

REQUEST FOR TENANCY APPROVAL (RFTA)

LANDLORDS AND PARTICIPANTS, VERY IMPORTANT! PLEASE READ!

REQUEST FOR TENANCY APPROVAL (RFTA):

Landlord/Agent fills out enclosed RFTA completely, signs and returns via fax or email.

Tax Information: W9 must be completed with Owner's Name, Address, and Tax ID.

All original forms must be utilized; missing forms or substitutions will cause delays!

RFTA RECEIVED BY TACOMA HOUSING AUTHORITY (THA):

The RFTA is received by THA and added into our system. It is then forwarded for scheduling.

INSPECTION SCHEDULING: All RFTA Inspection Requests will be processed as soon as possible.

Inspector will contact the Landlord directly. Our goal is to have the Unit inspected within FIVE BUSINESS days. ** (NOTE TO CLIENT: Keep in touch with potential Landlord for inspection status) **

INSPECTION RESULTS will be conveyed to Landlord/Agent after the inspection.

PASS: Landlord/Agent can call client in for Lease Signing and Keys
FAIL: Landlord/Agent may remedy and get re-inspection scheduled

LEASE AND RENT AMOUNT:

LEASE: It is the responsibility of the Landlord/Agent to provide THA a copy of the executed lease, after the unit has passed inspection and the unit is approved.

This is the Landlord/Agents first step in getting paid.

LEASE TERM: One-year lease must end one day earlier the following year, *i.e.*:9/1/20-8/30/21 **LEASE RENEWALS:** Thereafter, Households may sign another lease *or* do month-to-month.

HOUSING ASSISTANCE PAYMENT (HAP): A Housing Assistance Payment (HAP) Contract will also need to be signed by Landlord/Agent. Tacoma Housing Authority will work with Landlord/Agent on that.

MOVE IN RENT AND DEPOSIT:

DEPOSIT: Program Participant is responsible for payment of deposits to the Landlord.

RENT: Program Participant is responsible for any and all rent due at the time of move in, *regardless* of the status of the Housing Authority paperwork.

Rents charged for Households must not be more than the rent charged to unassisted tenants.

ADJUSTMENTS: If Program Participant pays the full rent, and the Housing Authority subsequently pays the Landlord/Agent for that month, then it is the responsibility of the Landlord/Agent and the Household to adjust the account accordingly.

PAYING THE LANDLORD:

It may be several weeks before Landlord/Agent is paid because of the paperwork involved in a new contract. Therefore, it is important for all involved parties to make the correct payments so that the Landlord/Agent will not suffer any hardship in making payments on the property.

Questions? Call us at (253) 207-4400. Ask for: Cynthia Sympson

csympson@tacomahousing.org

Tacoma Housing Authority 902 South L St Tacoma, WA 98405 Phone: (253) 207-4400

Client Name: Marci Stratton Housing Specialist: Cynthia Sympson HS Phone: 253-284-9481 Inspector:

Phone: 3605516280 Date: csympson@tacomahousing.org

U.S Department of Housing and Urban Development

Request for Tenancy Approval

Office of Public and Indian Housing

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

Housing Choice Voucher Program

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

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

| 1. Name of Public Housing | Agency (PHA) | | | 2. Address of Uni | t (street ad | dress, unit #, | city, state, zip code) |
|---|--|---------------|--|-------------------------------|------------------------------------|----------------|---------------------------------------|
| TACOMA HOUSIN | NG AUTHORITY | | | | | | |
| 3. Requested Lease Start Date | 4. Number of Bed | Irooms 5. Yea | ar Constructed | 6. Proposed Rent | 7. Security Amt | Deposit 8 | B. Date Unit Available for Inspection |
| 9. Structure Type | 1 | | | 10. If this unit is | subsidize | ed, indicate | type of subsidy: |
| ☐ Single Family Deta | iched (one family und | er one roof) | | Section 202 | 2 🗆 Se | ection 221(d | d)(3)(BMIR) |
| Semi-Detached (duplex, attached on one side) | | | | ☐ Tax Credit | □но | OME | |
| ☐ Rowhouse/Townh | ouse (attached on tw | o sides) | | ☐ Section 236 | Section 236 (insured or uninsured) | | |
| Low-rise apartmer | nt building (4 stories c | r fewer) | | Section 515 Rural Development | | | |
| ☐ High-rise apartment building (5+ stories) | | | Other (Describe Other Subsidy, including any state or local subsidy) | | | | |
| ☐ Manufactured Hor | me (mobile home) | | | or local sub | 3ldy) | | |
| 11. Utilities and Applia The owner shall provide utilities/appliances indi refrigerator and range/ | or pay for the utilities cated below by a "T". | | | | | | |
| Item | Specify fuel type | | | | | | Paid by |
| Heating [| ☐ Natural gas ☐ E | ottled gas | ☐ Electric | ☐ Heat Pump | ☐ Oil | ☐ Other | |
| Cooking [| ☐ Natural gas ☐ E | ottled gas | ☐ Electric | | | Other | |
| Water Heating [| ☐ Natural gas ☐ E | ottled gas | ☐ Electric | | Oil | Other | |
| Other Electric | | | | | | | |
| Water | | | | | | | |
| Sewer | | | | | | | |
| Trash Collection | | | | | | | |
| Air Conditioning | HA OFFICIAL U | SE ONLY: | : | | | | |
| Other (specify) | Jnit #: | Utilitie | s: | Vendor #: | | | Provided by |
| Refrigerator | Census: | Under | 6 yrs: | Agent #: | | | Flovided by |
| Range/Microwave | | -2, 0 | | | | | |
| Previous editions are | ohsolete | | THA RFTA | Page 2 of 15 | | 111 | UD F3F17 /7/2010\ |

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 followin | ø: |
|---------------------------------------|----|

1978.

| ☐ Lead-based paint disclosure requirements do not apply |
|---|
| because this property was built on or after January 1, |

| | ☐ The unit, common areas servicing the unit, and exterio |
|---|--|
| | 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 |

| \neg | A completed statement is attached containing |
|--------|---|
| _ | = |
| | disclosure of known information on lead-based paint |
| | and/or lead-based paint hazards in the unit, common |
| | areas or exterior painted surfaces, including a |
| | statement that the owner has provided the lead hazard |
| | information pamphlet to the family. |

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

| Print or Type Name of Owner/Owner Representative | | Print or Type Name of Household Head | | |
|--|-------------------|--------------------------------------|-------------------------|--|
| | | Marci Stratton | | |
| Owner/Owner Representative Signature | | Head of Household Signature | | |
| , | | MMS | | |
| Business Address | | Present Address | | |
| | | 1519 Lucille Parkway gig Harbor 9833 | 35 | |
| Telephone Number | Date (mm/dd/yyyy) | Telephone Number | Date (mm/dd/yyyy) | |
| | | 3605516280 | 3/22/2022 1:15 PM PDT | |



Rental Assistance

902 South L Street, Tacoma, WA 98405 (253) 207-4400

Fax: (253) 207-4454 TDD: 1-800-545-1833 (x249)

Shared Housing

Please complete the form below if the Head of Household will be renting a Shared Housing Unit

Note: Shared housing is a single housing unit occupied by an assisted family and another resident or residents. The shared unit consists of both common space for use by the occupants of the unit and separate private space for each assisted family.

An assisted family may share a unit with other persons assisted under the HCV and/or HOPP program or with other unassisted persons. The owner of a shared housing unit may reside in the unit, but housing assistance may not be paid on behalf of the owner. The resident owner may not be related by blood or marriage to the assisted family.

When providing HCV or HOP assistance in shared housing, a separate lease and HAP/HOPP contract are executed for each assisted family, and the standard form of the HAP/HOPP contract is used.

| | Unit Information | |
|------------------------------------|-----------------------------|------------|
| | | |
| Геnant Name: | | |
| Address: | Room Numb | oer: |
| s the unit Shared Housing: | | |
| Γotal bedrooms in the unit: | Rent amount for the whole | e Unit: \$ |
| Γotal bedrooms the client will ren | t: Rent amount for each roo | om: \$ |
| | | |
| | | |
| | | |
| <u>「enant</u> | | |
| Print Name: | Signature: | Date: |
| | | |
| Owner/Agent | | |
| Print Name: | Signature: | Date: |

Tacoma Housing Authority

FAQ for Owner/Agent

When will I receive payment?

- Per the HAP contact, it may take 60 days, to receive your first payment. However, payments are
 usually made sooner and will include all money owed, from the pass inspection or move
 in date, whichever is later.
- You will be paid in the next check run after the HAP contract has been received and then on the first working day of the month thereafter. Any prorate or partial payments may be received midmonth. Paperwork for the check runs are processed approximately 5 days before payments. Pay dates are on or the first business day after the 1st, 10th, and 20th.
- If a new lease begins in the middle of the month, we will prorate the rent based on a 30-day month.
- You may receive the prorated amount with your first full month's rent.
- Once we get a signed HAP contract, we will release the payment in our next check run.

I filled out all the paperwork. Why am I still receiving checks? When will I receive direct deposits?

- We prefer that all landlords get paid via direct deposit. Follow the instructions on the form, including a voided check.
 - Due to fraud, and to protect both the agent/owner and THA, THA will reach out to verify banking information which may cause a slight delay.

I did not receive my HAP payment, what should I do?

- Please verify that you emailed the completed new owner/agent documents to S8vendor@tacomahousing.org.
- If you have emailed the completed documents and have not heard back within 5 business days, please email_S8vendor@tacomahousing.org.
- Contact the Housing Specialist that was listed on the RFTA.

I have not received my monthly statement, what should I do?

- We send statement via email, please check your spam folder, and add <u>noreply@salesforce.com</u> to your contact list. Statements can be sent to 2 different email addresses.
- Please note, you will receive an email of the monthly statement if you receive a paper check.

What are the most important items?

• Social Security Number /TIN for **owner** of the property (W-9). That could be an LLC or an individual. We will verify the SSN/TIN with the IRS to ensure we are accurately reporting 1099s at year end.

Tacoma Housing Authority

FAQ for Owner/Agent

1099'S AND TAX INFORMATION

- We use track1099.com to produce our annual 1099 statements.
- For any 1099 that has not been electronically accessed, we will send it out in the mail.

Why does Tacoma Housing Authority request the deed, loan documents, etc.?

- Per HUD requirements, we must verify ownership of the property, and all payment information must be reported on the owners 1099 to the IRS. If you have a Management Company, we can pay the management Co., once we have a copy of the management agreement.
- To prevent delay, please provide the SSN/TIN matching the ownership records.

Can I sell my unit if there is a Tacoma Housing Authority participant in place?

- Yes. However, prior to the sale, you must disclose the presence of the Tacoma Housing Authority participant to the new owner.
 - The new owner must honor the current lease agreement. After the lease agreement has expired, the new owner may ask the tenant to vacate the property. Proper notice procedures to the tenant must be observed.
- The new owner is welcome to continue renting to the tenant.
- You must contact <u>S8vendor@tacomahousing.org</u>, for information on transferring your property to a new owner.
- If you receive HAP funds after the sale of the property, you will be responsible for returning the HAP payment to Tacoma Housing Authority.
- To accurately report 1099's the funds should be returned to Tacoma Housing Authority, so we can pay the new owner.

May I increase the rent I charge my Tacoma Housing Authority tenant?

- Yes, after the initial lease term has ended you may change the rent and the terms of the lease.
 To do so, you must submit written notification to Tacoma Housing Authority at least 60 days before the proposed effective date of the increase.
- The request must be completed using our Landlord Rent Change Request form
 - Example: If you wish to increase the tenant's rent on January 1, your written notice must be received by us no later than November 1.
- If your rent increase is denied, the Housing Authority will provide you with written notice and advise you of the maximum increase that can be approved for your unit.
- You will then have the option of accepting the lower amount or issuing a notice to terminate tenancy to the tenants in accordance with state and local tenancy laws.
 - The tenant also has the option of removing themselves from the program and paying 100% of the rent if they prefer to remain in the unit.



Housing Assistance Payment Owner/Agent Contact Information

| Tenant Nan | ne(s): | | | | |
|--|---------------------------------------|---|---------------|--------------------------------|--|
| Contract U | nit Address: | | | | |
| | I am a: | □ New Owner | ☐ Existing | Owner | |
| SECTION I: I V | VANT TO | | | | |
| _ | ge / Add Agent h Management Agreer | nent or Agent Authorization Statement & \ | | tact Information | |
| ☐ Beco | me a New Owner | | ☐ Report a Ch | ange of Ownership of Unit | |
| SECTION II: LEGAL OWNER INFORMATION (Name(s) must match Grant Deed or Certified Final Closing Statment | | | | | |
| Legal Owner | Name(s): | | | | |
| For Legal Ov | | d? Check Yes □ or No□ | | | |
| City: | | St | ate: | Zip: | |
| Owner Phone | e #: | Fax #: | | | |
| Email: | | Secondary | Email: | | |
| Section III: Agent / Manager Information (Agent / Management Agreement must be provided) | | | | | |
| Agent / Com | npany Name(s): ess: | | | | |
| City: | | St | ate: | Zip: | |
| Agent Phone | #: | Fax #: | | | |
| Email: | | Secondary | Email: | | |
| Section IV: F | Payment and Cor | respondence Designation | | | |
| | | nents should be made payable t ayee information is for Owner only, not for | | (Check one) □ Owner □ Agent | |
| If Correspond | ondance should be | sent elsewhere please mail to: | | (Check one) □Owner □Agent | |
| | | | | | |

FOR CHANGES OF OWNERSHIP:

The **Effective Date** of the HAP Contract will be the **1**st **of the month** following the submission of **completed documentation**. If payment has already been issued to the previous owner, the new owner is responsible for obtaining the payment from the previous owner. If the previous owner has returned HAP payments to THA, the new owner is responsible for notifying THA. THA will verify if these funds have been received.

*Certification:

By signing below, I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payment (HAP) Contract. I authorize the Tacoma Housing Authority to issue payments according to the information shown above. By signing below, I certify that I am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless THA 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.

| Signatur |
|--------------|
| Oignatui |

Signature of Owner/Agent:

Date:

You may submit the completed form and accompanying documents by Fax:

Fax: 253-207-4454 Attention: Ownership Change.



TACOMA HOUSING AUTHORITY

Direct Deposit Enrollment Form

NOTE: all local owners/agents are required to pick up any hard copy checks issued at the Tacoma Housing Authority. Out of area owners/agents are charged a \$10 handling fee for checks. Please forward this form to your company/agency staff responsible for setting up direct deposits to avoid picking up checks or fees.

INSTRUCTIONS

- 1. Fill out this form completely; do not omit any information.
- 2. Use the routing number from checks only, not from deposit slips.
- 3. To expedite the initial setup attach a voided check from your account.
- 4. Return the completed form and attached voided check to the Tacoma Housing Authority to the address/fax/email listed below.

| Payee Name (name on W-9): | | |
|---|---------------------------|---------------------------------------|
| Mailing Address: | | |
| City | State: | Zip: |
| E-Mail: | Phone # (| |
| List at least one tenant you are leasing to: (in addition to this | client): | |
| Owner Name (if different than payee): | | |
| BANK INFORMATION where you want payments directly depo | osited | |
| Bank Name: | | |
| Routing # (9 digits): | | |
| Account #: | | |
| Select One:CheckingSavings | | |
| I hereby authorize Tacoma Housing Authority (THA) to initiate or remains in force until THA receives written notification from me any overpayments made to this account. I agree to immediately | e of its termination. I a | gree to contact THA immediately about |
| Authorized Signature | | Date |

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | |
|---|---|---|---|--|--|
| | 2 Business name/disregarded entity name, if different from above | | | | |
| Print or type. See Specific Instructions on page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | |
| pe. | | | Exempt payee code (if any) | | |
| 향호 | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner | ., | | | |
| Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. | | | | | |
| _ iji | is disregarded from the owner should check the appropriate box for the tax classification of its own | er. | (Applies to accounts maintained outside the U.S.) | | |
| ğ | Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name a | nd address (optional) | | |
| 96 | | Troquestor s manne a | na address (opnonal) | | |
| Ϋ́ | 6 City, state, and ZIP code | | | | |
| | | | | | |
| | 7 List account number(s) here (optional) | | | | |
| | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | |
| Enter | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av | oid Social sec | urity number | | |
| reside | p withholding. For individuals, this is generally your social security number (SSN). However, f ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> | | <u> </u> | | |
| TIN, la | | or | | | |
| | If the account is in more than one name, see the instructions for line 1. Also see What Name | and Employer | identification number | | |
| Numk | er To Give the Requester for guidelines on whose number to enter. | | - | | |
| Par | t II Certification | | | | |
| Unde | penalties of perjury, I certify that: | | | | |
| | number shown on this form is my correct taxpayer identification number (or I am waiting for | | ** | | |
| 2. I ar | n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b |) I have not been no | otified by the Internal Revenue | | |

- Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Signature of Here U.S. person ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



Housing Authority of the City of Tacoma Smoke Detector Certification

| Tenant Name: |
|--|
| Address: |
| Each dwelling unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each level of the unit. If the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system, designed for hearing impaired persons in each bedroom occupied by such person. |
| The smoke detector(s) must be located, to the extent practicable, in a hallway adjacent to a bedroom. Each bedroom occupied by a hearing-impaired person must have a visual alarm system connected to the smoke detector installed in the hallway. |
| I do hereby certify that: |
| 1. The dwelling unit identified above is protected by at least one battery-operated or hard-wired smoke detector in proper working condition on each level of the unit; |
| 2. Each bedroom occupied by a person known to me to be hearing impaired has a visual alarm system connected to the smoke detector installed in the hallway; |
| 3. A properly functioning smoke detector is located in the hallway near all bedrooms. |
| This certification must be signed, dated and returned to Tacoma Housing Authority. |
| Signature of Owner/Agent: |
| Date: |

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.

| Les | ssor'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 kno housing. | wledge of lead | d-based paint and/or le | ead-based paint hazards in the | |
| (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). | | | | |
| Les | (ii) Lessor has no repo hazards in the hou | sing. | pertaining to lead-base | ed paint and/or lead-based paint | |
| | Lessee has received copies of all information listed above. | | | | |
| (d)Lessee has received the pamphlet <i>Protect Your Family from Lead in Your Home</i> . | | | | | |
| | | _ | | | |
| _ | | d the lessor of | f the lessor's obligation to ensure compliance. | ns under 42 U.S.C. 4852d and | |
| The | ertification of Accuracy e following parties have reviewe information they have provided | | | the best of their knowledge, that | |
| Les | ssor | Date | Lessor | Date | |
| Les | ssee (Tenant) | Date | Lessee | Date | |
| Age | ent | Date | Agent | Date | |

HUD STANDARDS FOR STABILIZING DETERIORATED PAINT

During the initial and annual inspection the Housing Authority will visually inspect the unit for deteriorated paint. This notice will provide directions on how to complete paint stabilization if the unit was built before 1978 and is expected to be or is occupied by a family with a child less than 6 years of age.

 Loose, peeling or cracking paint may contain lead and therefore poses a serious health hazard for children under the age of 6 years.

1. TIME FRAME FOR REPAIRS

- Paint stabilization must be completed prior to occupancy.
- In case of an annual inspection, paint stabilization must be completed within 30 days of notification of deteriorated paint.
- Failure to complete paint stabilization within the designated time frame will result in housing assistance payments being abated or terminated.

2. EPA RENOVATION RULE

 You must distribute the EPA Pamphlet Renovate right and obtain client signatures.

3. SAFE TREATMENT METHODS

- Deteriorated surfaces: Any physical defect on a painted surface must be repaired before treating the surface.
- Remove Loose Paint: All loose paint or other loose material should be removed from the surface to be treated.
- Apply New Paint: Paint stabilization includes the application of a new protective coating of paint. The surface must be dry and protected from future moisture damage before applying new protective coating or paint.

4. SAFE TREATMENT METHODS

- Wet scraping or sanding
- Chemical stripping on or off site
- Replace painted components
- Scraping with an infrared or coil type heat gun with temperatures below 1,100 degrees F
- HEPA vacuum sanding
- HEPA vacuum needle gun; and
- Abrasive sanding with HEPA vacuum
- Covering of defective paint surfaces with durable materials such as wallboard or vinyl siding with joint sealed and caulked

5. PROHIBITED METHODS

- Open flame burning or torching
- Machine sanding or grinding without HEPA local exhaust
- Abrasive blasting or sandblasting without HEPA exhaust
- Heat guns operating above 1,100 degree F or charring pt.
- Dry scraping or dry sanding except in conjunction with heat guns or within 1 foot of electrical outlets
- Paint stripping in a poorly ventilated space using a volatile stripper that is a hazardous substance.

6. PROTECTIVE COATING

 Apply a new protective coating or paint over area(s) that had the paint removed.

7. DE MINIMUS LEVELS

Specialized training is required when paint stabilization disturbs painted surfaces that are above the following "De Minimis Levels":

20 sq. ft. on exterior surface

- 2 sq. ft. in any one interior room or space.
- 10 % of total surface area on an interior or exterior component with a small surface area. Examples: Window Sills and baseboard trim.

8. TRAINING AND SUPERVISION

Use properly trained and certified companies or individuals when performing any operation beyond the deminimus levels.

 The individual performing the paint stabilization must be trained in accordance with OSHA's Hazard Communication regulations (29CFR 1926.59).

The individual must have met one of the following:

- A certified abatement supervisor supervises the work of the individual performing the paint stabilization.
- The supervisor has successfully completed an accredited abatement supervisor course.
- The certified renovator may be a certified lead based paint abatement supervisor who has completed the 4- hour Remodelers and Renovators refresher course.
- The individual has successfully completed an accredited lead-based paint abatement worker course.
- The individual has successfully completed the Lead-Based Paint Maintenance Training Program developed by the National Environmental Training Association of the Remodeling Industry.

 The individual has successfully completed the Remodeler's and Renovator's Lead-Based Paint Training Program Developed by HUD and the National Associated of the Remodeling Industry

New training requirements from EPA effective April 2010- Renovation, Repair and Painting Program Rule (RRP). You must have the following:

- Those individuals who had prior certification from one of the above listed courses must complete the 4- hour Remodelers and Renovators refresher course or attend the full 8 hour renovator course.
- The individual or company must be certified as a FIRM with the EPA or State.

9. SAFE WORK PRACTICES AND OCCUPANT PROTECTION

The following safe work practices help minimize and control the spread of leadcontaminated dust and debris while protecting workers and residents from exposure to lead:

- Cover yourself; wear eye protection, a respirator and proper clothing.
- Cover the ground; seal off vents and doorways with poly sheeting.

Tenants shall not be permitted to enter the work site during stabilization.

- Personal belonging should be relocated and covered.
- Soil and playground equipment must be protected from contamination during treatment.
- Waste and debris must be disposed of in accordance with all State and Local law.

10. CLEANING

 The work site must be thoroughly cleaned to remove lead-based paint dust.

- Clean by washing surfaces with a lead specific detergent or its equivalent.
- Vacuum cleaners with HEPA (High Efficiency Particulate Accumulator) filters should be used during cleanup.
- Waste and Debris must be disposed of properly.

11. CLEARANCE REPORT

A Clearance Examination is the last step of paint stabilization and includes the following:

- A Visual assessment of the treatment.
- Collection of dust samples.
- A certified lead paint inspector or risk assessor or certified clearance technician must conduct clearance.
- Clearance exams are not required when deteriorated paint is less than the "De Minimis Levels".

12. NOTICE TO OCCUPANTS

- A clearance report must be prepared by a certified clearance examiner and provided to the tenant within 15 days of the completion of the lead hazard reduction activities.
- The Housing Authority will require a copy of this notice for the tenant file.
- The unit must pass clearance and the form must be signed and returned to the Housing Authority before unit can pass inspection.

13. MAINTENANCE

You must institute ongoing maintenance of painted surfaces and safe work practices.

- Once a year, visually assess painted surfaces to identify deterioration.
- Stabilize any deteriorated paint.
- Use safe work practices.

14. ENVIRONMENTAL INTERVENTION BLOOD LEVEL (EIBL) CHILDREN

 Special procedures are required if a child under the age of 6 years residing in a subsidized unit is identified with an EIBL (Lead Poisoning). When you become aware of this situation, immediately contact the Housing Authority and your Local Health Department.

15. EXEMPTIONS

The Housing Authority may exempt from such treatment defective paint surfaces that are found in a report prepared by a certified Lead-Based inspector not to be lead-based.

16. RESOURCES

Information on certified lead based paint inspectors is available on the State of Washington's website:

www.commerce.wa.gov search: Lead Paint Training- Washington Certified Firms.

National Lead Information Center 1-800-424-lead or visit their web site www.epa.gov/lead/nlic.htm

EPA Repair and Painting rule effective April 22, 2010. www.epa.gov/lead/pubs/renovation

Contact the HUD Office of Healthy Homes and Lead Hazard Control 202-402-7698. Or visit their Web site at www.hud.gov/offices/lead

E-mail at lead regulations@hud.gov.

For EPA regulations visit www.epa.gov

National Center for Lead Safe Housing 410-992-0712 or visit their web site at www.leadsafehousing.org

SUMMARY OF THE LEAD BASED PAINT REGULATIONS FOR UNITS BUILT BEFORE 1978

This notice is to inform you of your responsibilities as a Participating Section 8 Landlord. The Lead Safe Housing Rule is designed to protect you, your employees and your tenants from lead poisoning.

The regulations set hazard reduction requirements that give much greater emphasis to reducing lead in house dust and thereby reduce the exposure to young children. The Housing Authority, as part of its regular initial or annual inspection process, will conduct a visual evaluation of the interior and exterior painted surfaces including common areas, stairways, boundary fences and garages during the inspections of the rental property.

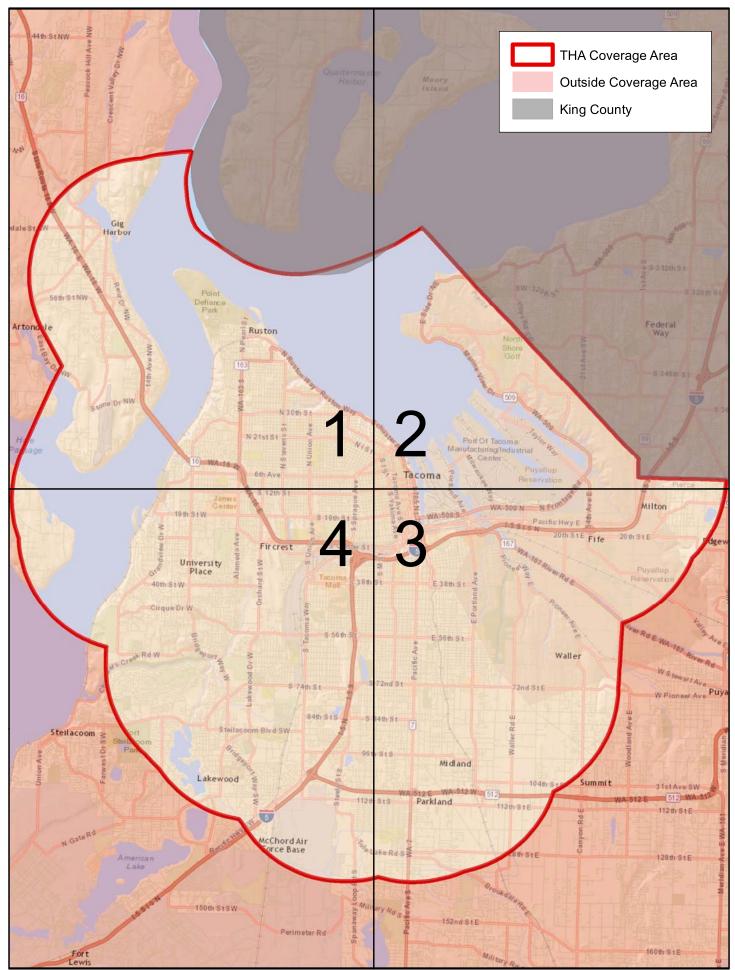
The inspector will look for any signs of <u>deteriorated paint</u> such as peeling, chipping, chalking or cracking, of any paint or coating located on the interior or exterior surface that is otherwise damaged or separated from the substrate. The Paint conditions will be <u>identified</u> with either <u>"over or under"</u> the "<u>De Minimis levels"</u> to help you determine how you must take care of the paint deficiencies according to the HUD regulations.

If deteriorated paint is found, and the dwelling unit was built before 1978 and is occupied (or intended to be occupied) by a child under age six years of age (including day cares) or by a pregnant household member, the HUD regulations require the owner to perform paint stabilizations using *lead safe work practices*.

De Minimis Levels: Lead Safe work practices and clearance <u>are required</u> when maintenance and hazard reduction activities disturb painted surfaces that total more than (a) 20 square feet on exterior surfaces (this is an area about 4 feet 6 inches on each side); (b) 2 square feet in any one room or space (this is a square about 17 inches on each side); or (c) 10 percent of the total surface area on an interior or exterior component with a small surface area such as window sills and trim

The following requirements must be met if your unit was found to have defective paint above the "De Minimis" Levels:

- All interior and exterior deteriorated paint must be stabilized, encapsulated, or removed. And where paint is removed, the area must be repainted.
- Damaged substrate surfaces must also be repaired.
- This person must have successfully completed the Remodeler's and Renovator's Lead-Based Paint Training Course. This work also involves the use of specialized equipment such as a HEPA Vacuum, and respirator.
- Paint stabilization must be done by an individual or company who has successfully completed a certified EPA, HUD renovation training course or refresher course if applicable.
- The company and or individual conducting the repairs must be trained to use lead-safe work practices. In addition they must have proof of "Firm" certification from the EPA and or State to conduct renovation repairs. (Effective April 22, 2010 EPA- Renovation, Repair and Painting Rule-RRP).
- The pamphlet Renovate Right must be provided to the occupants and a signed pre-renovation form and appropriate record keeping checklist must be kept.
- The Owner must ensure and certify that paint stabilization was conducted using safe work methods including, occupant protection, and work site preparation and clean up. They include but are not limited to such practices as closing off the area with plastic sheeting, protecting workers, and cleaning the area thoroughly before allowing the Section 8 client back into the affected area.
- Upon completion of the repairs the unit must pass a clearance examination. This includes a visual assessment of the work area for signs of defective paint and any debris. It may also include surface wipe sampling and laboratory analysis if applicable to determine the presence of lead dust on floors, windowsills and troughs. If the work site was not properly contained, then the entire unit must pass clearance. If the work area was properly sealed off, testing can be conducted on the work site and area immediately outside the containment.
- The owner must provide notification to the occupants in writing of the hazard reduction activities and the result of the clearance examination or any other testing that was completed on the unit.
- The owner must conduct ongoing monitoring and maintenance of the unit to prevent lead hazards.
- The Housing Authority may exempt from such treatment defective paint surfaces that are found in a report prepared by a State Certified Lead-Based Paint Risk Assessor or Lead Paint Inspector not to be lead based paint. (Test kits are not allowed).



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