



# Landlord Seminar

Housing Choice Voucher (HCV) Program

# HOUSE RULES

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- Please turn off cell phones or place on silent/vibrate/do not disturb mode.
- Bathrooms are in the hallway directly to the left of main entrance
- Please hold all questions until the end of the presentation

# OVERVIEW

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- Understanding Program Rules and Policies
- Landlord Responsibilities Under the Housing Assistance Payment (HAP) Contract
- Request for Tenancy Approval (RTA)
- Common Errors

# SBHA IS COMMITTED TO...

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- Cultivating relationships with our partners
- Streamlining program operations to maximize efficiency
- Improving customer service
- Attracting new landlords for program participation



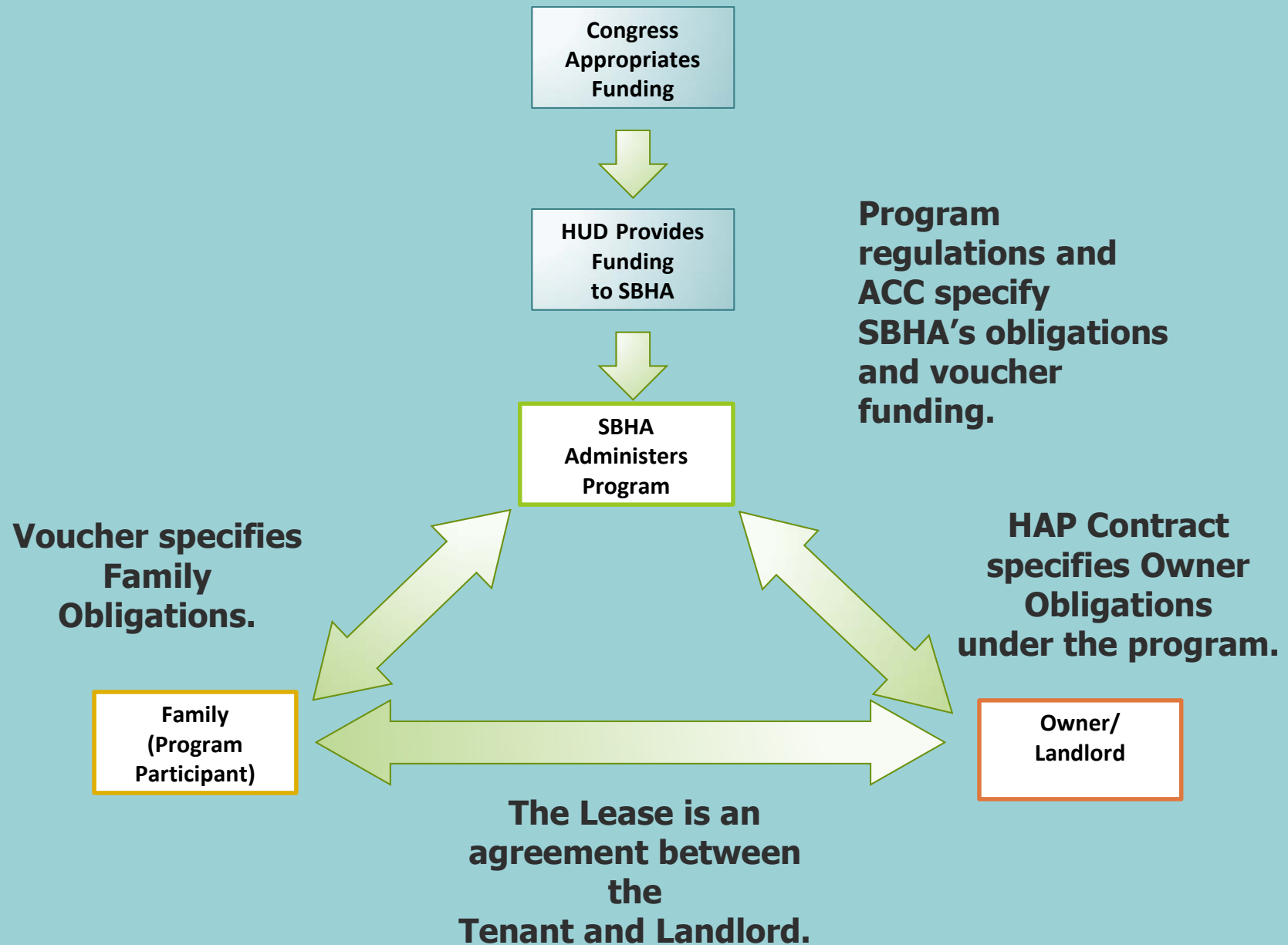
# WHAT IS THE HCV PROGRAM?

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- The Housing Choice Voucher (HCV) Program is a federally-funded rental assistance program for low-income families
- The HCV Program supplements rental payments for low-income participants
- The HCV Program provides participants a safe, decent, and sanitary home that they may not otherwise be able to afford

# HCV RELATIONSHIPS

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# LANDLORD/PARTICIPANT RELATIONSHIP

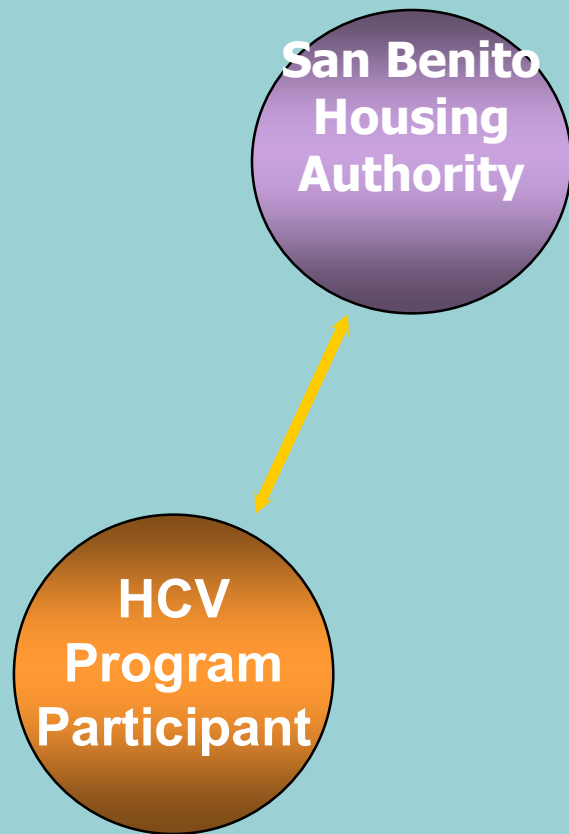
7

- The initial lease is for a minimum of one year.
- Both parties are required to abide by the terms of the lease.
- HUD's Tenancy Addendum must be attached to the lease.



# PARTICIPANT / APPLICANT / SBHA RELATIONSHIP

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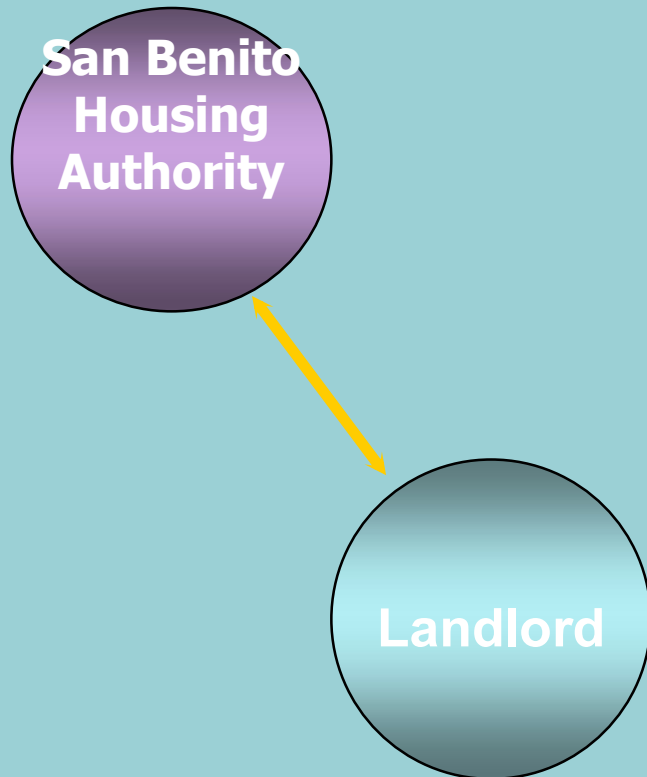


Participants must...

- Report changes of family composition.
- Report changes of household income.
- Comply with program requirements and family obligations.

# LANDLORD RESPONSIBILITIES

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Landlords must...

- Abide by San Benito Housing Authority's (SBHA) rules and regulations.
- Enforce rules and regulations of the lease agreement.
- Ensure the unit meets Housing Quality Standards (HQS) for the term of the Housing Assistance Payment Contract (HAPC).

# LANDLORD RESPONSIBILITIES CONT'D

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- Provide any notice to SBHA and/or the family in connection with the HAP contract *timely and in writing*.
- Submit a Change of Ownership timely and do not re-assign the payment to a new owner without approval.
- Notify SBHA of any changes in the Contract Rent or Lease Agreement at least sixty (60) days before change goes into effect.
- Only terminate the family's tenancy in accordance with the lease and HUD requirements.
- Ensure the family resides in the contracted unit and that the unit is the family's only residence.

# SBHA'S ROLE

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SBHA...

- Verifies initial eligibility for applicant(s) and recertifies participants annually for continued participation in the program
- Conducts unit inspections annually
- Ensures Housing Assistance Payments (HAP) are processed
- Ensures compliance with program policies

# LANDLORD ROLE IN THE HCV PROGRAM

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## Landlords...

- Select and screen prospective participants/applicants
- Provide all required documentation to SBHA
- Pre-inspect unit
- Enforce lease (Provide copy of lease violations and/or judgments to SBHA)
- Comply with Fair Housing laws

# HOUSING CHOICE VOUCHER

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**Voucher**  
Housing Choice Voucher Program

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

OMB No. 2577-0169  
(exp. 03/31/2004)

Public Reporting Burden for this collection of information is estimated to average 0.06 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 collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher program. Please read entire document before completing form. Fill in all blanks below. Type or print clearly.

1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy)
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy)
4. Date Extension Expires (if applicable) (mm/dd/yyyy) (See Section 6 of this form.)		4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

**1. Housing Choice Voucher Program**

A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.

B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

**2. Voucher**

A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.

C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

**3. PHA Approval or Disapproval of Unit or Lease**

A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. Note: Both documents must be given to the PHA no later than the expiration date stated in Item 3 or 4 on top of page one of this voucher.

B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.

C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

Previous editions are obsolete

Page 1 of 2

Form HUD-52646 (7/2000)  
ref. Handbook 7420.8

## 1. Unit Size

Unit Size indicates the number of bedrooms a participant

qualifies for.

## 2. Issue Date (mm/dd/yyyy)

This is the actual month, day and year the voucher was issued to the participant and is the voucher's effective date.

## 3. Expiration Date

(mm/dd/yyyy)  
Vouchers are active for 60 days and expire on the expiration date. Request for Tenancy Approval (RTA) paperwork will not be accepted after the expired date.

For current participants the voucher is active 30 days before and 30 days after the lease expires.

# APPLICANT / PARTICIPANT SCREENING

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## SBHA will not:

- Release information from private sources
- Screen for suitability of tenancy
- Enforce the lease

## Landlords are encouraged to:

- Obtain references from current and previous landlords
- Obtain information from private sources
- Conduct criminal background checks of applicants/participants for suitability of tenancy

# REQUIRED DOCUMENTATION

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- Housing Choice Voucher Program Packet
- Lead Based Paint Disclosure Statement
- Landlord Packet (if new to the program)
- Residential Lease Agreement

Forms edited with whiteout and expired and/or incomplete forms will not be accepted.

# DIRECT DEPOSIT

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All HAP Payments are paid thru direct deposit.

- For security and privacy reasons, W-9 Form, Tax ID verification and direct deposit forms should be hand delivered or emailed to [cespinosa@sanbenitohousing.com](mailto:cespinosa@sanbenitohousing.com)
- The W-9 Form and direct deposit form must be received within(3) three business days from the time the Voucher Packet is submitted by the assisted participant.
- A copy of a voided check is required.

# REQUEST FOR TENANCY APPROVAL (RTA)

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**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)  
San Antonio Housing Authority

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  
☐ Single Family Detached ☐ Semi-Detached / Row House ☐ Manufactured Home ☐ Garden / Walkup ☐ Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:  
☐ Section 202 ☐ Section 221(c)(3)(BMIR) ☐ Section 236 (Insured or noninsured) ☐ Section 515 Rural Development  
☐ Home ☐ Tax Credit  
☐ 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	N/A	
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	N/A	
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	N/A	
Other Electric		N/A	
Water		N/A	
Sewer		N/A	
Trash Collection		N/A	
Air Conditioning		N/A	
Refrigerator			N/A
Range/Microwave			N/A
Other (specify)			

1. Name of PHA

2. Address of unit

3. Requested Date of Lease

5. Year the unit was constructed

4. Number of bedrooms in the unit

# REQUEST FOR TENANCY APPROVAL (RTA)

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9. Type of House/Apartment  
☐ Single Family Detached ☐ Semi-Detached / Row House ☐ Manufactured Home ☐ Garden / Walkup ☐ Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:  
☐ Section 202 ☐ Section 221(d)(3)(BMR) ☐ Section 236 (Insured or noninsured) ☐ Section 515 Rural Development  
☐ Home ☐ Tax Credit  
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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	N/A	
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	N/A	
Other Electric		N/A	
Water		N/A	
Sewer		N/A	
Trash Collection		N/A	

## 6. Proposed Rent

Rent amount the landlord is requesting

## 7. Security Deposit

Amount  
The security deposit is the sole responsibility of the participant.

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Other Electric		N/A	
Water		N/A	
Sewer		N/A	
Trash Collection		N/A	
Air Conditioning		N/A	

8. The date the unit is available for inspection.

The date cannot exceed 30 days from the date the RTA is submitted.

9. Type of Housing Unit:

- House
- Duplex
- Mobile Home
- Apartment

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Other Electric		N/A	
Water		N/A	
Sewer		N/A	
Trash Collection		N/A	
Air Conditioning		N/A	
Refrigerator			N/A
Range/Microwave			N/A
Other (specify)			

10. If the unit is subsidized, the owner must indicate what type of subsidy is utilized.

11.  
Utilities

O = Paid by owner

T = Paid by participant

Appliances

O = Provided by owner

T = Provided by participant

# REQUEST FOR TENANCY APPROVAL (RTA)

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12.a. Must be completed by owners of a complex with more than 4 units.

Signature of owner/owner representative.

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)

12.b. Owners may not lease unit to a family member unless leasing of the unit would provide a reasonable accommodation for an applicant with disabilities.

Signature of applicant.

# W-9 FORM FOR OWNER AND PAYEE

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**W-9**  
Form (Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

**OWNER**  
Request for Taxpayer  
Identification Number and Certification

Give form to the  
requestor. Do not  
send to the IRS.

Print or type  
clearly.  
Use double-  
spacing.

1. Name (as shown on your income tax return)  
Business name, if different from above

2. Check appropriate box:  
☐ Individual sole proprietor  
☐ Corporation  
☐ Partnership  
☐ Other (specify) \_\_\_\_\_  
☐ Exempt from backup withholding

3. Address (number, street, and apt. or suite no.)  
City, state, and ZIP code  
List account number(s) here (optional)

4. Requester's name and address (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 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 how to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**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. person (including a U.S. resident alien).

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 4.)

Sign Here  
Signature of U.S. person (if applicable)  
Date (if applicable)

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. (See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

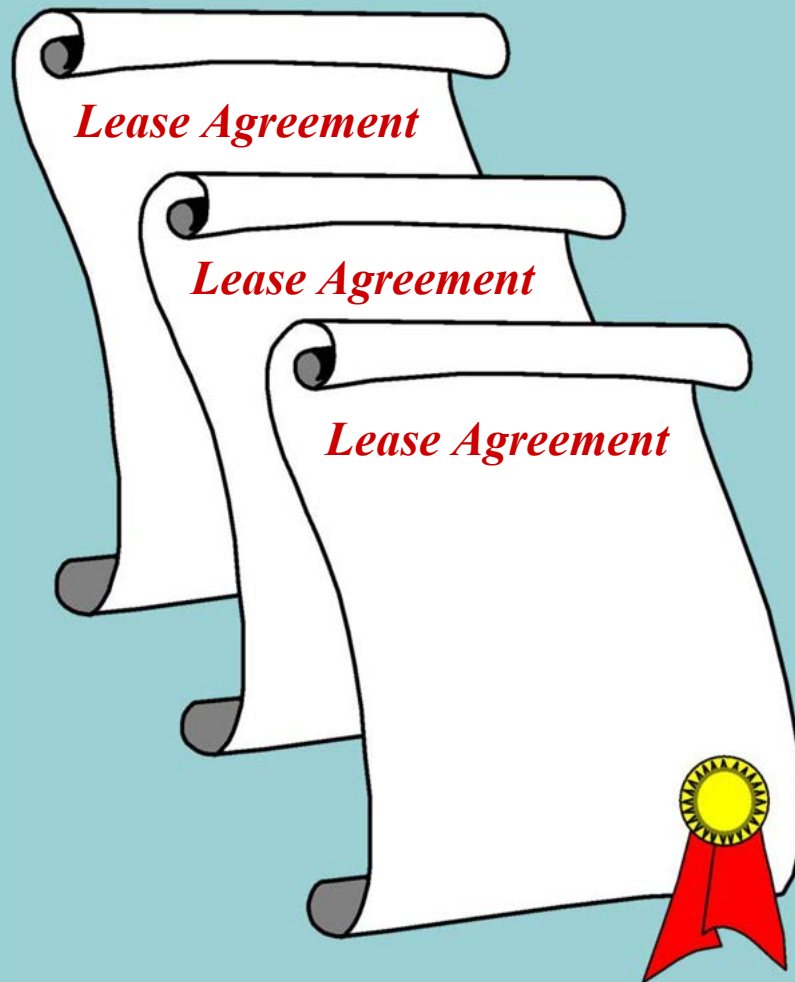
- The U.S. owner of a disregarded entity and not the entity,

OMB No. 1520-0047 Form W-9 (Rev. 11-2005)

- One W-9 form for the Owner and one for the Payee (if different from the owner).
- Verification of Taxpayer ID Number
- Social Security Number (Copy of SS card)
- Employer Identification Number (Confirmation letter from the IRS)

# RESIDENTIAL LEASE AGREEMENT

23



- Provide one copy of your Residential Lease Agreement to SBHA and one copy to the tenant.
- Lease must be completely filled out with the exception of the lease effective date and the contract rent amount.
- Leases marked through or edited with white out will not be accepted.

# WHAT HAPPENS WHEN ALL DOCUMENTS ARE COMPLETE?

24

- Owner/agent will be contacted within 5 to 7 business days to schedule an inspection.
- The HAP Contract is executed when rent reasonableness is determined and the unit passes initial inspection or tenant takes possession of the unit.
- Contract is finalized and emailed/mailed to the landlord.
- Housing Assistance Payment (HAP) will be processed when SBHA receives the signed contract.

# MOST COMMON MISTAKES

25

- Not reporting move out or providing a copy of lease violations and/or judgment
- Changing Contract Rent and/or responsibility of utilities without following procedure
- Not reporting a Change of Ownership
- Requesting or receiving unauthorized payments
- Not update the Owner and/or Management Company contact information (phone, email, etc.)

# HQS TRAINING

26



# HOUSING QUALITY STANDARDS (HQS) INSPECTIONS

27

- Units must meet the U.S. Department of Housing and Urban Development's (HUD) and SBHA's criteria for Housing Quality Standards (HQS).
- Units must be in "make ready" status during the initial/move-in inspection.
  - Units must have:
    - All utilities on
    - A working stove and refrigerator
    - No trash/debris on site
    - Working heating/cooling equipment

# BUILDING INTERIOR

28

## **Building Interior Requirements**

Interior stairs and hallways must be hazard-free (no broken steps, etc.).



# HQS: LIVING ROOM AND BEDROOM

29

- Must have at least one (1) permanently installed light fixture and one (1) working outlet.
  - If no light fixture, two (2) outlets are required.
- There must be at least one (1) operable window in the bedroom.
- Bedroom must be a minimum of 70 square feet.
- A working smoke alarm must be installed in each bedroom.
- Windows must have working locks or a permanently attached locking device.
- Windows must be in good working condition and able to remain open.
- Plexiglas is not an acceptable repair for glazed windows.



# HQS: LIVING ROOM AND BEDROOM

30

## Commonly Failed HQS Items

Floor coverings must not:

- Be torn
- Have holes or cracks that can cause a tripping or cutting hazard



All security/burglar bars must have a quick-release mechanism.

- Must not require key or special knowledge to open.

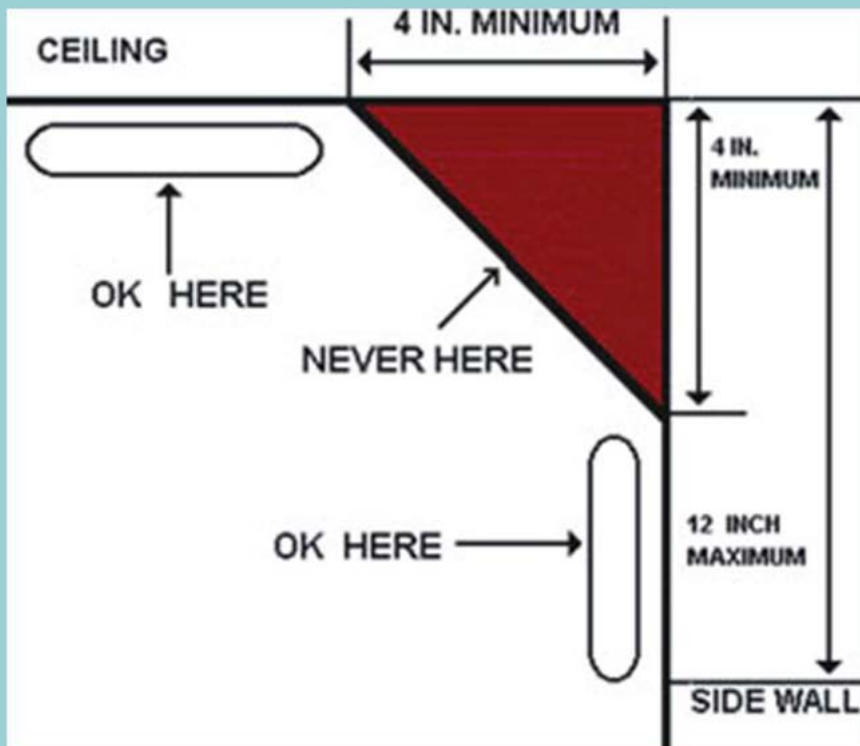
Double-key deadbolts, also known as double cylinder locks, are not allowed at any location.



# HQS: LIVING ROOM AND BEDROOM

31

## Commonly Failed HQS Items



- Smoke detectors must be installed in each bedroom and hallway, and on each floor.
- If installed on the ceiling, the smoke detector must be at least 4 inches from the wall.
- If installed on the wall, the smoke detector must be at least 4 inches from the ceiling (and no more than 12 inches below ceiling).

# HQS: LIVING ROOM AND BEDROOM

32

## Commonly Failed HQS Items

- Working smoke detectors are required in all bedrooms and adjacent hallways (missing/inoperable smoke detectors are not acceptable).
- If no hallway is present, smoke detectors are required outside each bedroom.
  - See manufacturer's specifications for proper installation.



# KITCHEN

33

- There must be at least one (1) light fixture and working electrical outlet.
- There must be adequate space to prepare and store food.
- There must be a working stove and refrigerator.
- GFCI outlets are not required by HQS; however, if present, they must be properly wired.
- All sinks must have a P-Trap and hot/cold running water.



# KITCHEN

34

## Commonly Failed HQS Items

Stove must be clean (to prevent a fire hazard) and in working order.

Refrigerator must be sanitary and in working condition  
(no missing kick plates or torn door seals, etc.).



# BATHROOM

35



- There must be at least one (1) light fixture.
- There must be a tub or shower with hot/cold running water.
- Sink must have P-Trap and cold/hot running water.
- There must be at least one source of ventilation:
  - Exhaust Fan
  - Vent
  - Window

# BATHROOM

36

## Commonly Failed HQS Items

- Missing/Inoperable Exhaust System
- Electrical Hazards
- Missing P-Trap



# HEATING AND PLUMBING

37

Unit must have adequate heat provided by landlord/owner.

- The heating system must be capable of maintaining an interior temperature of 65 degrees Fahrenheit between November 1 and March 31. Owners of units not compliant with this requirement will be given one (1) business day to meet the standard.
- The air conditioning system must be capable of maintaining an interior temperature of 80 degrees Fahrenheit between April 1 and October 31 (if unit is rented with air conditioning system). Owners of units not compliant with this requirement will be given three (3) business day to meet the standard.

Water heaters must have a temperature-pressure relief valve and discharge line directed toward the floor or outside of the living area.

- Hot water must be available at all times at a temperature between 95 degrees and 120 degrees Fahrenheit.

# HEATING AND PLUMBING

38

## Commonly Failed HQS Items

- Space heaters must be able to maintain an interior temperature in the unit of 65 degrees or warmer during cold months. Space heaters must be in good working condition that do not pose any safety hazards.
- Gas wall heaters cannot have missing grills, gas leaks, or exposed wires.
- The hot water tank must have a temperature pressure relief valve with a downward discharge pipe.



# EXTERIOR OF BUILDING

39



- Exterior of the building must be in good condition (free of hazardous conditions).
- Common areas must also be free of hazardous conditions.
- Stairs, rails and porches must be free of unsound and hazardous conditions.

# EXTERIOR OF BUILDING

40

## Commonly Failed HQS Items

- Stairs and railings must be secured.
- Handrails are required for stairs with four or more consecutive steps.
- Railings are required around stairwells, balconies, walkways, etc. that are 30 inches or higher above the ground.



# EXTERIOR OF BUILDING

41

## Commonly Failed HQS Items



- Units built before 1978 must not have any chipping or peeling paint inside or outside the unit.
  - This also applies to:
    - Exterior of secondary buildings
    - Playgrounds
    - Railings
    - Common areas of the property
    - Units with families containing minors under the age of 6.

# EXTERIOR OF BUILDING

42

## Commonly Failed HQS Items

- There must be no tripping hazards, such as gaps or cracks greater than  $\frac{3}{4}$  inch, on sidewalks, walkways, driveways, common areas, etc.
- The roof must not have any leaks.
- Indications of a leak are discoloration or stains on the ceiling.



# GENERAL HEALTH AND SAFETY

43

- Common areas (i.e. swimming pools, play areas, etc.) must be free of all safety/health hazards.
- Property should be free of any infestations.
- Property should be free of excessive trash accumulation.
- Swimming pools must be safe and sanitary at all times.



# GENERAL HEALTH AND SAFETY

44

## Commonly Failed HQS Items

- Common areas must be free of any safety/health hazards.
- Common areas include laundry room, pool area, etc.

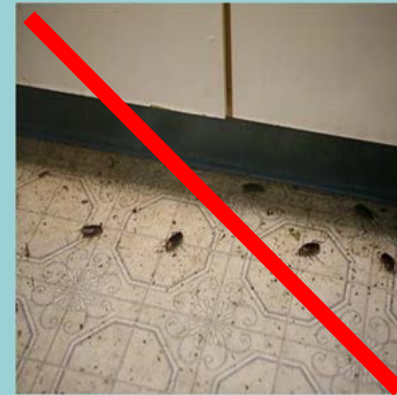


# GENERAL HEALTH AND SAFETY

45

## Commonly Failed HQS Items

- Property should be free of any infestation.
- Property should be free of excessive trash/debris accumulation.



# GENERAL HEALTH AND SAFETY

46

## Commonly Failed HQS Items

Bedrooms in basements, attics or converted garages are not allowed unless the owner provides SBHA documentation from a licensed professional, such as a licensed general contractor, building official, engineer or city inspector, verifying that the room contains no safety hazards.



# LIFE-THREATENING CONDITIONS

47

- If a unit has been found to contain life-threatening conditions, the inspector will give the landlord and tenant 24 hours to make the corrections required.
- As HUD requires, SBHA defines life-threatening conditions to include, but not be limited to, the following:
  - Lack of security for the unit
  - No utilities (e.g., electric, gas, or water)
  - Waterlogged ceiling in imminent danger of falling
  - Major plumbing leaks, flooding or sewer backups
  - Natural gas leak or fumes
  - Nonfunctional heating equipment between November 1 and March 31
  - Obstacle(s) preventing the tenant's exit from the unit
  - Lack of at least one functional smoke detector on each floor

# WHEN WILL YOUR UNIT BE APPROVED?

48



- Unit must meet all HQS requirements.
- The contract rent amount must be established and agreed to by all parties.
- The HAPC commences when all of the above conditions are met.
- If the prospective participant is currently under contract, the contract will be effective the 1st of the month following the unit passing inspection.

# HOW ARE RENTS DETERMINED?

49

- SAHA will make rent offers based on a participant's income and area rent comparables.
- Comparability is established using the following:
  - Location
  - Quality
  - Size
  - Unit type
  - Age
  - Amenities
  - Housing services
  - Maintenance
  - Utilities provided by the owner

# ADVERTISING YOUR AVAILABLE UNIT

50

- Proposed Unit Info
- Local newspapers
- “For Rent” signs
- Real estate companies
- Apartment locators



# Helpful Web links

- [www.sanbenitohousing.com](http://www.sanbenitohousing.com)
- [www.taa.org](http://www.taa.org)
- [Landlordology.com](http://Landlordology.com)
- [Hud.gov](http://Hud.gov)
- Informative site's regarding landlord inquires, lease's, law's and responsibilities.

**THANK YOU!**

52

**Thank you for your  
partnership with SBHA!**

**We look forward to working  
with you and appreciate your  
continued support!**