

**Rockville Housing Enterprises**  
**1300 Piccard Dr., Suite 203**  
**Rockville MD 20850**

Please fill out the RFTA and all attached documents completely. Inspections are scheduled according to the date and time they are received. RFTA packets will not be considered received until all forms have been filled out completely and returned.

Do Not leave any blanks on the RFTA form. The instructions below will explain how to complete each field. If a field does not apply to your unit, mark Not Applicable (N/A)

1. RHE use only
2. Complete address of the unit, including city, state, and zip code
3. When you would like to begin the lease with the tenant
4. Actual number of bedrooms in the unit
5. Year of original construction. If substantially rehabilitated, date of Certificate of Occupancy
6. Amount of rent you would charge in the open market (except for tax credit properties)
7. Amount you have negotiated with the applicant
8. Date the unit will be READY to pass inspection with all utilities in service
9. Type of unit
10. Only applies to tax credit properties or properties that receive other subsidy

**11. Utilities and Appliances.**

In the Provided by column, please indicate by placing an "O" for Owner or a "T" for Tenant who is providing the system.

Owner typically provides the heating, cooking, water heating, electrical, air conditioning, plumbing, and sewage systems. Another way to think of this column is who would be responsible for service/repair to the system. Example: Owner would be responsible for repairing the heating, leaks to the plumbing, or the gas lines to which the cooking system (stove) is connected.

In the Paid by column, please indicate who is responsible for paying for the utility usage of the system.

Refrigerator / Range- On refrigerator and range, both the Provided by and Paid by columns refer to who purchased the appliances.

**12. Owner's Certification**

- a. Rent reasonableness: Applies only to apartment complexes with 4 or more non-Section 8 units. If you have 4 or more occupied non-Section 8 units, please fill in lines 1 – 3 to indicate you are not charging higher rents to Section 8 tenants that you charge on the open market.
- b. By signing the RFTA form you are certifying that you are not a relative of the applicant.
- c. Lead-based paint. You are required to check one of the lead-based paint statements.

**Please see the 25 Most Common Fail Items on the back of this page for important information.**

**ROCKVILLE HOUSING ENTERPRISES  
PASSING THE SECTION 8 HQS INSPECTION  
COMMONLY FAILED ITEMS**

All property must pass a Section 8 HQS inspection before the property can be placed on the Section 8 program. The property passes inspection when it is in compliance with the HUD Housing Quality Standards and the RHE Acceptability Criteria Variations. These documents are available from the **Rockville Housing Enterprises main office located at 1300 Piccard Dr., Suite 203; Rockville MD 20850 or at [www.rockvillehe.org](http://www.rockvillehe.org).**

The following 25 items are the main reasons why most properties fail the inspection. Correcting these items prior to the inspection will give an estimated 95% assurance that the property will be in compliance with HQS and ACV and pass inspection.

The first 10 items are by far the most commonly failed items. The next 15 also have been found to contribute significantly to failed inspections. The items are listed in order of highest to lowest failure rate.

1. Utilities not turned on. All utilities must be on and all appliances and equipment operable. The utilities may be in the landlords name for the inspection but must be transferred to the tenant before the Housing Assistance Payment (HAP) Contract is executed
2. Missing light globes
3. Cracked/missing electrical switch plates and receptacle covers
4. Windows painted shut
5. Smoke detectors, missing batteries
6. Chipping/peeling paint on siding, window sills, trim, porches, etc.
7. Open ground receptacles
8. Foundations vents missing or foundation vent screening missing or damaged
9. Water temps too high, must be between 100 and 120 degrees Fahrenheit (at tap)
10. Refrigerator temperature too high, must be no higher than 38 degrees
  
11. Handrails required for four (4) or more risers
12. Holes and cracks in foundation
13. Doors: Must be weather tight with workable locks and no double cylinder deadbolts
14. Handrails/guardrails: Maximum of 4" between vertical members
15. No GFCI receptacles in kitchen and bathroom
16. No attic access, R-19 or better insulation required in the attic
17. Water Heater: Must have drain pipe to T & P relief valve, no leaks
18. Broken/cracked window panes and windows without secure workable locks
19. Bathroom must have at least one window that can be opened or a mechanical vent system
20. Storm doors: All components must be present and operable
21. Bedrooms: No blocked egress (windows, doors) – at least one window must provide unobstructed egress from the room
22. Stove: All burners and oven must be operable. All knobs must be present and marked.
23. Refrigerator: All components must be present and workable
24. Gutters and downspouts must be sound and secure and free from hazard
25. All dwellings units must display house numbers as assigned by the local jurisdiction

The above items are prioritized by the highest percentage rate of failure on first time out inspections.

**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) Rockville Housing Enterprises 1300 Piccard Dr., Suite 203; Rockville MD 20850			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type  <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy:  <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

## 11. Utilities and Appliances

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

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric	<b>** Paid by: Place an O for Owner or a T for Tenant for person responsible for paying the monthly bill.</b>  <b>**Provided by: Place an O for Owner or a T for Tenant for person responsible for providing the appliance and be responsible for the repair/maintenance.</b>  <div> <div>Number of Bathrooms</div> <div>_____</div> </div> <div> <div>New or Transfer</div> <div>_____</div> </div> <div> <div>End or Middle Unit</div> <div>_____</div> </div> <div> <div>Voucher Size</div> <div>_____</div> </div> <div> <div>Square Footage</div> <div>_____</div> </div>	
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

## 12. Owner's Certifications

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

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

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

- c. Check one of the following:

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

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

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

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

Property Name:

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)

Email Address:

Email Address:

## 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. 4852(d) 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

# 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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <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. <input type="checkbox"/> Other (see instructions) ► _____	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>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	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-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)
- 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.*

**DEPOSIT AUTHORIZATION AGREEMENT FOR  
DIRECT DEPOSIT (ACH CREDITS)**

To implement direct deposit of Housing Assistance Payments (HAP), you must return this completed form along with a completed W-9 and a voided check or deposit slip (For savings accounts only) in the enclosed self-addressed stamped envelope to: Rockville Housing Enterprises – Attn: Finance, 1300 Piccard Dr., Suite 103, Rockville MD 20850.

I hereby authorize RHE to deposit my Housing Assistance Payments to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Name of Financial Institution: \_\_\_\_\_

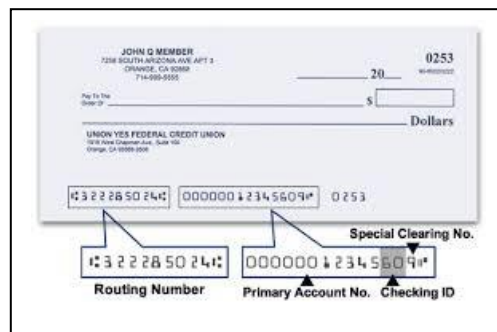
Type of Account (check one):      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Bank Transit Routing Number: \_\_\_\_\_

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

This authorization is to remain in full force and effect until RHE has received written notification from me of its termination in such time and in such manner as to afford RHE and the financial institution a reasonable opportunity to act upon it.

Acceptance of direct deposit of payments certifies compliance with the Housing Assistance Payment contract. By accepting direct deposit of housing assistance payments the payee certifies that any unit(s) assisted under the Housing Assistance Payments (HAP) Contract are in full compliance with said contract terms. With this authorization, RHE, Inc. may make adjustments, either credit or debit to correct any errors associated with any previous HAP credit into the payee account.



Payee or an authorized person must complete the following and sign this request.  
Payee Name: \_\_\_\_\_

(Please Print) \_\_\_\_\_

Name of Authorized Person: \_\_\_\_\_

(Please Print) \_\_\_\_\_

Title: \_\_\_\_\_ SSN or Federal Tax I.D.#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Office: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

Monthly direct deposit statements will be e-mailed only.

Signature of  
Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to 18 USC1001 Whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals, or covers up any trick, scheme or device a material document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and or Management Agents who violate this law may also be debarred by RHE from future participation in the Housing Choice Voucher Program.