SECTION 8 HOUSING CHOICE VOUCHER (HCV) PROGRAM

LANDLORD LEASING PACKET CHECKLIST

Thank you for partnering with the Columbia County Housing Authority (CCHA) to provide quality housing for our community.

REQUIRED FORMS

Please include the following completed documents with your leasing packet:

- ☐ **REQUEST FOR TENANCY APPROVAL (RFTA) FORM**
  Complete all sections of the RFTA. Information regarding the proposed unit, rent, utilities, owner/agent and tenant must be provided as applicable.

- ☐ **LEAD-BASED PAINT DISCLOSURE (IF APPLICABLE)**
  Required for applicable housing constructed prior to 1978. All required parties must complete and sign the disclosure.

- ☐ **NON-RELATIONSHIP AFFIDAVIT**
  Must be completed and signed as required by CCHA to disclose any relationship between the landlord/owner and the assisted household.

- ☐ **LANDLORD AGREEMENT**
  Must be completed and signed by the landlord/owner as required.

BEFORE SUBMITTING YOUR PACKET

Please make sure:

- ☐ All required forms are included
- ☐ Every applicable section is completed
- ☐ All required signatures are provided
- ☐ All required dates are entered
- ☐ All above documents are completed and accurate
- ☐ You have reviewed the proposed rent and utility information
- ☐ You understand that the tenant is responsible for the security deposit
- ☐ You have completed your own tenant screening process

CCHA CONTACT INFORMATION

160 W 6th St, Suite 101
Bloomsburg, PA 17815

(570) 784-9373

www.cchrapa.org

IMPORTANT: COMPLETE PACKETS ARE REQUIRED

All forms must be completed in their entirety.
CCHA cannot accept or process an incomplete leasing packet. Incomplete or missing information may result in delays in processing the tenancy.

SECURITY DEPOSIT

The tenant is responsible for paying the security deposit.
CCHA does not pay, reimburse or cover the security deposit on behalf of the tenant.

LANDLORD TENANT SCREENING

CCHA STRONGLY RECOMMENDS THAT LANDLORDS CONDUCT THEIR OWN TENANT SCREENING.

Participation in the HCV Program does not necessarily mean that a tenant has been screened and approved to your standards. Landlords are encouraged to conduct their own lawful and consistent tenant screening, which may include:

- Credit check
- Background check
- Review of records of prior evictions
- Verification of income/employment
- Contacting previous landlords
- Checking rental references
- Other screening methods used consistently for all applicants

Landlords are responsible for determining whether a prospective tenant meets their rental criteria. CCHA's approval does not constitute a recommendation or endorsement of the tenant.

INFORMATION CCHA CAN PROVIDE

CCHA cannot provide landlords with personal or confidential information about tenants. The only information CCHA can offer is contact information for previous landlords so that you may conduct your own rental reference check.

Thank you for your cooperation and for providing safe, decent and affordable housing!

Request for Tenancy Approval

Housing Choice Voucher Program

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

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

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)	2. Address of Unit (street address, unit #, city, state, zip code)
Columbia County Housing Authority	

3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection

9. Structure Type

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

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

- ☐ Section 202
- ☐ Section 221(d)(3)(BMIR)
- ☐ Tax Credit
- ☐ HOME
- ☐ Section 236 (insured or uninsured)
- ☐ Section 515 Rural Development
- ☐ Other (Describe Other Subsidy, including any state or local subsidy) _____

11. Utilities and Appliances

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	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Heat Pump ☐ Oil ☐ Other	
Cooking	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Other	
Water Heating	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Oil ☐ Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
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.

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

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

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

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

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

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

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

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

_____

_____

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

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

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

_____

_____

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

Lessee's Acknowledgment (initial)

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

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

Agent's Acknowledgment (initial)

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

Certification of Accuracy

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

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

Columbia County
HOUSING AUTHORITY
160 W 6th St Suite 101 • Bloomsburg, PA 17815

Phone: (570) 784-9373
Fax: (570) 387-8806
Website: www.cchrapa.org

LANDLORD AFFIDAVIT OF NON-RELATIONSHIP
Housing Choice Voucher (Section 8) Program

1. I am the owner, authorized agent, or legally authorized representative of the property located at: _____

2. I understand that the Housing Choice Voucher (Section 8) Program prohibits assistance in a unit owned by certain relatives of a participating family member unless a reasonable accommodation has been approved by the Housing Authority.

3. I hereby certify that I am not the parent, child, grandparent, grandchild, sister, or brother of any member of the household participating in the Housing Choice Voucher Program who will reside in the above-referenced unit.

4. I further certify that I have no familial relationship prohibited by the Housing Choice Voucher Program regulations with any member of the assisted household.

5. I understand that providing false, misleading, or incomplete information may result in denial or termination of Housing Choice Voucher assistance and may subject me to civil and/or criminal penalties under applicable federal, state, or local law.

6. I certify under penalty of perjury that the statements contained in this affidavit are true and correct to the best of my knowledge and belief.

Landlord/Owner Name:_____
Signature:_____
Date:_____
Telephone:_____
Email:_____

HCV Program Landlord Agreement

1. I will enforce the lease to ensure compliance with both my and CCHA's policies. I understand the Tenancy Addendum requirements will override any conflicting requirements within the original lease.
2. I will take responsibility for any screening processes (i.e. credit histories, records of past evictions, etc.) and understand that CCHA will not do this for me. I understand that CCHA cannot provide me with information about tenants beyond previous landlords contact information.
3. I will complete and return all paperwork received from CCHA in a timely manner, including the rent increase/decrease form completed in advance of my tenant's recertification.
4. I understand that any upfront costs outside of rent (i.e. security deposit, pet fees, credit check fees, key deposits, application fees) will be the responsibility of the tenant.
5. I will not retain the security deposit unless damage is beyond normal wear and tear. I understand I have 30 days to provide the tenant with the exact reason their security deposit is not being returned.
6. I will not charge in excess of the agreed tenant rent or request side payments from the tenant. I understand that the rent includes all housing services, maintenance, utilities, and appliances I have agreed to provide in the lease.
7. I understand that the rent can only be raised once per year and must be considered reasonable by CCHA guidelines. I understand that I cannot raise the rent within the initial term of the lease and that I cannot raise the rent at any time other than annual recertification without prior approval from CCHA. I understand that I must provide notification of this change within 60 days.
8. I will make necessary repairs in a timely and professional manner to maintain the unit's compliance with the Housing Quality Control (HQS) standards. I understand I am not responsible for a breach of these standards caused by the tenant failing to pay for utilities they are responsible for or failing to maintain the appliances they provided.
9. I will comply with CCHA for inspections. I understand that the unit will be inspected before move-in, on a regular basis, and if the tenant lodges a complaint with CCHA regarding the unit.
10. I will take responsibility for recording tenant violations (i.e. non-payment/late payment, poor housekeeping, disturbing the peace, etc.) and addressing these issues with the tenant directly. I will provide CCHA a copy of all notices.
11. I will report any noticeable changes in family size or income to CCHA. I understand that a household cannot add an occupant without the express permission of CCHA and myself.
12. I will keep CCHA up to date on any changes in contact information, as well as any changes to banking details related to receiving the HAP payments. I understand that I will receive

payment from CCHA at the beginning of each month and will be responsible for collecting the tenant's portion.

13. I confirm I do not have a history of non-compliance in relation to housing, and I have not been barred from participating because of prior issues. I will not engage in fraud or bribery in relation to this program.
14. I will notify CCHA of any changes to unit ownership at a minimum of 45 days prior to closing.
15. I will not terminate the tenancy for reasons outside of CCHA approval. I understand that I can only terminate the lease within the initial term for serious/repeated violations of the lease, violations of the law, criminal activity, alcohol abuse, or other good cause.
16. I will take responsibility for the termination of the lease and the eviction of the tenant, abiding by State and local laws. I will provide the tenant and CCHA with at least 30 days' notice of this.
17. I will abide by Fair Housing policies and will not deny housing to any individual based on Race, Religion, National Origin, Immigration Status, Sex, Presence of Children, Marital Status, Sexual Orientation, or Disability. I understand that it is illegal to refuse to rent to a household because of these circumstances.
18. I will allow reasonable modifications to units occupied by a disabled person and units that will be occupied by a disabled person.
19. I confirm I am not leasing the unit to a family member without express permission from CCHA, as part of reasonable accommodations for a disability.
20. I will follow tax-ID number policies set by CCHA and complete a W-9 for tax purposes. I understand that rental payments are income that must be reported to the IRS.

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions provided by HUD and CCHA. I understand that violating these policies may result in the termination of the HAP contract or me being barred from participating with the HCV program in the future.

Signature

Date