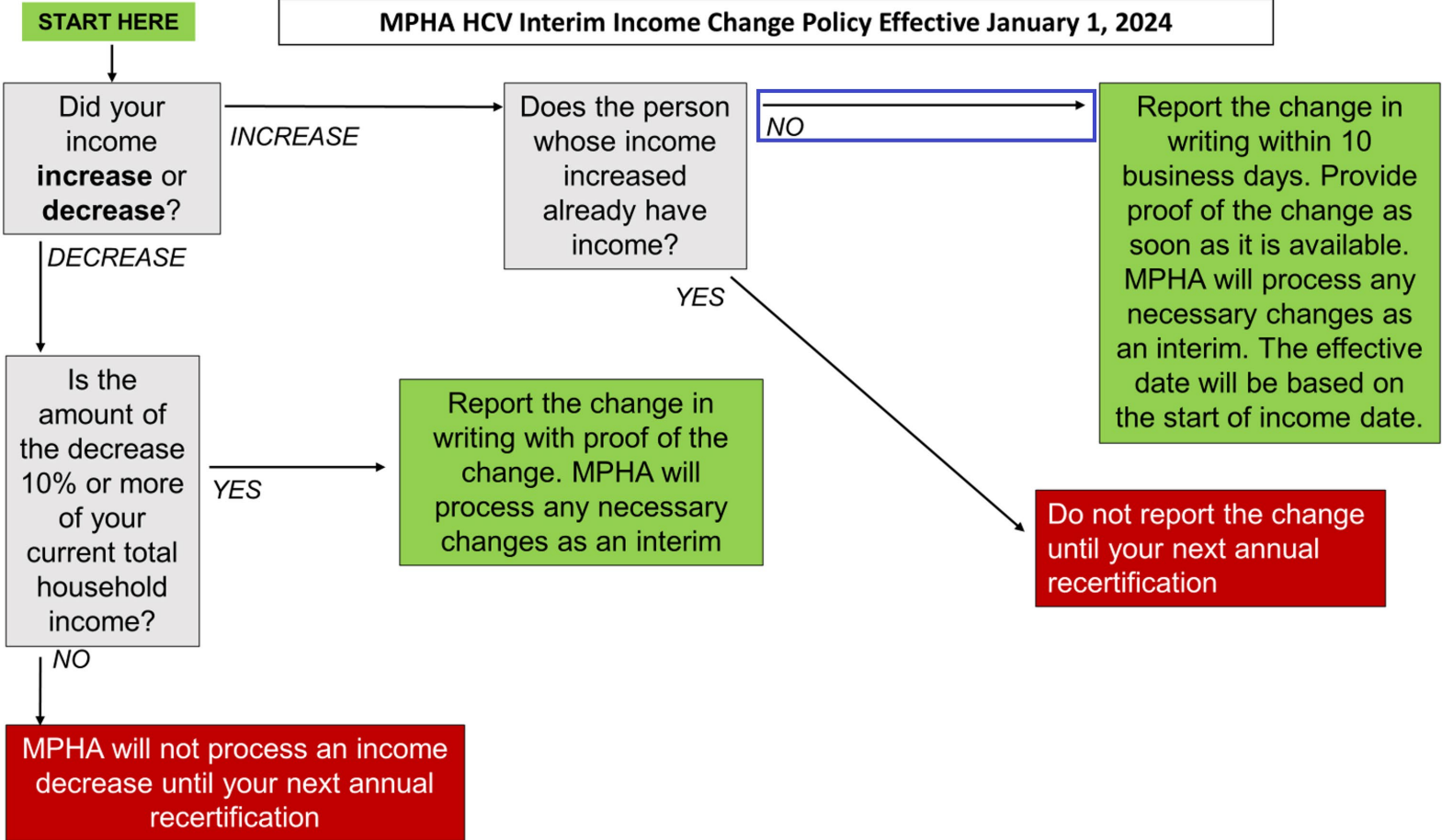


Interim Actions

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

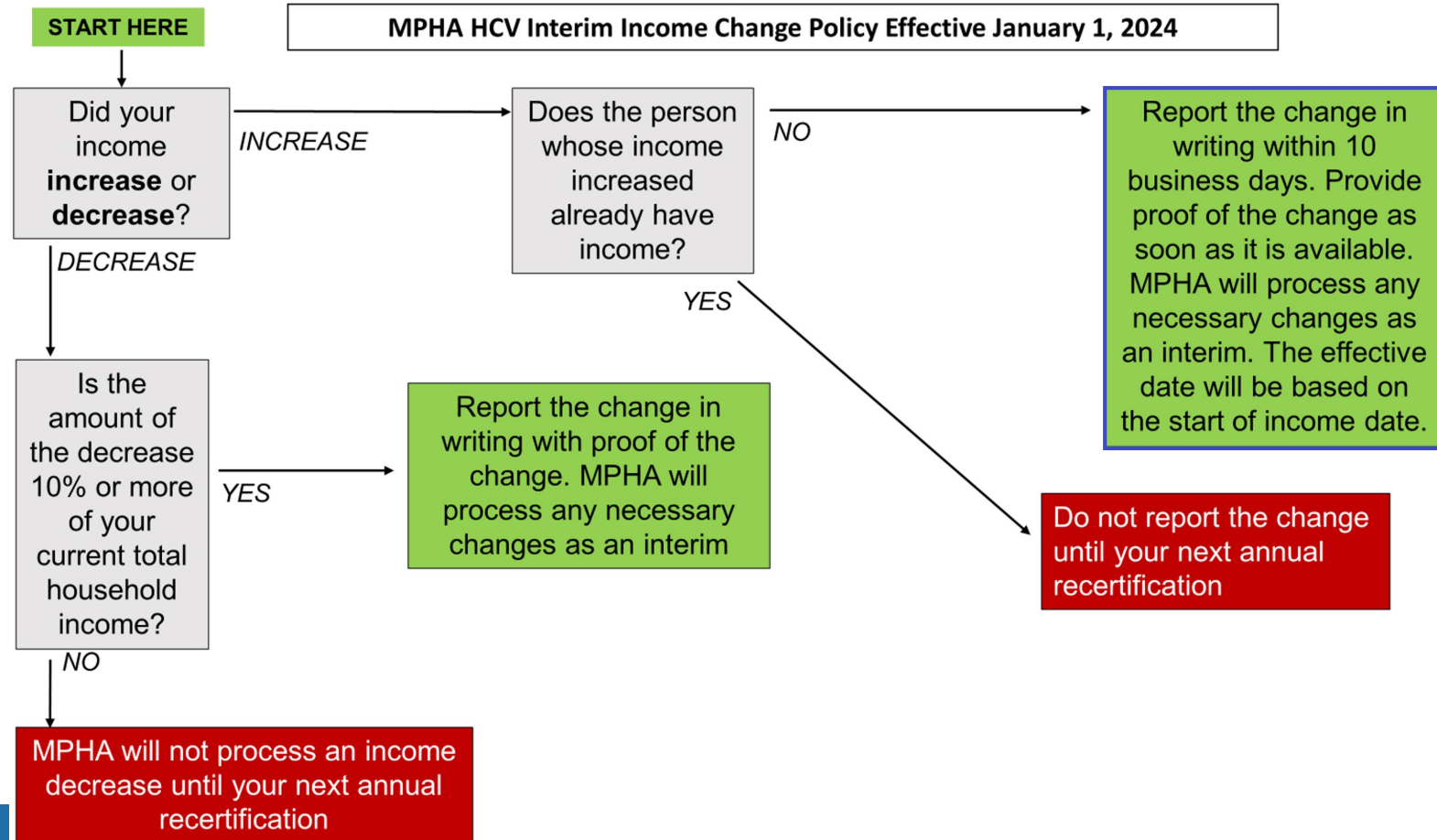


Interim Actions

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

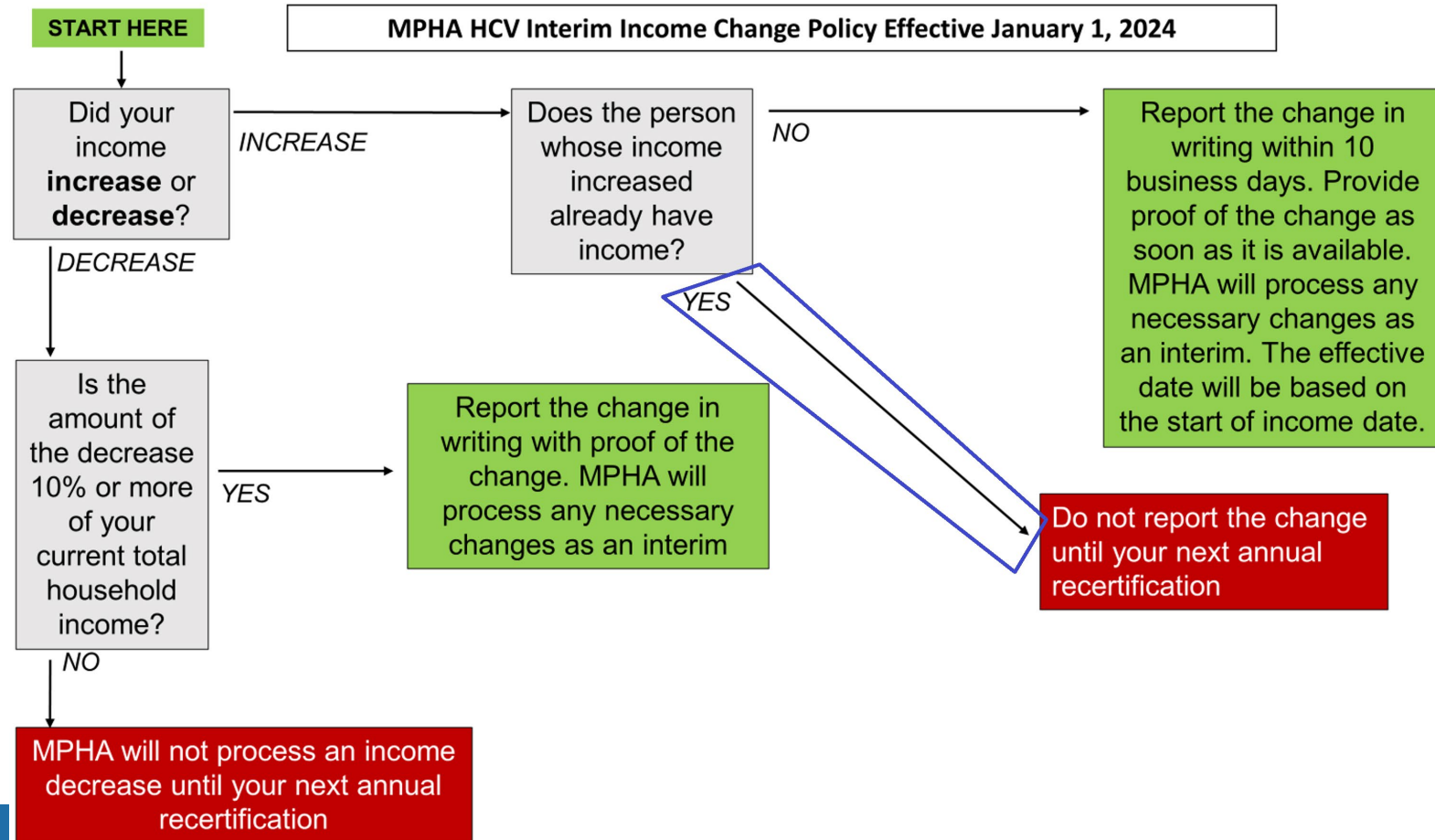


Interim Actions

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

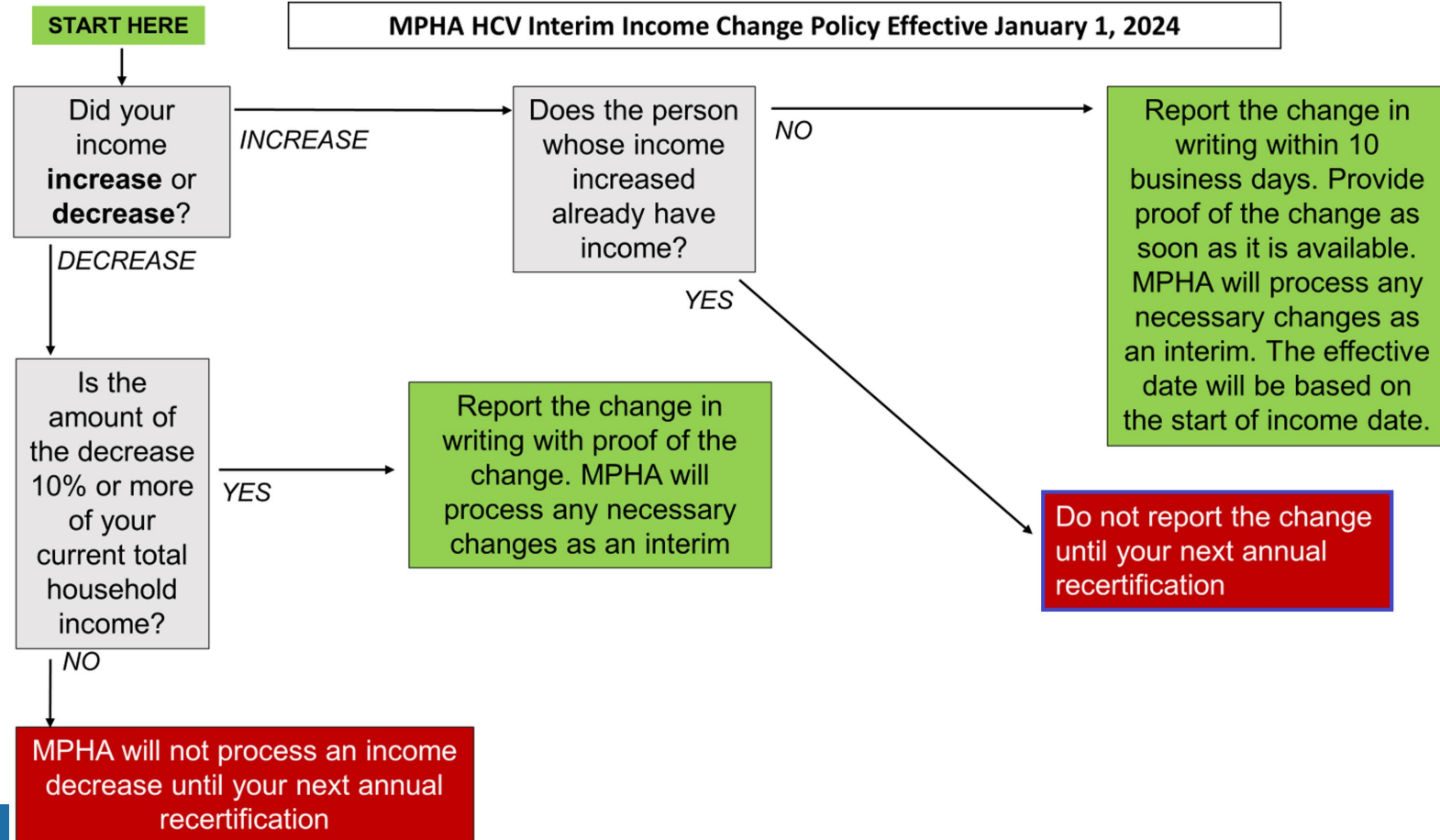


Interim Actions

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

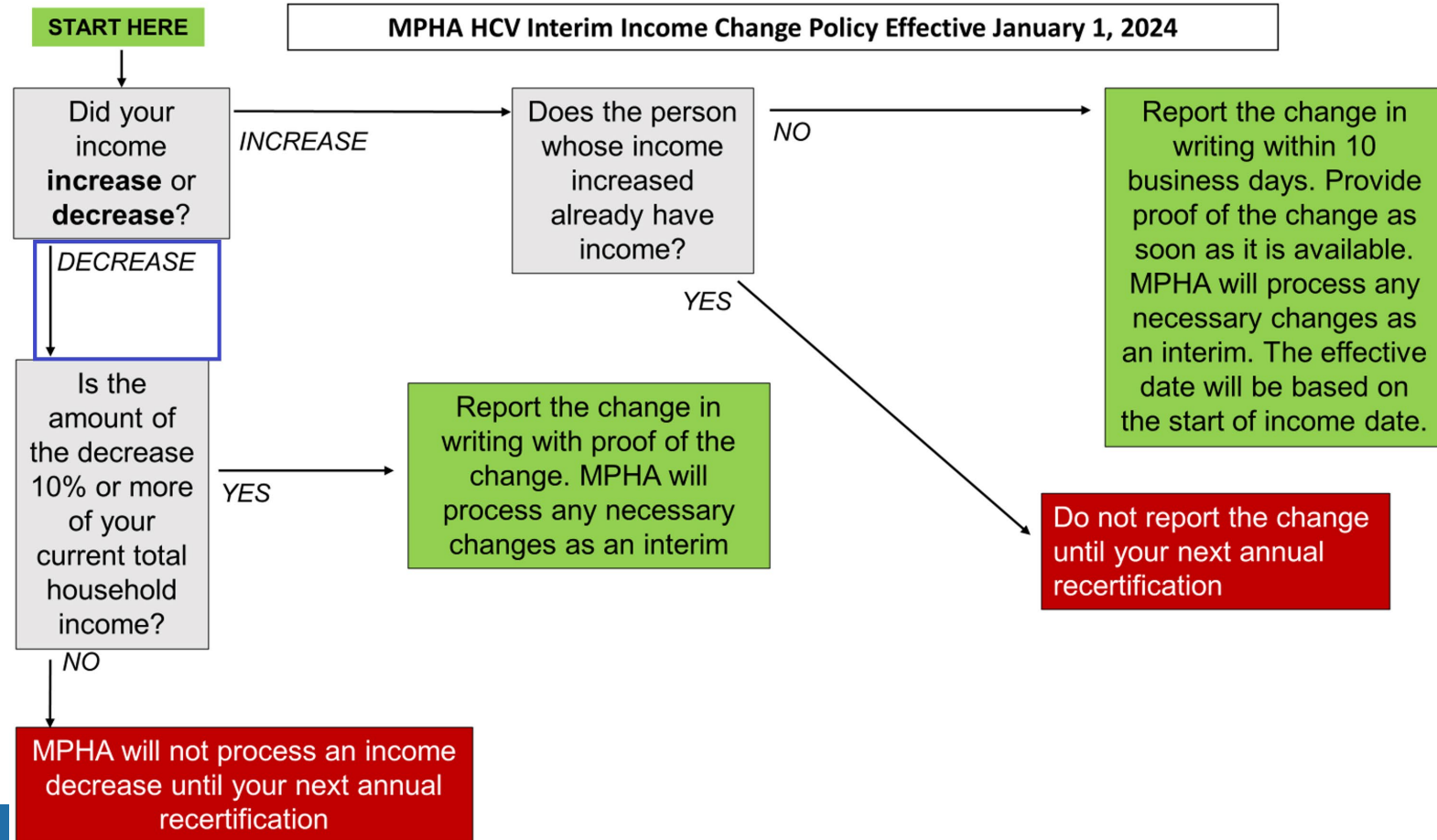


Interim Actions

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

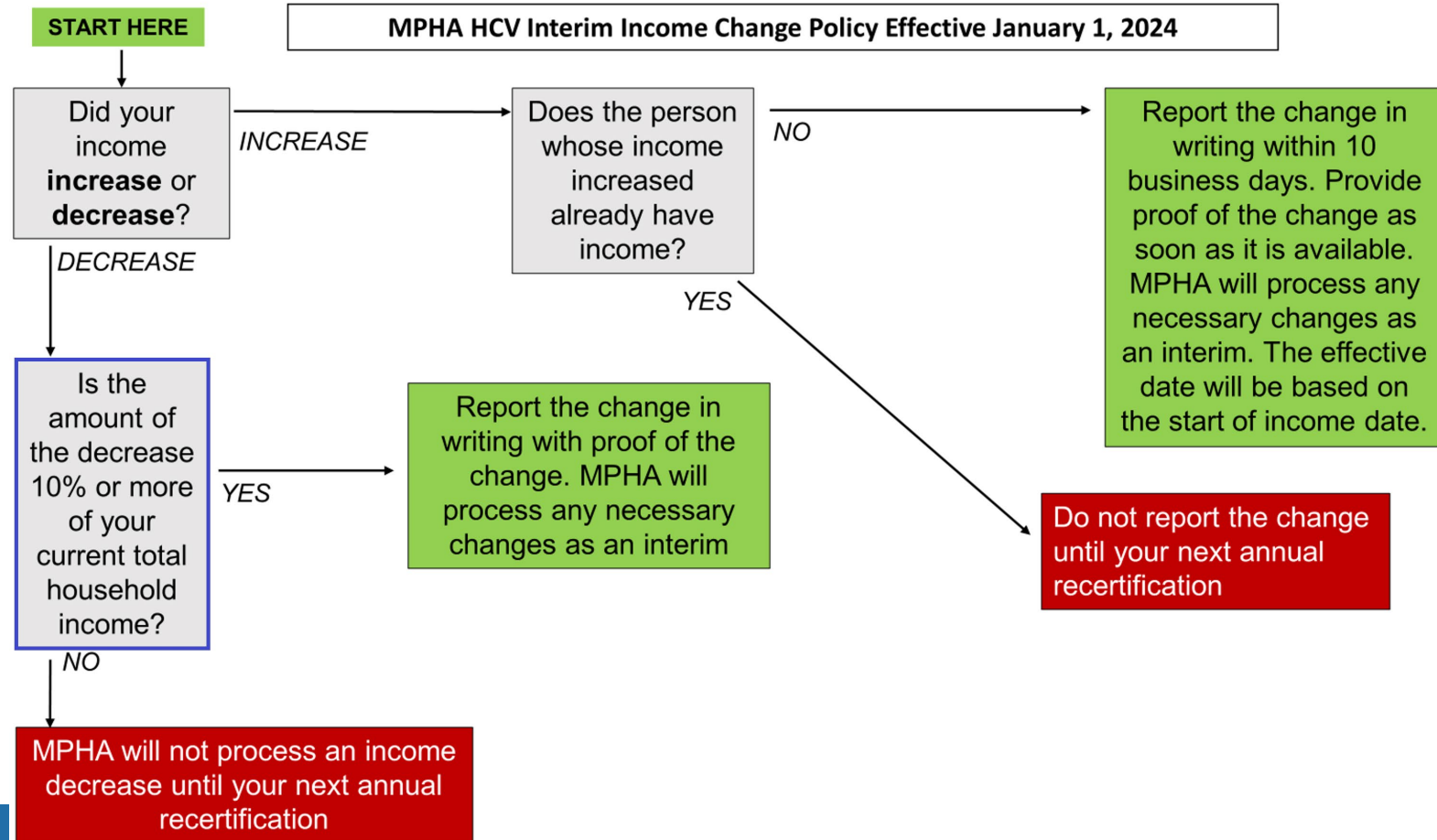


Interim Actions

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

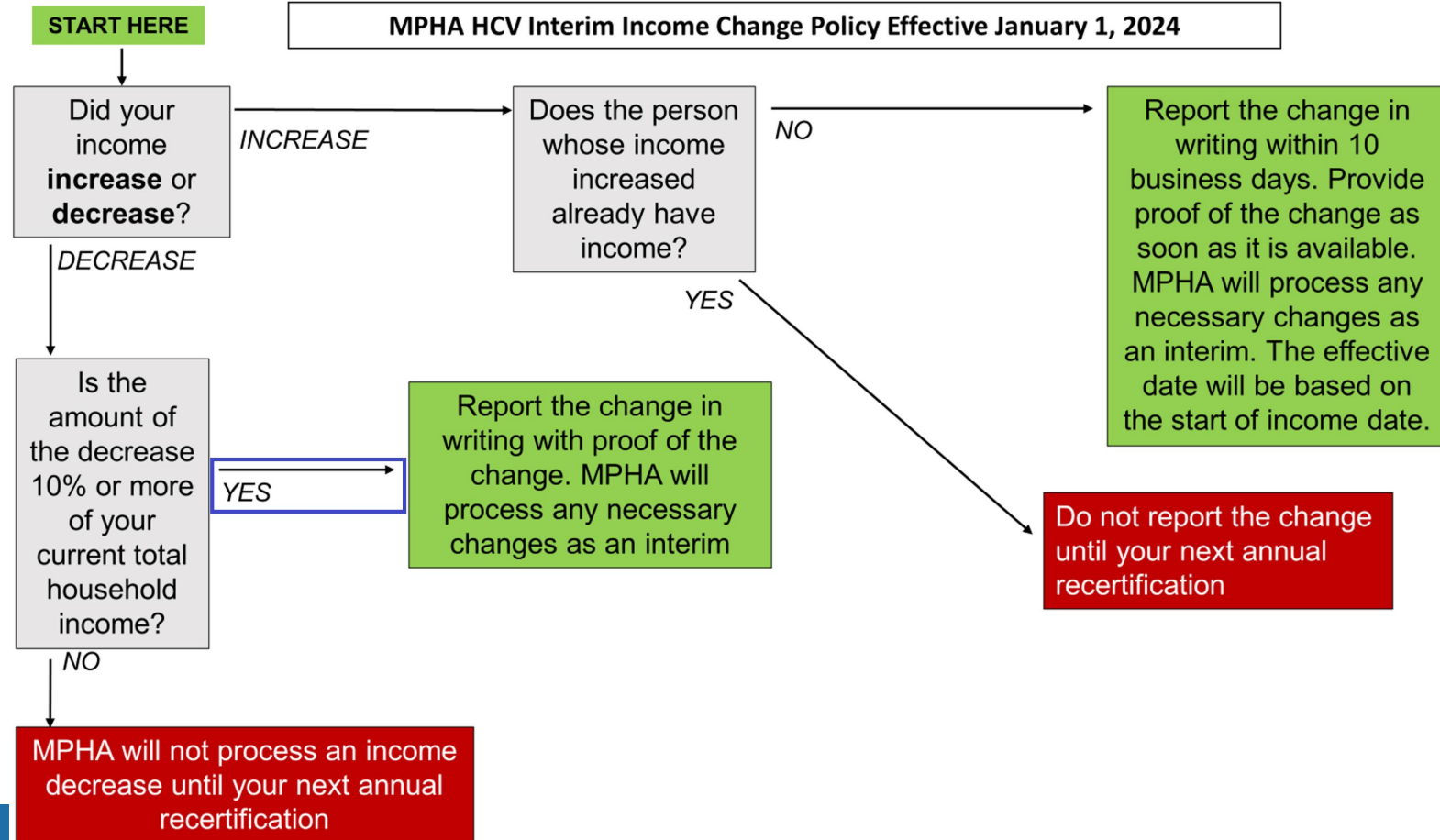


Interim Actions

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

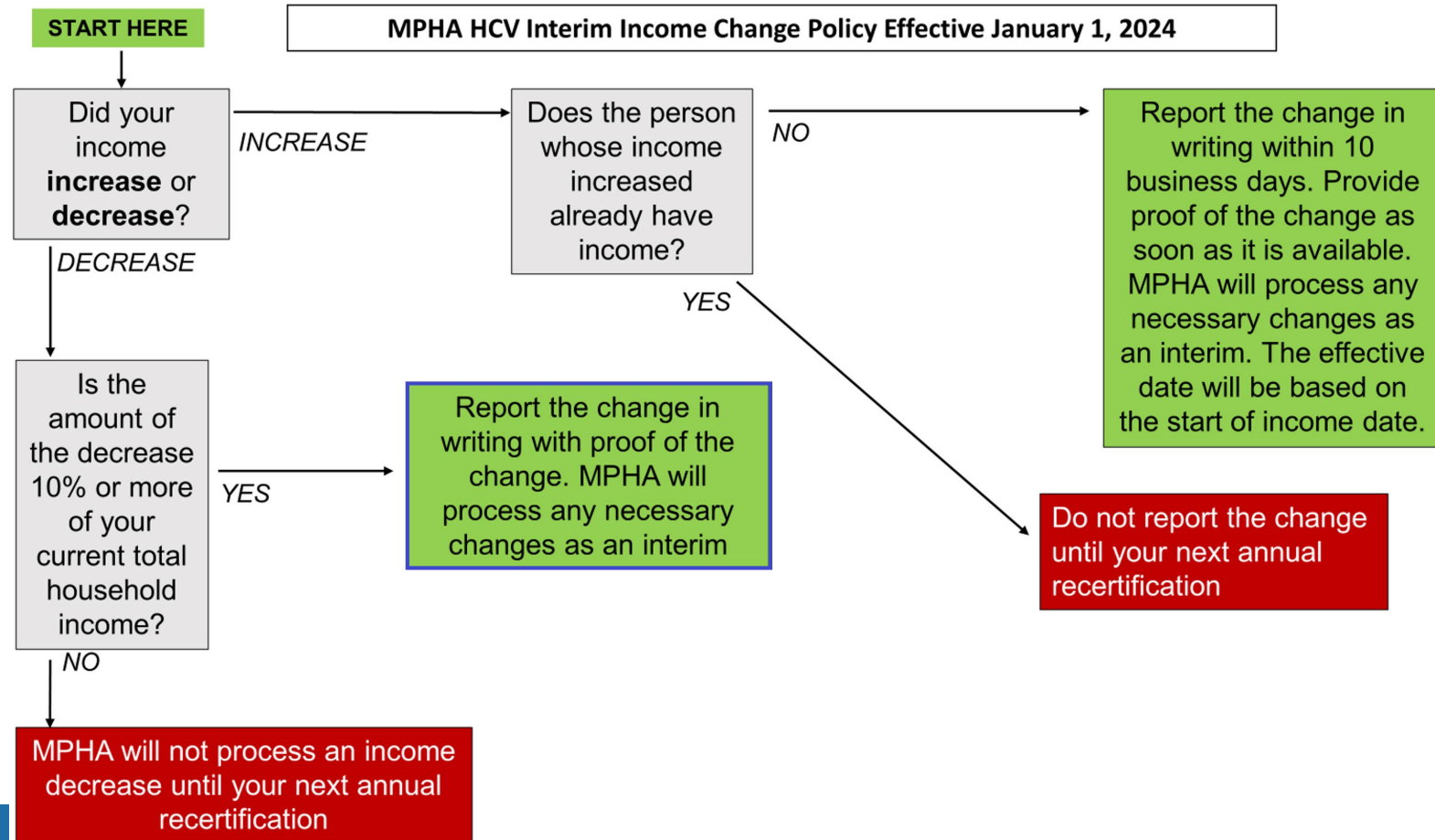


Interim Actions

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

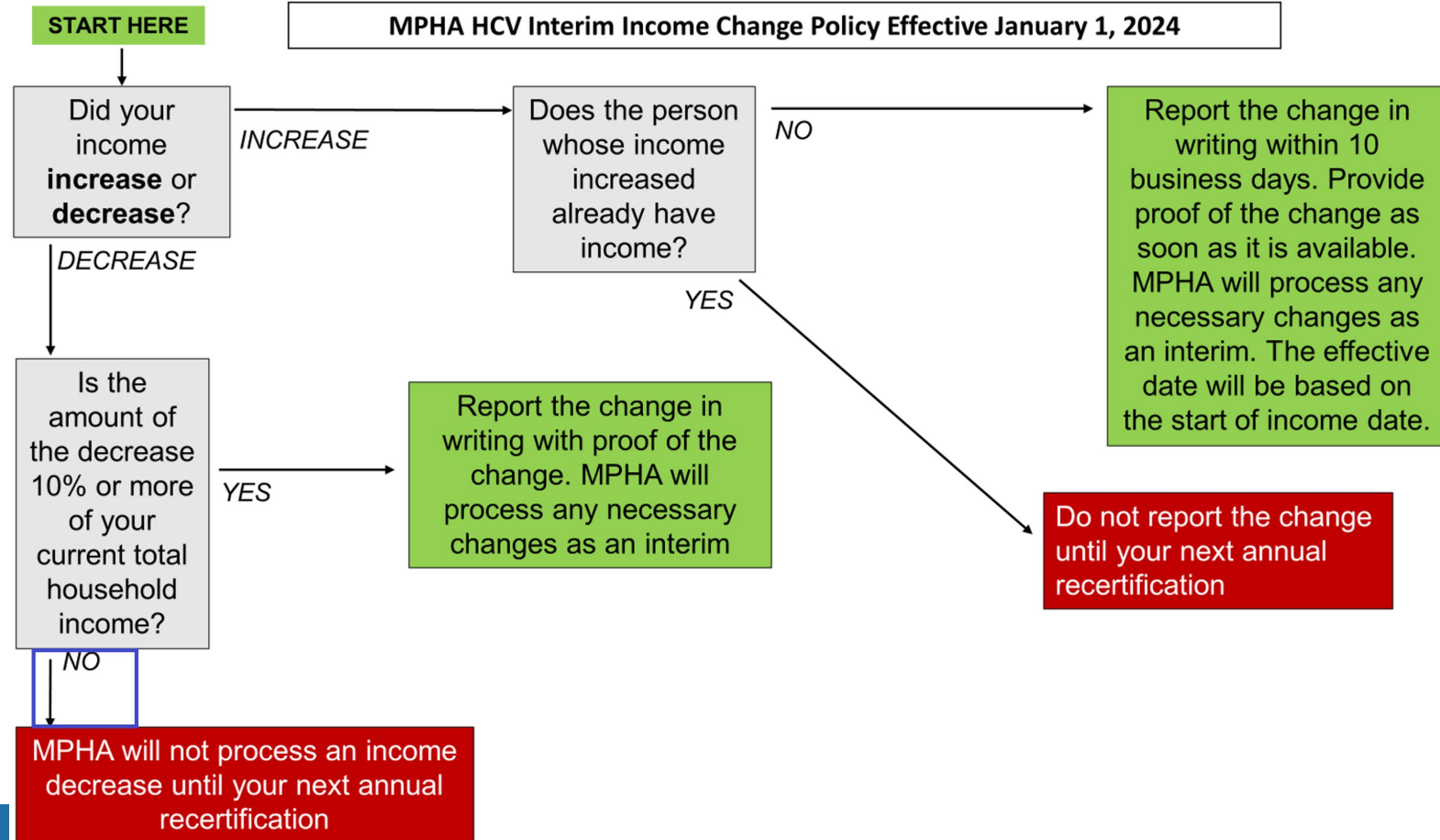


Interim Actions

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

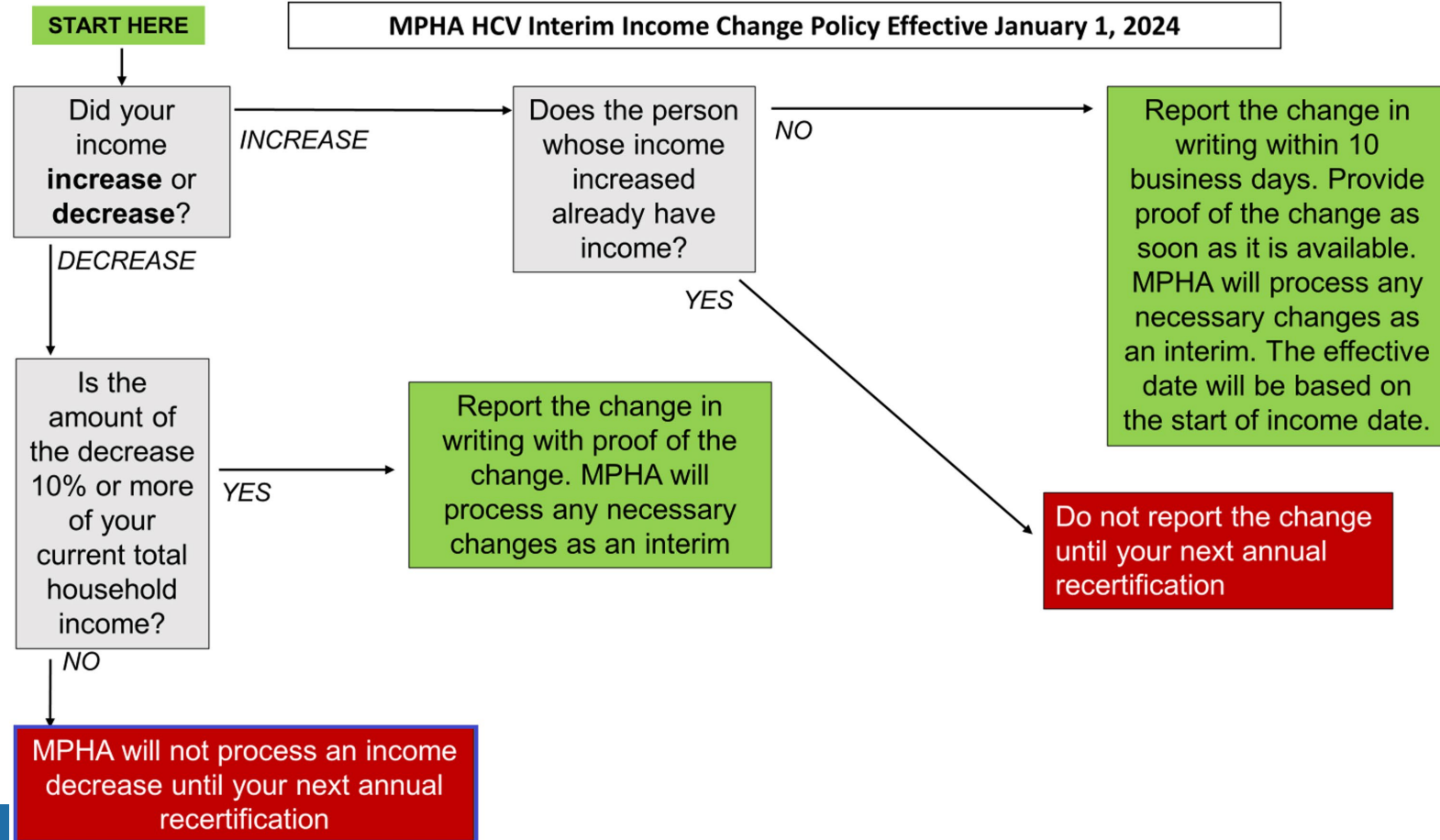


Interim Actions

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

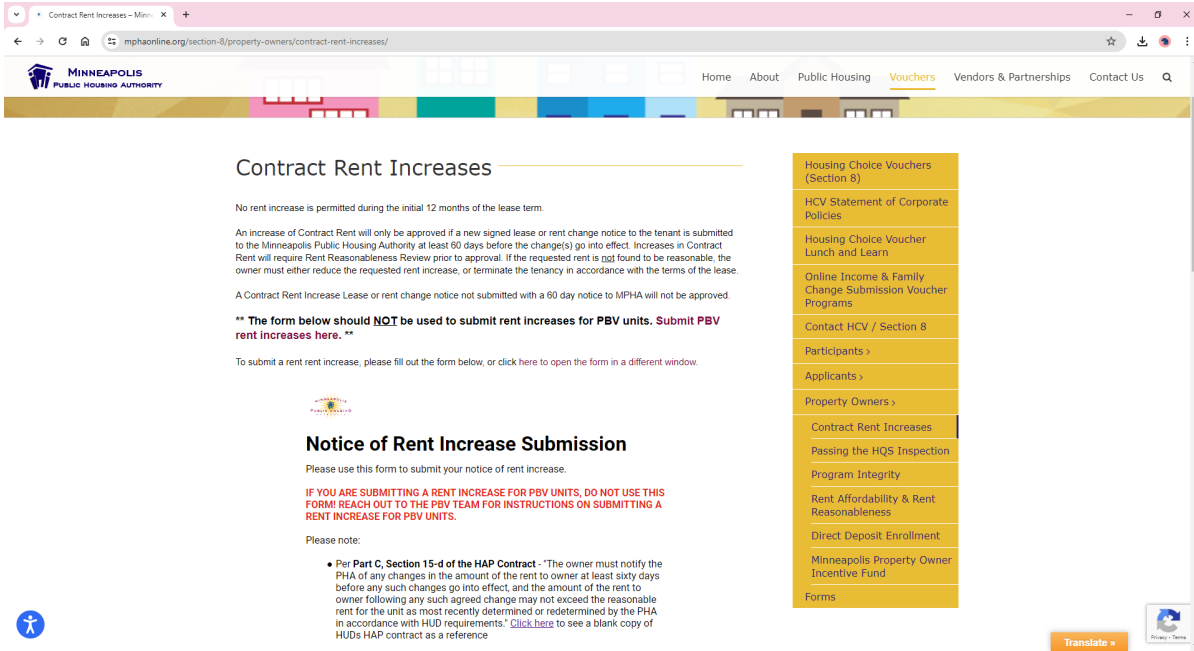


Interim Actions

Change in Rent

New Rent Increase Process

- Property Owner/Manager Must Submit Rent Increases via form on [MPHA Website](#)
- 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

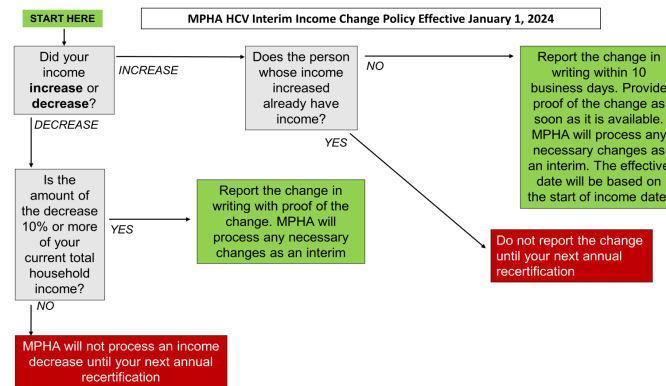


FAMILY COMPOSITION CHANGE REQUEST

This form WILL NOT BE ACCEPTED without the required documentation.
(see other side for instructions on required documentation)

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

Make sure correct and completed documentation is submitted.



Follow the new process for determining if an income change is required.



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

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

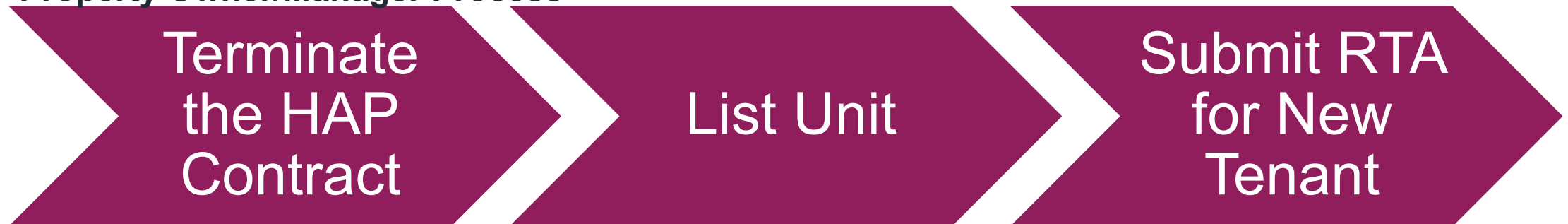
- Written notice that was provided to tenant
- Ask for 60-day notice

Vacating and Moving

Voucher Holder Process



Property Owner/Manager Process



Key Things to Remember – Vacating



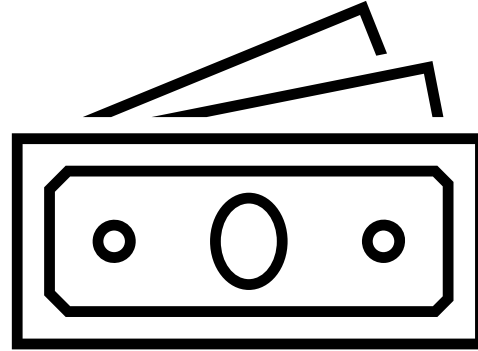
STANDARD NOTICE TO VACATE AGREEMENT

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.

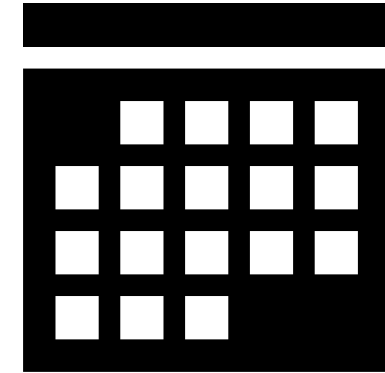
HCV/Section 8 Participants should only move when their lease expires. However, if you are wanting to move before your lease expires you must contact your Eligibility Technician for approval.

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 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.

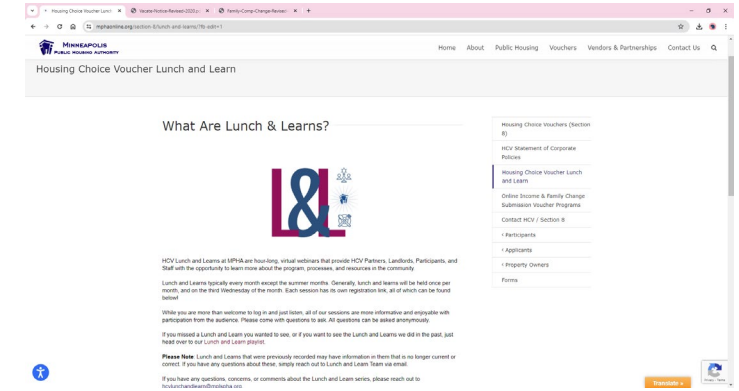
If vacate date changes, Notify MPHA right away – In writing, with a new date, or canceling the vacate.

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 Owners@mplspha.org.

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:
owners@mplspha.org

Current Voucher Holders:
hcv@mplspha.org

Thank you for Attending

- All the forms discussed today (except Briefing, Moving, and Recertification Packets) can be found at:
<https://mphaonline.org/section-8/forms/>
- Thank you to our presenters!
- Please take the Lunch and Learn Survey – will open once the webinar ends.
- Lunch and Learn Website:
<https://mphaonline.org/section-8/lunch-and-learns/>
- Next Lunch and Learn : **April 17th – Fair Housing**

