



CITY OF DES MOINES,
NEIGHBORHOOD SERVICES DEPARTMENT
DES MOINES MUNICIPAL HOUSING AGENCY

SECTION 8
HOUSING CHOICE VOUCHER PROGRAM

LANDLORD INFORMATION PACKET

**DES MOINES MUNICIPAL HOUSING AGENCY
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THE DES MOINES MUNICIPAL HOUSING AGENCY

The DMMHA administers the Section 8 rental assistance programs for Polk County. These programs are funded and regulated by the U.S. Department of Housing and Urban Development (HUD).

What is the Section 8 Housing Choice Voucher Program?

The Section 8 Housing Choice Voucher program provides rental assistance for participants who want to rent from a **private landlord**. Eligibility for program participants is determined by family composition, income, arrest history, past participation in federally subsidized programs and monies owed to the DMMHA or other federally subsidized programs. The allowable household income is established by the Department of Housing and Urban Development (HUD). Participants can choose the type of housing they wish to rent. Each unit must pass a Housing Quality Standards **inspection** to ensure that the unit is a safe and decent place to live. Approximately 3200 households are served through the Section 8 Housing Choice Voucher Program.

A **Housing Choice Voucher** allows a participant to pay approximately 30% of their monthly adjusted income for rent. The Des Moines Municipal Housing Agency pays the remaining portion of the DMMHA approved contract rent directly to the landlord. The participant's portion of the rent may not exceed 40% of their monthly adjusted income. Housing Choice Vouchers may be portable nationally.

Fair Housing Information

Under the Fair Housing Act, it is against the law to refuse to rent or sell housing to a voucher participant, tell a voucher participant housing is unavailable when it is available, show apartments or homes only in certain neighborhoods or, provide different housing services or facilities on the basis of race, color, national origin, religion, sex, familial status or handicap.

Under the Fair Housing Act, it is also against the law to advertise housing to preferred groups of people only, refuse to permit or make certain modifications or accommodations for persons with a mental or physical disability, or harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights.

Fair Housing Brochure:

[Are You a Victim of Housing Discrimination?](#)

PIH Notice 2010-26 Non-Discrimination and Accessibility for Persons with Disabilities: [PIH-2010-26 HA Non-discrimination and Accessibility for Persons with Disabilities Notice 2010 2 .doc](#)

*If you have trouble accessing any of the links referenced in this document, please call 515-323-8950 and request a copy of the form you are trying to access.

If you are a person with a disability and you require a specific accommodation in order to fully utilize our programs and services please contact 515-323-8950.

The DMMHA encourages participation by owners of units outside areas of poverty or minority concentration. The DMMHA's jurisdiction is all of Polk County. Information regarding low poverty or minority concentration may be found on the US Census. A low poverty Census tract is one with 10% or less poverty rate. The PHA will take to encourage will provide information upon request to owner's willing to rent units outside of poverty or minority concentration upon request.

Language Line Interpretation Service

The DMMHA offers the Language Line Interpretation Service for owners and tenants who do not speak English as their primary language.

If there is a non-English speaking individual that calls our office and needs assistance, we can get someone on the phone line to interpret if the language can be identified. Also, if an individual comes into our office for assistance or an appointment, we can get an interpreter on the phone to assist with interpreting. In both instances the interpretation service can only be used for DMMHA business and is paid for by the DMMHA.

There are numerous languages that can be interpreted, however, over the phone it may be difficult to distinguish which language the person is speaking. In our office we have I-Speak brochures that list all of the languages that can typically be interpreted by the Language Line.

How the Section 8 Housing Choice Voucher Program Works

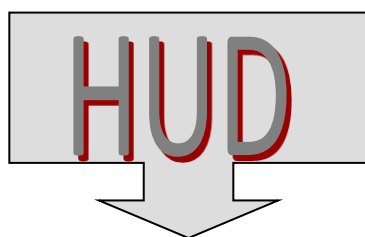
The Des Moines Municipal Housing Agency (DMMHA) takes applications from families wishing to participate in the Housing Choice Voucher program and places the applicants on a waiting list. When the applicant's name reaches the top of the waiting list, the following sequence occurs:

- The DMMHA screens and qualifies the family for Housing Choice Voucher Assistance
- DMMHA issues the eligible applicant a Housing Choice Voucher and explains program rules and regulations to the family through a Briefing Session.
 - Families currently participating in the Housing Choice Voucher that wish to move with continued Housing Choice Voucher assistance may also contact owners with available units. The following steps apply to both new applicants and current participants wishing to relocate.
- The family is responsible for finding a rental unit from the private sector.
 - The owner screens and approves the family for their unit.
- The applicant and owner execute the lease.
- The family and owner complete a Request for Tenancy Approval and return it and a copy of the owner's standard lease agreement to the DMMHA. A sample Request for Tenancy Approval is included in this packet.
 - The owner must have a current City Occupancy Permit (where required).
- The DMMHA screens the owner for eligibility for participation in the Program.
- The DMMHA determines if the rent requested by the owner is reasonable as required by HUD by comparing the unit and its amenities to other unassisted units in the vicinity.
- The Inspection Department schedules an appointment with the owner for a Housing Inspector to inspect the unit for compliance with the federal inspection standards called Housing Quality Standards (HQS)* as required by Housing and Urban Development.

- Once the unit passes inspection, the DMMHA will draw up the Housing Assistance Payments Contract to be signed by the owner and returned to DMMHA for execution. **NOTE:** The HAP Contract must be signed within 60 days of the effective date of the contract or the DMMHA must push the effective date back one month. If this occurs and the tenant is in the unit, the tenant is responsible for the full contract rent for the unit for any month that the DMMHA is not paying the HAP. The owner is responsible for attaching the HUD Tenancy Addendum to their standard lease agreement for each assisted tenant.
- If the unit fails the inspection the owner must correct the defect(s). ***DMMHA cannot start rent payments until the first of the following month after a unit has passed inspection.***
- The DMMHA calculates the family share of rent based on federal regulations. DMMHA sends the balance of the DMMHA approved contract rent directly to the owner.

Contracts referenced above can be locate at:
Housing Assistance Payments Contract: [52641.pdf](#)*

*If you have trouble accessing any of the links referenced in this document, please call 515-323-8950 and request a copy of the form you are trying to access.



DES MOINES MUNICIPAL HOUSING AGENCY

- Complies with all HA Family Obligations
- Complies with Lease
- Pays rent to Owner
- Gives proper 30-day notice to owner and HA
- Maintain the unit
- Allow Inspections
- Cooperate with Re-exam, annual and other appointments



- Complies with HAP Contract
- Screens Families for behavior or suitability
- Enforces lease
- Maintain the unit
- Allow Inspections
- Inform HA if family vacates without notice
- Follow State and local laws

FAMILY

LEASE

OWNER

***&
TENANCY ADDENDUM***

Landlord Benefits

“So, what’s in it for me?” you ask.

As a landlord, you get the rental subsidy directly from the DMMHA each month, regardless of changes in family income.

You control who you rent your units to by screening applicants who have vouchers in the same way that you screen all your applicants.

You may request annual reasonable rent increases.

The DMMHA inspects your unit at least once annually to ensure it is compliance with Housing Quality Standards prescribed by HUD.

You have the opportunity to help the elderly, the disabled, families with low incomes and single parent families by providing affordable housing.

Free advertising - list properties for free at: <https://www.affordablehousing.com/>

Properties rent faster and you will have wider access to potential tenants.

Owners Rights and Responsibilities

The owner is responsible for:

Performing all management and rental functions for the assisted unit and deciding if the family is suitable for tenancy of the unit.

Maintaining the unit in accordance with Housing Quality Standards (HQS).

Complying with equal opportunity requirements.

Preparing and furnishing to the DMMHA information required under the HAP Contract.

Collecting any security deposit from the family.

Collecting the portion of the rent that the tenant owes to the owner that is not covered by the Housing Assistance Payment.

Tenant screening and selection is the responsibility of the owner or manager. ***Owners need to screen potential tenants receiving rent assistance the same way they screen potential tenants without assistance.***

DMMHA's role is to determine if a tenant is eligible for the rent assistance program ***only***.

Screening tenants can save money: DMMHA will provide the owner with the following upon request: 1) the family's current address (as shown in our records) and 2) the name and address of the owner of the family's current or prior address (if known).

Several web sites have been are available to assist with screening and monitoring tenant's activity:

<http://www.iowacourts.state.ia.us> – Iowa Courts on-line record search

<http://www.nsopw.gov> – National Sex Offender Registry

The Lease

The lease is between the owner and the tenant and must be in compliance with State law. The HUD Tenancy Addendum must be executed/signed and attached to the owners standard lease agreement.

HUD Tenancy Addendum:

<https://www.hud.gov/sites/dfiles/OCHCO/documents/52641A.pdf>

*If you have trouble accessing any of the links referenced in this document, please call 515-323-8950 and request a copy of the form you are trying to access.

What must be included in the lease?

The lease must contain the following items:

The name of the owner and names of all household members who will be residing in the rental unit. ***The Head of the Household must be age 18 or older to have legal capacity to enter into a lease.***

The requested contract rent amount, the address of the rental unit including an apartment number, if applicable, the utilities and appliances (stove/refrigerator) that are supplied by the owner and the tenant.

The term of the lease must be for an initial 12 months and begin at the same time as the Housing Assistance Payment Contract. Renewal terms must be established specifying what happens after the initial 12 months. Example: The lease continues as a month-to-month or year-to-year renewable term.

The lease must be signed by both the owner and all household members who will be residing in the rental unit over the age of 18.

Who enforces the lease?

The owner or the owner's agent enforces the lease. The lease is between the owner and the tenant.

Can an owner collect a security deposit?

Yes. An owner may collect up to one month of the DMMHA approved contract rent for deposit in the Housing Choice Voucher program. ***The tenant must pay this deposit.***

Can an owner charge late fees?

Yes. However, this provision must be included in the owner's lease and must be charged to all tenants, assisted and unassisted.

Can additional members be added to the household and lease?

Yes. Additional members may be added with written approval from the owner **and prior approval from DMMHA**. The owner has the right to screen additional adults in the same way the original tenants were screened. If the family breaks up the DMMHA will determine which members of the family will continue to receive assistance.

When can rent be increased?

After the first year of the lease, the owner is required to give the tenant and DMMHA **60 days** notice for a rent increase. A copy of the notice must be received by the DMMHA. ***Under no circumstances can a rent increase be allowed if the increase exceeds the rent reasonable determination as required by HUD (see page 8 for more information on Rent Reasonableness).*** If your lease continues on a year to year basis, the owner must provide the tenant 60 day notice prior to the new lease term.

What if the tenant wants a pet?

The pet arrangement is between the tenant and the owner. The DMMHA is not involved in the arrangement, unless there is an additional charge for the pet. If there is an additional charge for the pet the DMMHA must be provided with a written side payment agreement between the owner and the tenant.

How may the owner terminate the lease?

The owner must notify the DMMHA in writing of the commencement of procedures for termination of tenancy, at the same time that the owner gives notice to the tenant under state or local law.

During the initial term of the lease, the owner may not terminate the tenancy except on the following grounds by court action:

Serious or repeated violation of the terms and conditions of the lease.

Violation of federal, state or local law that imposes obligations on the tenant in connection with the occupancy or use of the contract unit and the premises.

Criminal activity.

Other good cause. During the first year of the lease, the owner may not terminate the tenancy for “other good cause” unless it is because of something the family did or failed to do.

The tenant is not responsible for rent covered by the Housing Assistance Payment between the owner and the DMMHA. The owner may not terminate the tenancy due to the DMMHA’s abatement of the owner’s Housing Assistance Payment.

The Housing Assistance Payments Contract

The Housing Assistance Payment (HAP) Contract is a legal agreement, as required by the U.S. Department of Housing and Urban Development, which defines the relationship between the DMMHA and the owner in providing rent assistance. The HAP contract includes the obligations of the owner for program participation in the Housing Choice Voucher Program.

Upon approval for participation in the Housing Choice Voucher Program, the DMMHA will send the owner the Housing Assistance Payment Contract (part B and part C) and the Tenancy Addendum. The HAP Contract will need to be signed by the owner or agent. After execution by the DMMHA, a copy of the Contract and Tenancy Addendum will be returned to the owner. The owner is responsible for providing a copy of the Tenancy Addendum to the tenant.

Payment to the owner does not begin until all paperwork is correct, signed, returned to DMMHA and executed by the DMMHA. DMMHA makes monthly HAP payments directly to the owner or the owner’s agent.

Rent

How much contract rent can an owner charge?

The contract rent charged by the owner cannot be more than contract rents charged for unassisted tenants and must be at market value. Market value is the amount of rent that would be charged if a unit is rented to a tenant without federal assistance.

Under the Housing Choice Voucher regulations, the DMMHA must ensure the contract rent requested by the owner is reasonable as described below.

Rent Reasonableness

The DMMHA uses the following criteria to determine if the contract rent requested is reasonable:

Contract Rent based on year built, number of bedrooms, and type of unit (apt, duplex or house)

Amenities can add or deduct to the value of the contract rent

| | | |
|----------------------------------|------------------------|-----------------------|
| *Location | *Cable | |
| *Dishwasher, Disposal, Microwave | *Common area | *Owner paid utilities |
| *Drapes/Blinds | *Add'l bedroom | *Level of apartment |
| *Washer/Dryer | *Paint | *Cleanliness |
| *Deck, Patio, Porch | *Parking | *Basement |
| *Fireplace/Fitness | *Bathrooms | *AC |
| *Fence | *Storage, shed, garage | *Condition of Unit |
| *Size | *Ceiling Fans | *Range/ Refrigerator |

When the DMMHA receives a Request for Tenancy Approval, the dollar amount of the proposed rent is reviewed to determine that:

1. The rent does not exceed rents charged by the owner for comparable unassisted units; and
2. The rent is reasonable in relation to rents charged by other owners for comparable units in the same location.

Rent Specials

If you offer rent “specials” please advise the DMMHA Housing Case Manager of the rent special being offered and they will be able to offer more information on how that rent special is handled by the DMMHA. Rent specials are processed on a case-by-case basis.

Side Payment Agreements

If the tenant wants to rent a detached garage and it is not included in the rent, this is an extra payment. **Owners may not collect additional payments for a unit, amenities, or enter into side agreements to pay for items customarily covered under the lease contract for unassisted tenants.** The DMMHA may report program abuse either to the appropriate office of the Regional Inspector General for investigation or to local or state prosecutors.

Determining the Families Share of Rent

The family's portion of the rent is based on annual household income and allowable expenses and deductions, as determined by HUD.

The Housing Choice Voucher regulations state that when a family selects a unit, the DMMHA must determine whether the family's share for that unit would exceed the maximum initial rent burden as established by federal regulations. The family's share MAY NOT exceed 40% of the family's monthly adjusted income when the family initially moves into the unit or signs the first assisted lease for the unit.

THEREFORE, FAMILIES ENTERING THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM, OR RELOCATING TO ANOTHER UNIT WHILE UNDER THE PROGRAM, CANNOT PAY MORE THAN 40% OF THEIR CURRENT MONTHLY ADJUSTED INCOME FOR THEIR PORTION OF THE CONTRACT RENT.

If the DMMHA discovers that a family's income has changed at ANYTIME prior to the effective date of the assisted lease agreement and Housing Assistance Payments (HAP) Contract, the DMMHA MUST recalculate the portion of the contract rent to be paid by the family to ensure that the family's portion is not over 40% of their monthly adjusted income. In the event that the family's new income causes them to pay over 40% of their monthly adjusted income for their portion of the contract rent, DMMHA MUST deny the unit for occupancy for this family. Owners will be given the opportunity to lower the requested contract rent in order to assist the family in qualifying for the unit with their new income.

The following is an example of this issue: The family has wage income that is high enough to qualify them for the selected unit at the time of the original rent estimation calculation. The leases and HAP contract are to be effective 2/1/18. On 1/15/18, DMMHA is notified that the family no longer has wage income and has no other source of income. The DMMHA must recalculate the family's portion of the rent. The recalculation results in the family's portion of the rent will be 48% of their income. The DMMHA MUST deny the unit for this family even though the inspection may have passed, utilities are in the family's name and the owner may have allowed the family to move into the property. DMMHA encourages owners to ask their tenants if they have had or anticipate any upcoming income changes prior allowing the tenant to move into the unit.

Please understand that DMMHA has no control over the family's income changes and is required to follow the federal regulations when the family reports an income change or the DMMHA discovers an income change through its third party verification process.

W-9

The Internal Revenue Service (IRS) requires that property owners provide DMMHA with their ***Taxpayer Identification Number or Social Security Number (W-9 form)*** and a signed certification of accuracy. Owners must complete the W-9 Form provided and submit it with the Request for Tenancy Approval. The DMMHA cannot process contracts for payment without a completed form. At the end of each year, DMMHA completes a 1099 and submits it to the IRS with a copy to each owner.

Inspections

Inspections are required by HUD to ensure all units in the Housing Choice Voucher Program meet the federal inspection standards called Housing Quality Standards (HQS). For your convenience an Inspection Checklist is included at the end of this packet.

Initial inspections (applies to families just entering the HVC Program and current participants relocating to a different unit) certify that new units occupied by Housing Choice Voucher participants meet Housing Quality Standards (HQS) and local DMMHA policy (the DMMHA's Section 8 Administrative Plan is located at www.dmgov.org/Departments/HousingServices under Policies). HQS is a federal inspection standard required by HUD for all units under the Housing Choice Voucher Program. ***Rental units must pass inspection before Housing Assistance Payment (HAP) Contracts are signed and rent payments are issued.***

If HQS defects are identified during an initial inspection, the owner will be notified by mail of the required corrective action needed for the unit to pass inspection. The defects should be repaired and re-inspected with twenty-eight (28) days. No rental assistance can begin until the unit passes inspection and is re-inspected for compliance with HQS.

Annual inspections are conducted to determine if a unit continues to meet HQS. Any defects that are the owner's responsibility need to be corrected by the owner. Tenant defects need to be corrected by the tenant. After defects are corrected, re-inspection of the unit must be scheduled. Owners and tenants will be notified by mail of any defects and allowed twenty-eight (28) days or less to complete repairs. If the tenant fails to complete their repairs within the specified timeframe, it may result in termination of their Section 8 assistance. Owner repairs must be completed and re-inspected by the stated deadline or the Housing Assistance Payment will be ***abated for each day the unit is not in HQS compliance beyond the stated deadline.***

Complaint inspections are performed as a result of a complaint from family, an owner, a community organization, or other sources. The DMMHA may also initiate a special inspection at any time if it is perceived the unit is not in compliance with HQS. Tenants requesting a special inspection are required to first notify the owner in writing of complaints and allow a reasonable time for the owner to respond. A lack of owner response to the complaint will prompt a special inspection. Results of special inspections will be followed up using the same procedure as outlined for an annual inspection.

Units occupied by Housing Choice Voucher participants must also comply with Housing Code Enforcement and have a current City Occupancy Permit, where required.

Quality Control inspections are required by the U.S. Department of Housing and Urban Development. The requirement is that 5% of all the Section 8 Housing be inspected by Quality Control to ensure compliance with the regulations.

Lead Based Paint Information

The Environmental Protection Agency and the Department of Housing and Urban Development have implemented steps to ensure the public receives adequate information and protection to prevent lead poisoning in homes that may contain lead-based paint hazards.

Effective, December 6, 1996, landlords, their agents and sellers are responsible for providing specific information to buyers and renters on lead-based paint in housing as well as a federal pamphlet with practical, low cost tips on identifying and controlling lead-based paint hazards.

Owners are required to maintain their units including common areas from any cracking, chipping, chalking, or damaged paint. The units including common areas will be free of any paint dust, chips or other paint debris.

You can obtain more information about lead based paint hazards and safe work practices at [Office of Lead Hazard Control and Healthy Homes | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](https://www.hud.gov/lead)

Before approval of a contract for rent, owners must:

Disclose known lead-based paint and lead-based paint hazards and provide available reports to buyers and tenants. The DMMHA's Request for Tenancy Approval includes a lead-based paint disclosure form. This form is provided to owners and tenants for signatures.

The DMMHA gives all potential assisted tenants the pamphlet developed by the EPA and HUD titled, "**Protect Your Family From Lead In Your Home**".

*If you have trouble accessing any of the links referenced in this document, please call 515-323-8950 and request a copy of the form you are trying to access.

How to Advertise Rental Properties Through DMMHA

Affordablehousing.com is the largest rental-listing service for the Section 8 housing market. They service families, landlords and public-housing agencies across the United States. Hundreds of thousands of tenants and landlords nationwide benefit from their programs.

Owners/landlords may list their units through a website a : <https://www.affordablehousing.com/>. Landlords/Owners using the Affordablehousing.com system can list vacant properties at NO COST. The properties you input will be automatically added to the DMMHA's bedroom size listings that are given to Voucher holders, creating additional exposure for your vacant units.

GoSection8.com also enables potential tenants to search for vacant units in their bedroom size and price range through a FREE QuickMatch Rental Locator Service that assists the potential tenant in finding a unit that they can afford to rent. This service is also provided at NO COST to the potential tenant.

The following minimum information is required in the listing:

- * Unit address
- * Apartment Name and/or Management Company
- * Type of unit: duplex, apartment, house and etc.
- * Monthly rent amount
- * Tenant-Paid utilities: gas heat, electric, trash, water and etc.
- * How and who to contact
- * Date available

Violence Against Women Act

The Violence Against Women Act (VAWA) provides protections for persons that are victims of domestic violence, dating violence, or stalking. The Act covers all victims of domestic violence, dating violence, sexual assault or stalking and is not gender specific.

Areas of protection:

Denial of Admission – our Agency cannot deny admission to otherwise qualified applicants simply because they are, or have been, victims of domestic violence, dating violence, or stalking.

Termination of Assistance – The Act affects both our Agency and Property Owners participating in the Section 8 Housing Programs. Our Agency cannot terminate assistance and Property Owners cannot terminate tenancy simply because the participant(s) are, or have been, victims of domestic violence, dating violence, or stalking

As a result of VAWA, the Des Moines Municipal Housing Agency (DMMHA) will require certain verifications to support any claim of victim status. These verifications will include but are not limited to:

- Notifying DMMHA in writing of victim status no later than fourteen (14) business days of the date of the Notice of Denial or Termination of Assistance.
- Incident must have occurred no **later** than thirty (30) days before the date of the Notice of a denial or termination of assistance.
- The domestic violence must be directly related to the reason for denial or termination of assistance.

- Participants are required to complete the HUD form, Certification of Domestic Violence, Dating Violence, or Stalking to certify victim status within a timeframe prescribed by DMMHA.

CONFIDENTIALITY: Any information or documentation that a victim of domestic violence, dating violence, or stalking provides to this Agency – including the simple fact that she or he is a victim of abuse – must be kept in confidence unless the victim requests or consents to the disclosure in writing, the disclosure is required for use in an eviction or termination of assistance proceeding, or the disclosure is otherwise required by applicable law.

V **I** **O** **L** **E** **N** **C** **E** **A** **G** **A** **I** **N** **S** **T** **W** **O** **M** **E** **N** **A** **C** **T**

What Applicants, Tenants, Owners and Landlords Need to Know

**Applicable to Public Housing and
Section 8 Housing Choice Voucher
Programs**

Effective January 5, 2006

This brochure meets notification requirements of the
federal Violence Against Women Act.

CONFIDENTIALITY

Any information provided pursuant to the Violence Against Women Act (VAWA) shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

STATE AND LOCAL LAWS

Some states have passed laws effecting applicants, tenants, owners and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

**VAWA PROTECTION FOR PUBLIC
HOUSING AND SECTION 8
HOUSING CHOICE VOUCHER
ASSISTANCE APPLICANTS**

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

**VAWA PROTECTION FOR PUBLIC
HOUSING TENANTS AND HOUSING
CHOICE VOUCHER PROGRAM
PARTICIPANTS**

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, an owner or landlord may deny, remove, or terminate assistance to an individual perpetrator of such

actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.

Important Phone Numbers

Housing Inspectors:

| | | |
|------------------|------------------------|--------------|
| Jeff Slump | Lead Housing Inspector | 515-323-8975 |
| Scott Richardson | Housing Inspector | 515-323-8979 |
| David Bettis | Housing Inspector | 515-323-8957 |

If You Have a Potential Tenant that is Coming from another Housing Agency to DMMHA (called Portability):

| | |
|--|---|
| Jennifer Newton, Senior Housing Case Manager | 515-323-8963 e-mail - jmnewton@dmgov.org |
|--|---|

Once the HAP Contract and Lease are Signed, the Participants/Tenants are Assigned a Case Manager in Accordance with Their LAST Name as follows:

| DMMHA HOUSING CASE MANAGER ASSIGNMENTS – 5-15-24 | |
|--|--|
| FSS participants - A-LAU and all PBV (CISS, YMCA, FLATS, LIBERTAD) | STACY MEDINA (515) 323-8951 slmedina@dmgov.org |
| FSS participants – LAV – Z and Emergency Housing, Mainstream, NED, FUP | REBECCA FOSTER (515) 323-8964 rnfooster@dmgov.org |
| VASH Participants and All Ports | JENNIFER NEWTON (515) 323-8963 jmnewton@dmgov.org |
| A – BISH | STACY MEDINA (515) 323-8951 slmedina@dmgov.org |
| BISI - EZ | RACHEL LONG (515) 323-8962 rlong@dmgov.org |
| FA - JOHNA | MEGAN SPOELSTRA (515) 323-8987 maspoelstra@dmgov.org |
| JOHNB - NG | ROSE RUSSO (515) 323-8960 rmrusso@dmgov.org |
| NH – SMITH, Q | CARLY HEWITT (515) 323-8961 cahewitt@dmgov.org |
| SMITH, R - Z | RORY FREEMAN (515) 323-8967 rtfreeman@dmgov.org |

| | |
|---|---|
| Marcy Fisher, Housing Voucher Administrator | 515-323-8986 e-mail - mfisher@dmgov.org |
|---|---|

Office Main Number 515-323-8950 – Fax Number 515-242-2844

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SAMPLE Request for Tenancy Approval:

Case Manager _____

Case Manager Phone # _____

DES MOINES MUNICIPAL HOUSING AGENCY SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

2309 Euclid Ave, Des Moines, IA 50310
Phone: (515) 323-8950 - Fax: (515) 242-2844

REQUEST FOR TENANCY APPROVAL (RFTA) Housing Choice Voucher

OWNER AND FAMILY COMPLETE THE RFTA PACKET

DESCRIPTION OF SECTION 8 PROGRAM FOR OWNERS/LANDLORDS:

Private owners/landlords who are interested or are currently participating in the Section 8 Program will have or have a written contract with the Des Moines Municipal Housing Agency (DMMHA). This contract is necessary to provide Housing Assistance Payment(s) (HAP) to the owner/landlord on behalf of an eligible family. The contract contains program requirements as designed by the Department of Housing and Urban Development (HUD). You can obtain more information at www.dmgov.org under the Housing Services Department tab and then the Section 8 tab.

PROCESSING (OWNER AND FAMILY):

By signing these documents, you are requesting to enter into a lease agreement for one-year, unless a shorter term is approved by DMMHA for special programs. A copy of your standard lease agreement (signed or not signed) **must** be ATTACHED TO THIS RFTA for DMMHA approval. The standard Lease Agreement **MUST** include the following:

- The name of the owner and tenants (must include all household members)
- The address of the unit rented (including apartment number)
- The term of the lease (initial and any provisions for renewal)
- The amount of the monthly rent to owner
- Specifications about which utilities and appliances are to be supplied by the owner and which are to be supplied by the family.

If you are renting the unit under SHARED HOUSING Program, regulations state that there must be a SEPARATE Lease Agreements for each client. ONLY the ONE Shared Housing Client's name can be on the lease agreement or the RFTA will be DENIED.

The DMMHA cannot guarantee assistance from this Agency will begin on the first of the following month if a RFTA is received AFTER the 15th day of the month.

Please complete all sections and return to the Des Moines Municipal Housing Agency Office; located at 2309 Euclid Ave, Des Moines, Iowa 50310



W-9 FORM (1st Page only)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------------------|---|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service</p> | <p>Request for Taxpayer Identification Number and Certification</p> | <p>Give Form to the requester. Do not send to the IRS.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Print or type See Specific Instructions on page 2.</p> | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>2 Business name/disregarded entity name, if different from above</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>3 Check appropriate box for federal tax classification; check only one 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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>5 Address (number, street, and apt. or suite no.)</p> | <p>Requester's name and address (optional)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>6 City, state, and ZIP code</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>7 List account number(s) here (optional)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part I Taxpayer Identification Number (TIN)</p> <p>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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> | | | Social security number | | | | | | | | | | | | | | | | | | | | or | | | | | | | | | | Employer identification number | | | | | | | | | | | | | | | | | | | |
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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. <p>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 3.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Sign Here</td> <td style="width: 65%;"> <p>Signature of U.S. person ▶ _____</p> </td> <td style="width: 20%;"> <p>Date ▶ _____</p> </td> </tr> </table> | | | Sign Here | <p>Signature of U.S. person ▶ _____</p> | <p>Date ▶ _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign Here | <p>Signature of U.S. person ▶ _____</p> | <p>Date ▶ _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>General Instructions</p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.</p> <p>Purpose of Form</p> <p>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:</p> <ul style="list-style-type: none"> 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) Form 1099-K (merchant card and third party network transactions) <ul style="list-style-type: none"> 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) <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.</p> <p>By signing the filled-out form, you:</p> <ol style="list-style-type: none"> Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), Certify that you are not subject to backup withholding, or 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, and Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Cat. No. 10231X</p> <p style="text-align: right;">Form W-9 (Rev. 12-2014)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OWNERS/LANDLORDS TO COMPLETE

The following information is necessary in order to complete the HAP contract for signature. Please take a few minutes to answer the following questions.

1. Name of person or company who the check should be ISSUED to: _____
Social Security/Tax ID#: _____ Address _____
City _____ State _____ Zip _____ Phone _____
Email: _____
2. Owner's name who will receive the 1099 for this property _____
3. Apartment complex name _____
4. If using DMMHA lease complete the following:
Are pets allowed? (Check one) ☐ YES ☐ NO
Is there a monthly pet charge for this tenant? ☐ YES ☐ NO If YES, how much? \$ _____
5. Will there be any additional charges for items such as garages, sheds, etc. in regards to this tenant? ☐ YES ☐ NO If YES, what item(s) and what is the charge? _____

Owner Supplied Amenities List (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Built-in Dishwasher | <input type="checkbox"/> Washer (in the unit) |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Dryer (in the unit) |
| <input type="checkbox"/> Range | <input type="checkbox"/> Washer/Dryer Hook-ups only |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Balcony |
| <input type="checkbox"/> Garage (included in rent) | <input type="checkbox"/> Gated Community |
| <input type="checkbox"/> Storage area (included in rent) | <input type="checkbox"/> Lawn Care/Snow Removal |
| <input type="checkbox"/> Pest control | <input type="checkbox"/> Trash |

6. Air Conditioning Type: (Circle one) CENTRAL WINDOW/WALL NONE
Does tenant provide unit? Y N

PARKING:

- | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1-Carport | <input type="checkbox"/> 3 Car Garage | <input type="checkbox"/> 2 Space | <input type="checkbox"/> Covered |
| <input type="checkbox"/> 2-Carport | <input type="checkbox"/> Assigned | <input type="checkbox"/> 2+ Space | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> 1 Car Garage | <input type="checkbox"/> Unassigned | <input type="checkbox"/> Open | <input type="checkbox"/> None |
| <input type="checkbox"/> 2 Car Garage | <input type="checkbox"/> 1 Space | <input type="checkbox"/> Street | |

- What is the total square footage of the unit? _____ square feet
➤ How many bathrooms are in the unit (include ½ baths if applicable)? _____
➤ I have a current rental certificate in the governmental jurisdiction where my unit is located, if required. Y N



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. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant 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 voucher assistance.

| | | | | | | | |
|---|--|---------------------|---|--------------------------|---------------------------------------|-------------|---------|
| 1. Name of Public Housing Agency (PHA) | | | 2. Address of Unit (street address, apartment number, city, State & zip code) | | | | |
| 3. Requested Beginning Date of Lease | 4. Number of Bedrooms | 5. Year Constructed | 6. Proposed Rent | 7. Security Deposit Amt. | 8. Date Unit Available for Inspection | | |
| 9. Type of House/Apartment | | | | | | | |
| <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise | | | | | | | |
| 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"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development | | | | | | | |
| <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit | | | | | | | |
| <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 and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner. | | | | | | | |
| Item | Specify fuel type | | | | | Provided by | Paid by |
| Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other | | | | | | |
| Cooking | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other | | | | | | |
| Water Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other | | | | | | |
| Other Electric | | | | | | | |
| Water | | | | | | | |
| Sewer | | | | | | | |
| Trash Collection | | | | | | | |
| Air Conditioning | | | | | | | |
| Refrigerator | | | | | | | |
| Range/Microwave | | | | | | | |
| Other (specify) | | | | | | | |

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 own 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 as to whether or not the unit will be approved.

| | | | |
|--|-------------------|--|-------------------|
| Print or Type Name of Owner/Owner Representative | | Print or Type Name of Household Head | |
| Signature | | Signature (Household Head) | |
| Business Address | | Present Address of Family (street address, apartment no., city, State, & zip code) | |
| Telephone Number | Date (mm/dd/yyyy) | Telephone Number | Date (mm/dd/yyyy) |

Inspection Checklist

Housing Choice Voucher Program Inspections Checklist

Please use the following checklist as a guide to preparing for the
Housing Quality Standards Inspection.
Each unit must pass inspection before going under contract.

| Living Room, Bedroom, Dining Room, & Other Living Space Requirements | | ✓ |
|--|--|---|
| Door | | |
| Door is weather tight. | | |
| Locking mechanism is present and properly installed. | | |
| Door is not broken and closes properly. | | |
| Door, frame, and jamb do not have holes or defective paint. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present. | | |
| Must have either two outlets, or one outlet and a permanently installed light fixture. | | |
| Outlet/Switch cover plates are not cracked or broken. | | |
| A permanently installed light fixture is present and working properly. | | |
| Permanently installed light fixture is not damaged and has no missing components. | | |
| Ceiling, Walls, and Floor | | |
| Ceiling does not have any missing or damaged tiles. | | |
| Ceiling does not have any water damage, holes, large cracks, or defective paint. | | |
| Ceiling is properly supported. | | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | | |
| Floor does not have any tripping hazards or holes. | | |
| Floor is not damaged and is properly supported. | | |
| Floor does not have defective paint. | | |
| Wood trim is present, properly installed, and not damaged. | | |
| Baseboard is present, properly installed, and not damaged. | | |
| Windows | | |
| Windows are weather tight and properly installed. | | |
| Windows do not have broken or missing glass, controls, or locking mechanisms. | | |
| Windows open properly and remain up. | | |
| Window wells, sashes, trim, sills, and ledges are free of defective paint. | | |
| Other | | |
| There is a heating source in the room. If no duct work present, source must be permanently hard-wired baseboard. Cannot be a space heater. | | |
| Vent covers are present. | | |
| Entire room is clear of defective paint and/or defective varnish. | | |

| Kitchen Requirements | | ✓ |
|---|--|---|
| Appliances | | |
| Owner supplied appliances are present at time of inspection. | | |
| Oven, stove, and range are in proper working condition. | | |
| Oven, stove, and range have no missing components. | | |
| Refrigerator is in proper working condition. | | |
| Refrigerator has no missing components. | | |
| Plumbing | | |
| Sink is present and properly installed. | | |
| Sink has no leaks or clogs. | | |
| Faucet is present and properly installed. | | |
| Faucet does not have any leaks. | | |
| Hot and cold water both work properly. | | |
| Cabinets and Counters | | |
| Cabinets are properly installed. | | |
| Cabinets do not have broken, missing or damaged components. | | |
| Countertop is present and properly installed. | | |
| Countertop does not have any broken, missing or damaged components. | | |
| Door | | |
| Door is weather tight. | | |
| Locking mechanism is present and properly installed. | | |
| Locking mechanism for exterior doors is a turn-style deadbolt. | | |
| Door is not broken and closes properly. | | |
| Door, frame, and jamb do not have holes or defective paint. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present, and not cracked, or broken. | | |
| A permanently installed light fixture is present and working properly. | | |
| Permanently installed light fixture is not damaged and has no missing components. | | |
| Ceiling, Walls, and Floor | | |
| Ceiling does not have any missing or damaged tiles. | | |
| Ceiling does not have any water damage, holes, large cracks, or defective paint. | | |
| Ceiling is properly supported. | | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | | |
| Floor does not have any tripping hazards or holes. | | |
| Floor is not damaged and is properly supported. | | |
| Floor does not have defective paint. | | |
| Wood trim and baseboards are present, properly installed, and not damaged. | | |
| Windows | | |
| Windows are weather tight and properly installed. | | |
| Windows do not have broken or missing glass, controls, or locking mechanisms. | | |
| Windows open properly and remain up. | | |
| Window wells, sashes, trim, sills, and ledges are free of defective paint. | | |
| Other | | |
| There is a heating source in the room. | | |
| Vent covers are present. | | |
| Entire room is clear of defective paint. | | |

| Bathroom Requirements | | ✓ |
|---|--|---|
| Plumbing | | |
| Tub is present, properly installed, maintained, caulked and glazed. | | |
| Tub has no leaks or clogs. | | |
| Sink is present and properly installed. | | |
| Sink has no leaks or clogs. | | |
| Faucets are present and properly installed. | | |
| Faucets do not have any leaks. | | |
| Toilet is present, properly installed, and secure. | | |
| Toilet has no leaks or clogs. | | |
| Hot and cold water both work properly. | | |
| Cabinets and Counters | | |
| Cabinets are properly installed. | | |
| Cabinets do not have broken, missing or damaged components. | | |
| Countertop is present and properly installed. | | |
| Countertop does not have any broken, missing or damaged components. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present. | | |
| Outlet/Switch cover plates are not cracked or broken. | | |
| A permanently installed light fixture is present and working properly. | | |
| Permanently installed light fixture is not damaged and has no missing components. | | |
| Ceiling, Walls, and Floor | | |
| Ceiling does not have any missing or damaged tiles. | | |
| Ceiling does not have any water damage, holes, large cracks, or defective paint. | | |
| Ceiling is properly supported. | | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | | |
| Floor does not have any tripping hazards or holes. | | |
| Floor is not damaged and is properly supported. | | |
| Floor does not have defective paint. | | |
| Wood trim is present, properly installed, and not damaged. | | |
| Baseboard is present, properly installed, and not damaged. | | |
| Ventilation & Windows | | |
| Room has a openable window or a ventilation fan. | | |
| Windows are weather tight and properly installed. | | |
| Windows do not have broken or missing glass, controls, or locking mechanisms. | | |
| Windows open properly and remain up. | | |
| Window wells, sashes, trim, sills, and ledges are free of defective paint. | | |
| Other | | |
| There is a heating source in the room. | | |
| Vent covers are present. | | |
| Entire room is clear of defective paint. | | |

| | | |
|---|--|---|
| Common Areas, Hallways, and Stairways Requirements | | ✓ |
| Handrails & Stairs | | |
| Handrails are present for 4 or more consecutive steps, including the landing. | | |
| Handrails are properly installed and are not loose. | | |
| Stairs are not damaged, missing, or loose. | | |
| Door | | |
| Door is weather tight. | | |
| Locking mechanism is present and properly installed. | | |
| Locking mechanism for exterior doors is a turn-style deadbolt. | | |
| Door is not broken and closes properly. | | |
| Door, frame, and jamb do not have holes or defective paint. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present. | | |
| Outlet/Switch cover plates are not cracked or broken. | | |
| A permanently installed light fixture is present and working properly. | | |
| Permanently installed light fixture is not damaged and has no missing components. | | |
| Ceiling, Walls, and Floor | | |
| Ceiling does not have any missing or damaged tiles. | | |
| Ceiling does not have any water damage, holes, large cracks, or defective paint. | | |
| Ceiling is properly supported. | | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | | |
| Floor does not have any tripping hazards or holes. | | |
| Floor is not damaged and is properly supported. | | |
| Floor does not have defective paint. | | |
| Wood trim is present, properly installed, and not damaged. | | |
| Baseboard is present, properly installed, and not damaged. | | |
| Windows | | |
| Windows are weather tight and properly installed. | | |
| Windows do not have broken or missing glass, controls, or locking mechanisms. | | |
| Windows open properly and remain up. | | |
| Window wells and sashes are free of defective paint. | | |
| Other | | |
| Entire room is clear of defective paint. | | |
| Basement | | ✓ |
| Handrails & Stairs | | |
| Handrails are present for 4 or more consecutive steps, including the landing. | | |
| Handrails are properly installed and are not loose. | | |
| Stairs are not damaged, missing, or loose. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present. | | |
| Outlet/Switch cover plates are not cracked or broken. | | |

| | |
|---|---|
| A permanently installed light fixture is present and working properly. | |
| Permanently installed light fixture is not damaged and has no missing components. | |
| Ceiling, Walls, and Floor | |
| Ceiling does not have any missing or damaged tiles. | |
| Ceiling does not have any water damage, holes, large cracks, or defective paint. | |
| Ceiling is properly supported. | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | |
| Floor does not have any tripping hazards or holes. | |
| Floor does not have defective paint. | |
| Windows | |
| Windows are weather tight and properly installed. | |
| Windows do not have broken or missing glass, controls, or locking mechanisms. | |
| Windows open properly and remain up. | |
| Window wells and sashes are free of defective paint. | |
| Hot Water Tank | |
| Hot water tank is present and properly installed. | |
| Hot water tank is not damaged and has no leaks. | |
| Hot water tank vent stack is angled upward and properly sealed. | |
| Hot water tank drip leg is 2"-6" from floor. | |
| Hot water tank pressure release valve is present and not damaged. | |
| Furnace | |
| Furnace is present and properly installed. | |
| Furnace flue pipe is angled upward and sealed properly. | |
| Furnace is not damaged and has no missing components. | |
| Other | |
| Entire room is clear of defective paint. | |
| General Health and Safety | |
| | ✓ |
| Fire Safety | |
| There is at least one smoke detector on each floor of the unit. | |
| All smoke detectors have batteries and function properly. | |
| 3rd floor sleeping areas must have an alternate means or fire escape (e.g. fire ladder) | |
| New construction units must have smoke detector in each bedroom. | |
| If the unit has a clothes dryer, then the dryer must be properly vented. | |
| General | |
| Unit is free of rodent or roach infestation. | |
| There is no mold present in unit. | |
| There are no city or county violations on the property. | |
| All windows designed to open, must open. | |
| Unit has a valid Certificate of Occupancy, if applicable. | |
| The unit is vacant at time of inspection. | |
| A representative over 18 years old is present to provide unit entry. | |
| Entire unit, both interior and exterior, is clear of defective paint. | |

| Exterior | | ✓ |
|---|--|---|
| Handrails, Stairs, and Porch | | |
| Handrails are present for 4 or more consecutive steps, including the landing. | | |
| Handrails are properly installed and are not loose. | | |
| Stairs are not damaged, missing, or loose. | | |
| Porch does not have damaged, missing, or loose floor boards. | | |
| Porch ceilings and floors are properly supported. | | |
| Porch rails are secure, undamaged, and not missing components. | | |
| Gutters, Downspouts, and Roof | | |
| Gutters and Downspouts are present and properly installed. | | |
| Gutters and downspouts not loose or damaged. | | |
| Roof is not leaking, damaged, or missing shingles. | | |
| Door | | |
| Door is weather tight. | | |
| Locking mechanism is present and properly installed. | | |
| Locking mechanism for exterior doors is a turn-style deadbolt. | | |
| Door is not broken and closes properly. | | |
| Door, frame, and jamb do not have holes or defective paint. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present. | | |
| Outlet/Switch cover plates are not cracked or broken. | | |
| A permanently installed light fixture is present and working properly. | | |
| Permanently installed light fixture is not damaged and has no missing components. | | |
| General | | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | | |
| There is no missing or damaged siding. | | |
| Foundation is not damaged or missing components. | | |
| Chimney is not damaged or missing components. | | |
| Trim is not damaged or missing components. | | |
| Windows & Doors | | |
| Windows are weather tight and properly installed. | | |
| Storm windows or double-paned windows are present and properly installed. | | |
| Storm doors are present and properly installed. | | |
| Other | | |
| Driveway and apron do not have large cracks or holes. | | |
| Yard is clear of overgrowth and debris. | | |
| Address is present, complete, and visible. | | |
| Mailbox is present and undamaged. | | |
| Entire Exterior is free of defective paint. | | |
| Multi-family unit owners must provide proper refuse disposal. | | |

| Garage Requirements | | ✓ |
|--|--|---|
| Doors | | |
| Doors are weather tight | | |
| Locking mechanism is present and properly installed. | | |
| Doors are not broken and close properly. | | |
| Door, frame, and jamb do not have holes or defective paint. | | |
| Electrical | | |
| All three-pronged outlets are properly grounded. | | |
| All outlets are present and in proper working condition. | | |
| GFCI is functioning properly. | | |
| Outlet/Switch cover plates are present. | | |
| Outlet/Switch cover plates are not cracked or broken. | | |
| Ceiling, Walls, and Floor | | |
| Ceiling does not have any missing or damaged tiles. | | |
| Ceiling does not have any water damage, holes, large cracks, or defective paint. | | |
| Ceiling is properly supported. | | |
| Roofing is not damaged. | | |
| Walls do not have any water damage, holes, large cracks, or defective paint. | | |
| There is no missing or damaged siding. | | |
| Floor does not have holes, cracks, or uneven pavement. | | |
| Floor does not have defective paint. | | |
| Windows | | |
| Windows are weather tight and properly installed. | | |
| Windows do not have broken or missing glass, controls, or locking mechanisms. | | |
| Windows open properly and remain up. | | |
| Window wells and sashes are free of defective paint. | | |

Defective Paint Citations

If your property is cited for defective paint, you will be required to provide the following:

- Proof work was completed by a Licensed Lead Abatement Contractor, and
- A passed Lead Clearance Test from a Licensed Lead Risk Assessor

Always double check the entire unit, both inside and out, to ensure there is no visible peeling, chipping, cracking, scaling, or otherwise deteriorated painted surfaces prior to your HQS Inspection.

MISSION

HOUSING SERVICES MISSION IS TO PROVIDE
QUALITY AFFORDABLE HOUSING
OPPORTUNITIES WITHIN DES MOINES AND POLK
COUNTY, AND TO FACILITATE, WHERE POSSIBLE,
HOMEOWNERSHIP AND SELF SUFFICIENCY FOR ITS
CUSTOMERS

Des Moines Municipal

Housing Agency

Created 2/2012

Revised 3/2013

Revised 4/2016

Revised 4/2017

Revised 4/2018

Revised 3/2021

Revised 7/2022

Revised 6/4/2024