

# LACONIAHOUSING

We put our residents first.

## Housing Choice Voucher Program – New Tenancy/Landlord Packet

To the prospective Owner, Manager, or Agent:

The following is a step-by-step guide to the process of becoming one of our partners in providing safe, decent, and affordable housing to the low-income residents of our community. The forms necessary to complete steps 1 and 2 are included with this packet, along with other information pertinent to understanding the property owner's role in the Housing Choice Voucher (HCV) Program. Laconia Housing (LHA) will work with you throughout this process to ensure the needs of our clients, partners, and the communities of the Lakes Region are best served.

- 1) The following must be **completed and signed by both you and the prospective tenant** and returned to LHA:
  - a) Request for Tenancy Approval (RTA)
  - b) Lead-Based Paint Disclosure
- 2) The following must be **completed by you** and returned to LHA:
  - a) Rental Market Data Form
  - b) Direct Deposit Authorization (Remember to attach a voided check or deposit slip)
  - c) W-9 Tax Form
- 3) The following must be **obtained by you** and provided to LHA:
  - a) A Rental Property Certificate of Compliance (or similar proof of code compliance) from the municipality in which the unit is located. A building inspection is generally scheduled through your Fire Department.
  - b) A copy of the Property Card from the local Assessor's Office (generally available online)
  - c) Official documentation verifying your right to receive rent for the unit in question (if not clearly evident from the property card listed above)
- 4) **Tenant screening is the owner's sole responsibility.** LHA has not screened the family's behavior or suitability for tenancy. An owner may consider a family's background with respect to such factors as:
  - a) Payment of rent and utility bills
  - b) Caring for the unit and premises
  - c) Respecting the rights of others to the peaceful enjoyment of their housing
  - d) Drug related criminal activity that is a threat to the life, safety or property of others
  - e) Compliance with other essential conditions of tenancy
- 5) When **LHA has received the completed RTA**, Rental Market Data form, and Property Card, we will determine the rent reasonableness of the unit for the prospective tenant and inform you of our decision.
- 6) When all items from steps 1, 2, and 3 have been received by LHA and steps 4 and 5 have been completed, we will contact you to schedule an initial **Housing Quality Standards (HQS) Inspection**. Additional information about the inspection is available on our website.
- 7) When the unit has passed the HQS Inspection, the following must be completed:
  - a) An initial **one-year lease** between the you and the tenant – you must use your standard lease agreement or rental contract. The Tenancy Addendum (part C of the HAP Contract – available online) must be attached.
  - b) A HUD **Housing Assistance Payment (HAP) contract** between you and Laconia Housing. This contract authorizes Laconia Housing to make assistance payments via direct deposit on the tenant's behalf. These payments are made on the second business day of each month.

Please contact us with any questions you have after reviewing these steps and the information provided in this packet.

We look forward to working with you in the future.



# Request for Tenancy Approval

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169  
exp. 04/30/2026

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.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

## 11. Utilities and Appliances

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

Item	Specify fuel type	Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other		
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			Provided by
Range/Microwave			

12. Owner’s Certifications

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

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

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

- c. Check one of the following:

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

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

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

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

**OMB Burden Statement:** The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Privacy Notice:** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

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

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

**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, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

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

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

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

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d 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.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

# Rental Market Data

## Laconia Housing Authority HCV Program

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

### General Property Information (Unassisted Units Only)

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

Number of Bedrooms: \_\_\_\_\_ Asking Rent: \$ \_\_\_\_\_ per \_\_\_\_\_

Nearest Cross-Streets: \_\_\_\_\_ and \_\_\_\_\_

Nearby Amenities:  Bus-line  Church  Shopping Area  Schools  Hospital

Building Type:  Walk-up/Low-rise  Duplex  Row/Townhouse

Detached/Single  High Rise  Mobile Home

Total units in building: \_\_\_\_\_ Square Footage of Unit: \_\_\_\_\_

### Utilities

Heat Type:  FHW  FHA  Space Heater

Please indicate who pays for the following utilities and what type of fuel is used:

Heat:  Electric  Natural Gas  Bottled Gas  Oil Paid By:  Tenant  Owner

Hot Water:  Electric  Natural Gas  Bottled Gas  Oil Paid By:  Tenant  Owner

Cooking:  Electric  Natural Gas  Bottled Gas Paid By:  Tenant  Owner

Electricity (Lights, etc.): Paid By:  Tenant  Owner

### Amenities

Floor Covering (Check all that apply):  Linoleum  Tile  Wood  Carpet  Other \_\_\_\_\_

Included Appliances (Check all that apply):  Refrigerator  Washer/Dryer  Range  
 Dishwasher  Garbage Disposal  Microwave

Bathroom (Check all that apply):  Shower Stall  Tub  Tub with Shower  Non-Scalding Shower

Special Features (Check all that apply):  Elevator  Blinds/Drapes  Private Patio/Deck  Water Access  
 Pool  Tennis Courts  Off-Street Parking  Playground  
 Garage  Storage  Laundry Hook-Ups  Coin-Op Laundry  
 Other \_\_\_\_\_

### Signature

By signing, I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Authorization for Direct Deposit

Housing Assistance Payments (HAP) are paid by Laconia Housing via Automated Clearing House (ACH, Direct Deposit) transactions **only**. It is the property owner's responsibility to provide accurate, current account information to Laconia Housing to ensure correct and timely payment. This authorization form is required for each new HAP contract executed with Laconia Housing, even if no new information is being provided.

### Owner Information (must match HAP contract):

Business Name: \_\_\_\_\_ Tax ID/SSN: \_\_\_\_\_

Authorized Agent or Contact (Signer) Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### By signing this form, you acknowledge that you have read, understand, and agree to the following:

Laconia Housing cannot split HAP payments made to a single property owner. All HAP due to an owner for all current contracts will be paid to the account authorized on the most recent Authorization for Direct Deposit received for that owner (based on Tax ID/SSN). Owners with multiple current HAP contracts may use this form to request a monthly breakdown email.

HAP funds cannot be disbursed by Laconia Housing until a completed HAP contract and approved lease agreement are completed, executed, and received by Laconia Housing. HAP credit is processed several days before it is paid, resulting in a one-time delay of payment for newly executed contracts (new lease-ups). As long as the effective date and initial term of the lease agreement match those of the HAP contract, and both are executed and received by Laconia Housing within 60 days of said date, back payment will be made as of the effective date.

After any potential one-time delay as described above, HAP is paid on the second business day of each month and, depending on the recipient bank's policy, is generally available the same day.

### By signing this form, you approve the following (please select all that apply):

- I have existing, current HAP contracts with Laconia Housing and authorize Laconia Housing to make payment for all HAP contracts in my name to the **account already on file with Laconia Housing**.
- I hereby authorize Laconia Housing to make payment for all HAP contracts in my name to the **new account given below. I have attached a voided check, deposit slip, or other agreed upon documentation to verify account ownership and bank information**.
- If eligible, I am requesting a monthly breakdown of all HAP paid to this account be sent to the **email address given above**.

### Financial Institution Information: Checking Account Savings Account

Bank Name: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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

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

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

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

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