

**Request for Tenancy Approval (RTA)****5****\*\*\* PLEASE PROVIDE A COPY OF YOUR CURRENT LEASE AND/OR ANY  
UNSIGNED PROPOSED LEASE \*\*\******This form must be completely filled out by the LANDLORD and returned with EVERY RTA***By signing this form, I understand all of the following:

- This document is a request for an inspection and that it can **take up to 4-5 weeks before an inspection will be completed.**
- If every box in this packet is not **completely and correctly** filled out it will be sent back and will cause delays in the inspection process. (Please call 920-498-3737 with any questions about how to fill out the form!)
- An **Inspection will not be scheduled** if the tenant is **not eligible** for the unit based on their income. I will receive a letter stating this and I will also have a choice as to whether or not I want to lower the rent.
- **For the tenant to be eligible** for assistance in this unit, the **unit must pass** a Housing Quality Standards (HQS) inspection and the **rent must be determined reasonable** by the ICS inspector.
- ICS will not determine fault or responsibility for any required repairs found during the inspection.
- After the unit passes an inspection and the rent is found reasonable, the tenant will be eligible for assistance. Assistance will be effective the first of the month following the passed inspection provided the tenant(s) have moved into the unit by that date.
- After the effective date is determined, several more steps must be completed by ICS, the tenant, and the landlord. The tenant is responsible for the **full rent** and/or **utilities** prior to the first assistance payment.
- Once ICS and the tenant have completed their required steps, I will receive a letter requesting the lease and contract via mail or fax to complete my required steps in the process.
- A **new 12 month lease** with specific start/end dates and other specific information **will be required.** Specific dates and information will be listed in the lease and contract request letter.
- The **rent amount** listed on the lease and Request for Tenancy Approval (RTA) **must represent the rent for the unit only** (this amount does not include additional fees for pets, cable, late payments, etc).
- I will be required to enter into a **Housing Assistance Payments Contract** with ICS and must abide by the terms of that contract
- **Direct deposit** and **Email Notifications** are requirements for program participation. In order to receive any correspondence from ICS you will need to have an email address on file.
- The tenant and I will receive an **authorization letter** indicating the effective date and the monthly assistance payment. If the tenant moves in prior to receiving the authorization letter, they are responsible for **the full rent and/or full utilities.**

- I am responsible for reimbursing or providing a rent credit to the tenant if the tenant paid full rent for previous month(s) for which they were authorized to receive an assistance payment. The reimbursement or rent credit represents the portion paid by ICS.
- I cannot raise the rent nor change utility responsibilities within the first 12 months of the lease. ICS and the tenant **must** receive a **written notice 60 days in advance** of any rent increase or utility changes thereafter. Rent increases must also be found reasonable by our inspectors.
- A Housing Quality Standards (HQS) **inspection will be completed once per year**. If the unit fails the inspection Housing Assistance Payments (HAP) payments may be stopped.
- If I transfer ownership of this unit, ICS must be informed in writing prior to the transfer.
- I am responsible for providing ICS with a copy of ANY and ALL notices I give to the tenant.
- I must inform ICS immediately upon gaining knowledge that the tenant no longer resides in the unit, and that I cannot accept any rental assistance payments for subsequent months. If payments are received, I will be required to return the payment to ICS.
- I **cannot collect any rent from the tenant in excess of the amount approved by ICS** and that doing so is a violation of the contract and illegal.
- As a landlord, committing **criminal or other fraudulent activity in conjunction with an assisted unit** may result in penalties such as legal action, repayments, banning from program participation, etc...
- If I am aware of any drugs or violent criminal activity by the tenant or members of the tenant's household I will contact ICS immediately at (920) 498-3737.
- I realize any additional member(s) to the household must be approved by myself and ICS **prior** to anyone moving into the unit.

***By signing this form, I am certifying that I have read and understand the information contained in this document.***

Landlord/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Landlord or agent Name: \_\_\_\_\_

Landlord/Agent Email Address: \_\_\_\_\_

***Landlords:*** Please keep a copy of this form for your records; we will keep the original in the clients file. Please call Integrated Community Solutions at (920) 498-3737 if you have any further questions.



## Pre-Inspection Checklist

This list can be used to assess whether the unit will pass the HUD-established Housing Quality Standards used in every ICS inspection. This list is **NOT** an all-inclusive, but is intended to be used as a general guide.

**As a rule of thumb, everything must function as designed.**

- SMOKE DETECTORS:** At least one functioning smoke detector must be present on EACH floor of the residence, including the basement. Functioning smoke detectors must also be present within 6 feet of any bedroom door. If a smoke detector is installed, it must be in working order.
- CARBON MONOXIDE DETECTORS:** In a one or two unit property, functioning carbon monoxide detectors must be present on EACH floor of the property, including the basement. In a property with 3 or more units, functioning carbon monoxide detectors must be present within 50 feet of any fuel burning appliance or garage and must be placed on the same floor as the fuel burning appliance.
- WINDOWS:** Windows must be in good condition and free of cracked or broken glass. Window sills must be solid, not rotting or broken, and must be free of mold-like or mildew-like substances. If a window was originally designed to open, it must open easily. Windows must also stay open by themselves without the aid of a stick/other item being placed in window frame to hold window open. Windows within 6 feet of the ground are required to have functioning, permanently installed locks. Sticks and bars are considered secondary locks and may not be used as the only form of lock. Screens are required and must be in good condition, free of holes or tears.
- ELECTRICAL:** All electrical must be wired correctly. Three prong outlets must have a ground wire present in order to pass inspection. All outlets and light fixtures must work. Electrical wires cannot be visible and must be housed in an APPROVED electrical junction box. Outlet covers must be present and in good condition with no cracks or chips. Electrical panels must be properly installed and have all open slots properly covered (electrical tape is not an acceptable form of coverage).
- DOORS:** All doors must be in good condition with a functioning door handle or knob and functioning locks if applicable. Doors must close securely and function as designed. Exterior doors must be sufficiently weather sealed. All exterior swinging storm doors must have a functioning self-closing device. Closet doors, if present, must be properly installed and function as designed.
- LIGHTS AND LIGHT FIXTURES:** All light fixtures must function as designed. Light fixtures must have working light bulbs in every socket and must have a fixture cover, if the light fixture was designed to have one.
- FLOORING:** Flooring must be in good condition and free of potential tripping hazards. Bubbling or loose carpet, tiles, or other types of flooring must be properly repaired and secured.
- INTERIOR WALLS AND CEILINGS:** Must be in good condition and free of large holes. Walls and ceilings must be free of chipping/peeling paint. If chipping or peeling paint is present, proper lead abatement procedures must be followed, where applicable.
- KITCHEN:**
  - All furnished appliances must work properly. Check stove burners, oven, refrigerator and dishwasher. Gas burners must auto light.
  - Refrigerator door seal must not have cracks or rips.
  - Garbage disposal must work if present and all wiring must be properly secured and installed.
  - Plumbing and pipes must work with no leaks or mold under sink or on walls and backsplash.
  - Range hood fan and light, if present, must work.
  - Cabinet edges must be smooth with minimal chips or cracks and must be secured to wall or floor.

**❑ BEDROOMS:**

- In order for a room to be considered a bedroom, room must have at least two forms of egress (one door, one window). Window must be a minimum of 20 inches by 24 inches in order to be considered an egress window and must follow local building code.
- Windows cannot be blocked by large pieces of furniture and must be accessible at all times.
- A minimum of one outlet and an overhead light or two outlets are required in each bedroom.

**❑ BATHROOM:**

- Plumbing and pipes must work with no leaks or mold under sink or on walls and backsplash.
- Towel bars need to be secured to wall.
- Bath tub, toilet, and sink need to work properly and be in good condition.
- Toilet must be secured to the floor with no leaks.
- Bath tub must be caulked around wall and sealed on floor at base and be mildew free.
- Walls, floors and ceiling must have no leaks, moisture or water soft spots, mildew, cracking or chipping paint.
- Bath fan must work properly, or have a window that opens for ventilation.
- Cabinet edges must be smooth with minimal chips or cracks and doors must be secured to wall or floor.
- A working light is required and the bulb must have a cover.

**❑ WATER HEATER:**

- If water heater is fueled by gas, exhaust pipe must vent to exterior and travel at an upward angle throughout the entire process to exterior.
- The tank must have a temperature and pressure relief valve.
- The discharge line pipe must be made of galvanized steel or hard copper or PVC pipe. The pipe must end within 6 inches of the floor.

**❑ FURNACE/HVAC SYSTEM:**

- Area of at least three feet around furnace/boiler system must remain free of clutter and potential fire hazards.
- Furnace/boiler system must be in good working condition with no missing exterior pieces. Panels on furnace must be closed and properly secured.

**❑ MISCELLANEOUS:**

- Any staircase with four or more risers must have a handrail present. Handrail must extend the full length of the staircase and be securely mounted.

**❑ EXTERIOR:**

- Exterior electrical outlets must have proper covers installed and must be functional.
- All down spouts and gutter, if present, should be secured to the building structure.
- The exterior area and yard should be clear of glass, boards with nails, trash, and other debris and hazards.
- Appliances cannot be stored outside in the yard, on the porch or stairs.
- No cars with broken windows, flat tires, or otherwise non-working vehicles can be parked or stored on the property.
- All surfaces must be in good condition and free from cracked and chipped paint. All wood must be free from holes and porches and supports must be structurally sound.
- All cabanas, laundry rooms or other extra areas designated for the tenants use must be lit, hazard free, and have smoke detectors.

**Thank you for your participation in the Housing Choice Voucher Program!**

# Request for Tenancy Approval

Housing Choice Voucher Program

## U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

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

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

1. Name of Public Housing Agency (PHA) <b>Integrated Community Solutions</b> <b>2605 S. Oneida St, suite 106; Green Bay, WI 54304</b>	2. <b>Address of Unit</b> (street address, unit #, city, state, zip code)
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3. <b>Requested Lease Start Date</b>	4. <b>Number of Bedrooms</b>	5. <b>Year Constructed</b>	6. <b>Proposed Rent</b>	7. <b>Security Deposit Amt</b>	8. <b>Date Unit Available for Inspection</b>
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9. <b>Structure Type</b>  <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) _____
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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	← Lights, T.V., wall outlets, ect.	
Water	↗ Usually combined on one bill	
Sewer		
Trash Collection		← Tenant to pay a fee for trash pick up? <b>YES</b> or <b>NO</b>
Air Conditioning	← Does the unit have central air? <b>YES</b> or <b>NO</b>	
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner's Certifications

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

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

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

c. **Check one of the following:**

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

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

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

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

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

# Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Tenant ID \_\_\_\_\_

## 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 taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

## Owner's Disclosure

(a) Presence of lead-based paint hazards (please check one box below):

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to owner (please check one below):

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 (please list documents provided below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

## Tenant's Acknowledgment

(c) Tenant has received copies of all information listed above.

(d) Tenant has received the pamphlet *Protect your Family from Lead in your Home* from the Housing Agency.

## Housing Agency's Acknowledgment

(e) Housing Agency has informed the tenant of the owner's obligations under 42U.S.C.4852(d) and is aware of agency's 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 provided by those signing this document is true and accurate.

### Signatures

#### Housing Agency Representative

Integrated Community Solutions

Print or Type Name of HA

Signature

Print or Type Name and Title of Signatory

Date

#### Tenant

Print or Type Name of Tenant

Signature

Date

#### Owner

Print or Type Name of Owner

Signature

Print or Type Name and Title of Signatory

Date





# Landlord Contact Information

## Part 1 - Owner information (required):

Name: \_\_\_\_\_

Name of contact, if owner is a business: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email (required): \_\_\_\_\_

## Part 2 - Management information (if not applicable, skip to Part 3):

Name: \_\_\_\_\_

Name of contact, if management is a business: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Email (required): \_\_\_\_\_

## Part 3 – Responsibilities (required):

Which party will be receiving ICS correspondence?  Owner  Management  bothWhich party will be receiving the payment?  Owner **OR**  ManagementWhich party will be receiving the 1099?  Owner **OR**  Management → *Contact ICS for authorization*  
(**must match information on W9**)

## Part 4 – Signature(s) (required):

Owner: X \_\_\_\_\_ Date: \_\_\_\_\_

Management: X \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC     <input type="checkbox"/> C Corporation     <input type="checkbox"/> S Corporation     <input type="checkbox"/> Partnership     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p> <p><b>Integrated Community Solutions</b> 2605 S. Oneida St., suite 106 Green Bay, WI 54304</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<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.

**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](http://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-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)
- 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, later.*

