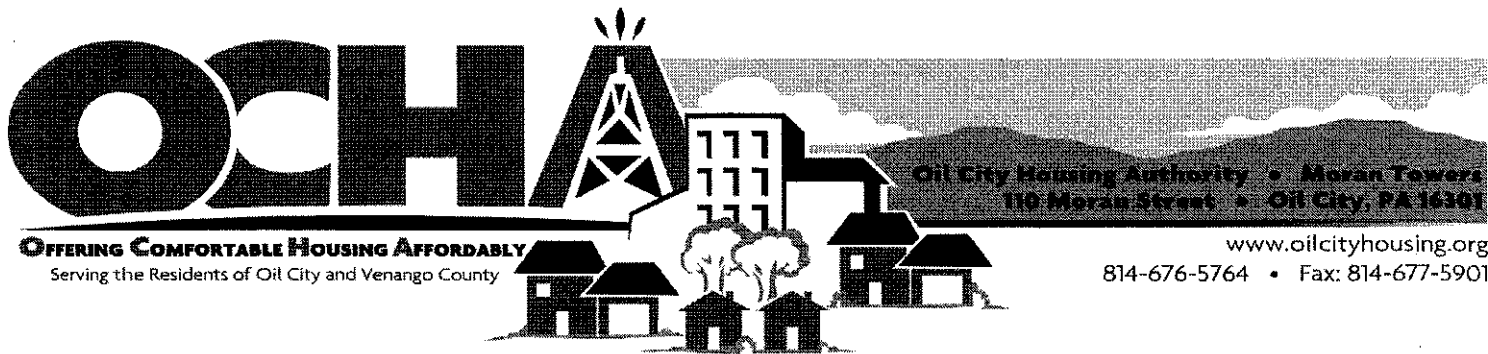


**TO: Landlord**

**FROM: Missy Reed, Section 8 Coordinator**

**RE: Landlord Packet**

**This packet is to be returned to the Oil City Housing Authority if you intend to rent to someone on the Section 8 Housing Choice Voucher Program.**



## **FORMS INCLUDED IN LANDLORD PACKET**

### **Read All Forms Thoroughly before completing!**

1. **W-9:** Landlord must complete for tax purposes. If there is more than one owner, please use the name of the person whose social security number is used.
2. **Bank Verification Form:** Oil City Housing Authority direct deposits all monies for housing assistance payments monthly. Landlords **MUST** complete the enclosed bank form with a voided check or deposit slip attached showing both the routing and account numbers.
3. **Request For Tenancy Approval Form:** This form must be completed, dated and signed by **BOTH** the landlord and the tenant. This form is used to make sure the unit is affordable for the tenant.
4. **VAWA- Lease Addendum** This form must be completed, dated and signed by **BOTH** the landlord and the tenant.
5. **Property Map:** Please draw a map of where the unit is located.
6. **Manufactured Homes:** Landlord must sign and date only if the unit being leased is a manufactured home. This is to verify there are tie-downs located under the unit.
7. **Housing Survey:** Must be completed for the assisted unit.
8. **Disclosure of Information on Lead-Based Paint Hazard:** Must be signed and dated by both the landlord and the tenant.
9. **Peeling or Chipping Paint:** Steps to take for lead remediation.
10. **Sample Lease:** Insert a blank copy of your Lease here for the unit that will be assisted so it can be reviewed for compliance. The Lease must coincide with Part C of the HAP contract: Tenancy Addendum and HUD Regulations. If you don't have one, you may use the one attached. If you don't have a copy of your contract one can be reviewed on the HUD website at [www.hud.gov](http://www.hud.gov) and search HUD Form 52641.
11. **Tenancy Addendum 52641-A:** Landlord and Tenant obligations per HUD requirements.
12. **Section 8 Landlord Certification:** Complete, sign and date form.
13. **Assurance of Compliance Forms:** Civil Rights Act
14. **Information on Carbon Monoxide Standards and Smoke Alarm Performance Requirements:** Landlord must sign, date and return the bottom portion of the notice.

**Request for Taxpayer  
Identification Number and Certification**

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) <b>OIL CITY HOUSING AUTHORITY</b> <b>110 MORAN STREET</b> <b>OIL CITY, PA 16301</b>
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<div></div>	<div></div>
<b>or</b>	
<b>Employer identification number</b>	
<div></div>	<div></div>

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).
- 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), and 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.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form**, you:

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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.–China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.–China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) <sup>4</sup>	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B)) <sup>4</sup>	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



**OIL CITY HOUSING AUTHORITY**  
**AUTHORIZATION FOR DIRECT DEPOSIT OF HOUSING CHOICE VOUCHER**

NAME OF OWNER/LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS# OR TAX ID: \_\_\_\_\_ PHONE: \_\_\_\_\_

I HEREBY AUTHORIZE OIL CITY HOUSING AUTHORITY, HEREINAFTER REFERRED TO AS OCHA, TO DEPOSIT HAP DUE TO ME INTO MY CHECKING/SAVINGS ACCOUNT WITH THE FINANCIAL INSTITUTION INDICATED BELOW AND TO INITIATE CREDIT/DEBIT ENTRIES AND ADJUSTMENTS TO THE SAME ACCOUNT IN THE EVENT OF ANY ERRORS IN THE CREDIT/DEBT ENTRIES AFFECTED BY THE OCHA.

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

\*ABA ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_ CHECKING ACCOUNT: \_\_\_\_\_ SAVINGS ACCOUNT: \_\_\_\_\_

<p>ATTACH VOIDED CHECK FOR CHECKING ACCOUNTS</p> <p>*****</p> <p>ATTACH BANK PROVIDED/PRINTED INFORMATION OF ACCOUNT AND ROUTING NUMBERS FOR ALL OTHER TYPES OF DEPOSIT ACCOUNTS</p> <p>*****</p> <p>PAYMENT WILL NOT BE RELEASED WITHOUT THE REQUIRED INFORMATION</p>
--

THIS AUTHORIZATION IS TO BE IN EFFECT UNTIL OCHA RECEIVES WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER TO AFFORD OCHA AND THE FINANCIAL INSTITUTION REASONABLE TIME TO ACT ON IT.

SIGNATURE: **X** \_\_\_\_\_ DATE: **X** \_\_\_\_\_

**\*THIS INFORMATION CAN BE FOUND AT THE BOTTOM OF YOUR CHECK/DEPOSIT SLIP. NOTE: IT IS REQUIRED THAT YOU ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT OR DEPOSIT SLIP FOR A SAVINGS ACCOUNT TO CONFIRM THE ACCOUNT AND ROUTING NUMBERS. NOT ALL SAVINGS ACCOUNT DEPOSIT SLIPS SHOW THE ROUTING NUMBER. PLEASE VERIFY THIS INFORMATION WITH YOUR BANK.**

**\*\*\*\*\*IN THE EVENT YOUR ACCOUNT CHANGES PLEASE INFORM THE OCHA IMMEDIATELY\*\*\*\*\***

# 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) OIL CITY HOUSING AUTHORITY 110 MORAN STREET OIL CITY, PA 16301			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			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)		
<input type="checkbox"/> Semi-Detached (duplex, attached on one side)			<input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME		
<input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)			<input type="checkbox"/> Section 236 (insured or uninsured)		
<input type="checkbox"/> Low-rise apartment building (4 stories or fewer)			<input type="checkbox"/> Section 515 Rural Development		
<input type="checkbox"/> High-rise apartment building (5+ stories)			<input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		
<input type="checkbox"/> Manufactured Home (mobile home)					

## 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		
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. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- 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.

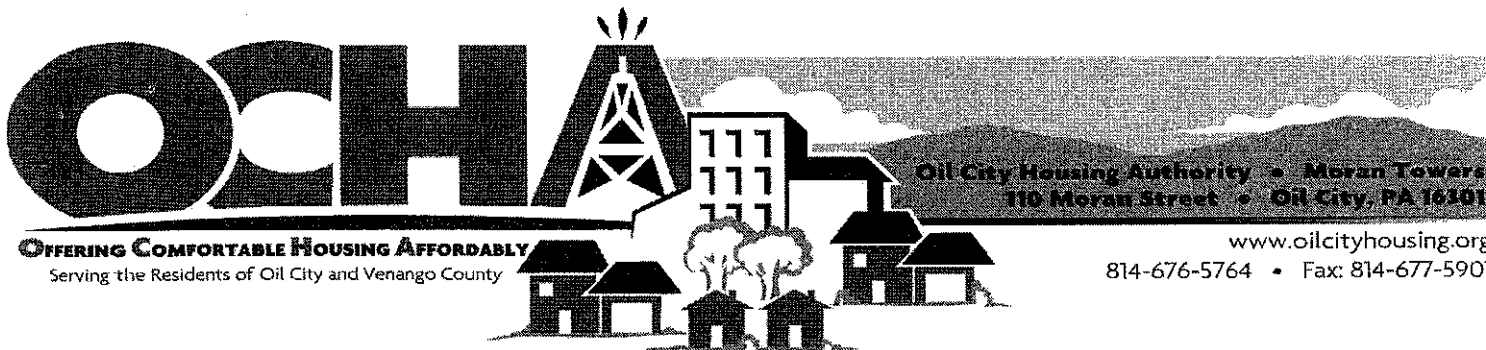
15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

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



Name of Family: X \_\_\_\_\_

Voucher Number: X \_\_\_\_\_

Number of bedrooms: X \_\_\_\_\_

## PROPERTY MAP

Please draw a clear map of how to locate the property you are requesting to be inspected. Be as clear as possible. Note any landmarks that will help along with the color of house, etc.

# HOUSING SURVEY

(LANDLORD MUST COMPLETE)

## Housing Choice Voucher Program

Please complete all the information about the housing unit listed below:

### Unit Location:

Building Name (Optional) \_\_\_\_\_

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

Apt. # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### Management and Owner Information:

Managed By:

☐ Owner

☐ Management Co.

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

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

Owner Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Manager's Information:

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

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

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

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

Email: \_\_\_\_\_

Is Manager/Owner on Site? ☐ Yes

☐ No

### Unit Size, Cost and Utilities Provided:

Size of Unit

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

Lease Information

Current Rent \$ \_\_\_\_\_

Date Rented: \_\_\_\_\_

Square Footage of Unit: \_\_\_\_\_

☐ Above Average

☐ Average

☐ Below Average

Owner Paid Utilities – Check all that are included in rent:

☐ Heat

☐ Water

☐ Heat

☐ Water

☐ Trash Collection

☐ Refrigerator

☐ Cooking

☐ Other

☐ Electric

☐ Sewer

☐ Air Conditioning

☐ Range

Types of Utilities Used –

Unit Heated with

☐ Natural Gas

☐ Electric

☐ Bottled Gas

☐ Coal

☐ Oil

☐ Other

Hot water heated with

☐ Natural Gas

☐ Electric

☐ Bottled Gas

☐ Coal

☐ Oil

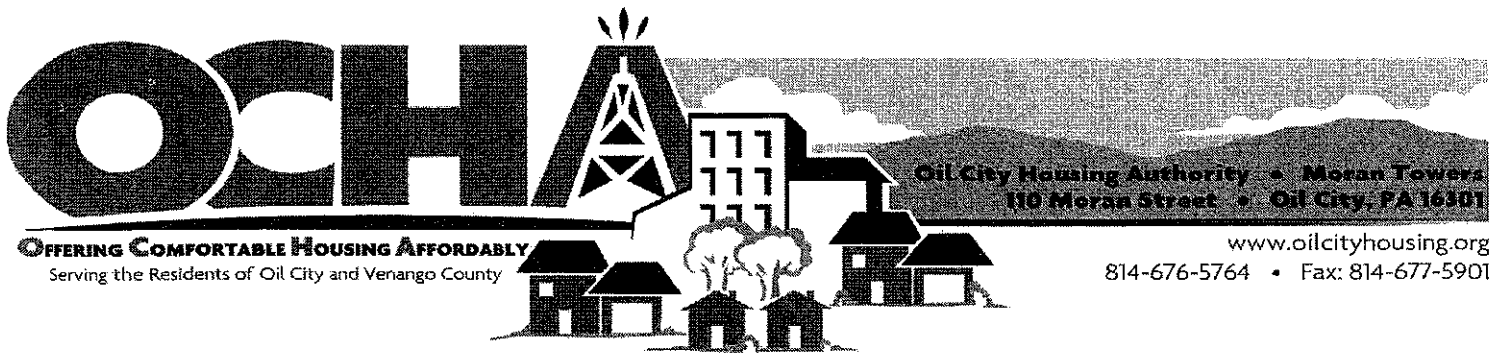
☐ Other

Stove uses

☐ Natural Gas

☐ Electric

☐ Bottled Gas



## MANUFACTURED HOMES

I, \_\_\_\_\_ certify that this manufactured mobile home has been tied down in accordance with manufactured specifications and/or local code.,

X

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date

## Attention Property Owner

**If your property is cited for defective paint, was constructed prior to January 1, 1978, and there is, or will be, a child residing in the unit under the age of six, the following steps must be completed before your property can pass its Housing Choice Voucher Program HQS Inspection.**

1. Hire a certified firm that uses an EPA certified renovator to perform lead-safe work repairs. If you are completing repairs, you must be a certified firm and have an EPA certified renovator on staff. A list of Certified Renovators/Certified Firms can be found at: <http://epa.gov/lead> on the right-hand side. \* Consumers: find a lead-safe certification firm.
2. Have a full-house lead clearance examination, which meets the requirements of the Pennsylvania and the HUD Lead Safe Housing Rule, performed by a Licensed Risk Assessor, Licensed Lead Inspector, or a Certified Clearance Technician for interior repairs that disturb more than 2 square feet of a painted surface in any interior room or 10% of a minor area. Exterior repairs that disturb more than 20 square feet of a painted surface require a clearance examination that must include at least one dust sample from an exterior living space such as a porch.
  - Lead test kits purchased at a store are not acceptable according to HUD guidelines.
  - A lead clearance examination is not required on properties found to be free of lead-based paint by a certified inspector who uses a portable XRF device.
  - A list of lead clearance examiners can be found at <http://epa.gov/lead>
  - For more information on local services contact local Lead & Healthy Homes Program - Chris Frye-(724)656-0090-ext. 2512 or toll-free number 1(888)252-5104, Ext 2512.
- a. Provide Oil City Housing Authority with the following documents:
  - i. A Copy of the Renovation Report which includes:
    1. A copy of the Firm's Certification Certificate
    2. A copy of the Certified Renovator Certificate
    3. A copy of the signed Pre-Renovation Education Form confirming receipt of the Lead Hazard Information Pamphlet.
  - ii. A Clearance Report completed by State Licensed Risk Assessor, Paint Inspector or Clearance Technician.
- b. Both the Renovation Report and the passed lead clearance test must be provided to housing authority as one submittal within 30 calendar days from the annual or special inspection, and 7-10 business days from the first initial inspection for properties coming on to the HCV Program.
- c. The required documents must be either hand-delivered to the Oil City Housing Authority's office, located at: 110 Moran St., Oil City, PA 16301 or emailed to: [mreed@oilcityhousing.com](mailto:mreed@oilcityhousing.com)
- d. All repairs and clearances must comply with the Lead Safe Housing Rule, which can be found at: <http://www.hud.gov/offices/lead/library/enforcement/LSHRGuidance21June04.pdf>
3. For more information on becoming an EPA Certified Renovator call the EPA hotline 1-800-424-LEAD (5323) or visit the website at: <http://www.epa.gov/lead>

# HOUSING SURVEY

## Housing Choice Voucher Program

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### Unit Type, Quality and Age:

Unit Type – Check the box that best describes the unit:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Older Home Converted | <input type="checkbox"/> Older Multi-Family | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Mobile Home          | <input type="checkbox"/> High Rise          | <input type="checkbox"/> Single Family Detached    |
| <input type="checkbox"/> Row House            |   |  |

Quality of Unit – Describe the overall quality and condition of the unit in comparison with other apartments you have seen:

- ☐ Above Average                      ☐ Average                      ☐ Below Average

Age – Estimate year of construction or last major renovation: \_\_\_\_\_

Accessibility – Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- ☐ Hearing      ☐ Sight      ☐ Mobility      ☐ Other
- 

**Amenities, Services and Maintenance** - Check all of the items listed below that are included in the rent of the unit.

- |   |  |
|---|--|
| <input type="checkbox"/> Balcony, Patio, deck, porch                  | <input type="checkbox"/> Driveway                      |
| <input type="checkbox"/> Exceptional size relative to needs of family | <input type="checkbox"/> Garage or Parking facilities  |
| <input type="checkbox"/> Good maintenance of building exterior        | <input type="checkbox"/> Good upkeep on grounds        |
| <input type="checkbox"/> High quality floors or wall coverings        | <input type="checkbox"/> Large yard                    |
| <input type="checkbox"/> Working Fireplace                            | <input type="checkbox"/> Screen doors or windows       |
| <input type="checkbox"/> Storm windows and doors                      | <input type="checkbox"/> Other forms of weatherization |
- 

Certification:

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand I can be fined up to \$10,000.00 if I furnish false or incomplete information.

X	X	X
_____	_____	_____
Print Name (Landlord)	Signature	Date



**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards  
Target Housing Rentals and Leases**

**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 based poisoning prevention.

**\*Lessor's Disclosure (initial) – Owner/Landlord must initial (A) (B):**

\_\_\_\_\_ (a) Presence of lead-based paint or lead-based hazards (check below):

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

☐ 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 one below):

☐ 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).  
\_\_\_\_\_

☐ Lessor has no reports or record pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**\*Lessee's Acknowledgement (initial) – Tenant must initial (C) (D):**

\_\_\_\_\_ (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) Agen 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 provided by the signatory is true and accurate.

X \_\_\_\_\_  
Lessor – Owner/landlord Date  
X \_\_\_\_\_  
Lessee – Tenant Date  
X \_\_\_\_\_  
Agent Date

X \_\_\_\_\_  
Lessor – Owner/Landlord Date  
X \_\_\_\_\_  
Lessee - Tenant Date  
X \_\_\_\_\_  
Agent Date

## LEASE

THIS IS A RESIDENTIAL LEASE. IT IS A LEGALLY BINDING CONTRACT BETWEEN THE LANDLORD AND EACH TENANT. THIS RESIDENTIAL LEASE CONTAINS WAIVERS OF YOUR RIGHTS AS A TENANT. EACH TENANT SHOULD NOT SIGN THIS LEASE UNTIL EACH TENANT HAS READ AND UNDERSTANDS ALL OF THE AGREEMENTS IN THIS LEASE.

### 1. NAMES OF LANDLORD AND TENANT

NAME OF THE LANDLORD: OIL CITY HOUSING AUTHORITY

NAME(S) OF THE TENANT(S):

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### 2. LEASED PREMISES

THE LEASED PREMISES IS THE PLACE THAT LANDLORD AGREES TO LEASE TO TENANT.  
THE LEASED PREMISES IS:

---

### 3. STARTING AND ENDING DATES OF LEASE AGREEMENT:

THIS LEASE STARTS ON: \_\_\_\_\_.

THIS LEASE ENDS ON: \_\_\_\_\_.

THIS LEASE CONTINUES, AFTER THE ENDING DATE, FROM MONTH-TO-MONTH AS LONG AS LANDLORD AND TENANT AGREE. A 30-DAY WRITTEN NOTICE IS REQUIRED FROM EITHER PARTY SHOULD EITHER PARTY WISH TO END LEASE.

### 4. RENT

THE AMOUNT OF RENT IS \$ \_\_\_\_\_ EACH MONTH

TENANT AGREES TO PAY THE MONTHLY RENT IN ADVANCE ON OR BEFORE THE \_\_\_\_\_ DAY OF EACH MONTH. LANDLORD DOES NOT HAVE TO ASK (MAKE DEMAND UPON) TENANT TO PAY THE RENT. TENANT AGREES TO PAY RENT BY EITHER MAILING OR DELIVERING IN PERSON TO THE LANDLORD AT THE ADMINISTRATIVE OFFICE, OIL CITY HOUSING AUTHORITY, 110 MORAN STREET, OIL CITY, PA 16301

TENANT AGREES TO PAY A LATE CHARGE OF \$ \_\_\_\_\_ PER DAY IF TENANT DOES NOT PAY THE RENT ON TIME. IF TENANT MAILES THE RENT TO LANDLORD, THE DATE OF PAYMENT WILL BE THE DATE THE LETTER IS POSTMARKED.

### 5. SECURITY DEPOSIT

TENANT AGREES TO PAY A SECURITY DEPOSIT OF \$ \_\_\_\_\_.

TENANT AGREES TO PAY THE SECURITY DEPOSIT TO LANDLORD BEFORE THE LEASE STARTS AND BEFORE LANDLORD GIVES POSSESSION OF THE LEASED PREMISES TO TENANT.

LANDLORD CAN TAKE MONEY FROM THE SECURITY DEPOSIT TO PAY FOR ANY DAMAGES CAUSED BY TENANT, TENANT'S FAMILY AND/OR TENANT'S GUESTS. LANDLORD MAY TAKE THE SECURITY DEPOSIT TO PAY FOR ANY UNPAID RENT.

AT TIME OF MOVE OUT AND AFTER TAKING OUT FOR DAMAGES AND UNPAID RENT, LANDLORD AGREES TO SEND TO TENANT ANY SECURITY DEPOSIT MONEY LEFT OVER. LANDLORD WILL SEND THE REMAINING SECURITY DEPOSIT MONEY TO TENANT NO LATER THAN 30 DAYS AFTER THE LEASE ENDS AND TENANT LEAVES. LANDLORD ALSO AGREES TO SEND TO TENANT A WRITTEN LIST OF DAMAGES AND AMOUNT OF MONEY TAKEN FROM THE SECURITY DEPOSIT.

TENANT AGREES TO GIVE LANDLORD A FORWARDING ADDRESS AND CONTACT INFORMATION WHEN TENANT LEAVES AND LEASE ENDS.

*TENANT MAY NOT USE THE SECURITY DEPOSIT AS PAYMENT OF THE LAST MONTH'S RENT.*

## **6. LANDLORD'S DUTY AT THE STATE OF THE LEASE**

LANDLORD AGREES TO GIVE TENANT POSSESSION OF THE LEASED PREMISES ON THE STARTING DATE OF THE LEASE. THE LEASE WILL START EVEN IF LANDLORD CANNOT GIVE TENANT POSSESSION OF THE LEASED PREMISES BECAUSE THE PRIOR TENANT IS STILL IN THE LEASED PREMISES OR THE LEASED PREMISES IS DAMAGED. IF LANDLORD CANNOT GIVE TENANT POSSESSION, TENANT DOES NOT HAVE TO PAY RENT UNTIL THE DAY LANDLORD GIVES POSSESSION OF THE LEASED PREMISES TO TENANT.

## **7. DAMAGE TO LEASED PREMISES**

TENANT AGREES TO NOTIFY LANDLORD IMMEDIATELY IF THE LEASED PREMISES IS DAMAGED BY FIRE OR ANY OTHER CAUSE. TENANT AGREES TO NOTIFY LANDLORD IF THERE IS ANY CONDITION IN THE LEASED PREMISES THAT COULD DAMAGE THE LEASED PREMISES OR HARM TENANT OR OTHERS. IF TENANT CANNOT LIVE IN THE WHOLE LEASED PREMISES BECAUSE IT IS DAMAGED OR DESTROYED, TENANT MAY:

- 1) LIVE IN THE UNDAMAGED PART OF THE LEASED PREMISES AND PAY LESS RENT UNTIL THE LEASED PREMISES IS REPAIRED, OR,
- 2) END THE LEASE AND LEAVE THE LEASED PREMISES

TENANT AGREES THAT IF THE LEASED PREMISES IS DAMAGED OR DESTROYED AND TENANT ENDS THE LEASE, LANDLORD HAS NO FURTHER RESPONSIBILITY TO TENANT.

## **8. INSURANCE**

LANDLORD AGREES TO HAVE INSURANCE ON THE BUILDING WHERE THE LEASED PREMISES IS LOCATED. TENANT'S OWN PROPERTY IS NOT INSURED BY LANDLORD'S INSURANCE. TENANT IS RESPONSIBLE FOR TENANT'S OWN PROPERTY THAT IS LOCATED IN THE LEASED PREMISES. (RENTER'S INSURANCE IS RESPONSIBILITY OF TENANT)

## **9. ASSIGNMENTS OR SUBLEASES BY TENANT**

ASSIGNMENT (OR ASSIGN) IS THE LEGAL TERM FOR A TRANSFER OF THE LEASE FROM THE TENANT TO ANOTHER PERSON. THIS OTHER PERSON THEN BECOMES THE LANDLORD'S NEW TENANT AND TAKES OVER THE LEASE

TENANT AGREES NOT TO LEASE (SUBLEASE) ALL OR ANY PART OF THE LEASE PREMISES TO ANYONE ELSE WITHOUT THE WRITTEN CONSENT OF THE LANDLORD, TENANT AGREES THAT IF TENANT TRANSFERS THIS LEASE (ASSIGNS) OR LEASES ALL OR A PART OF THE LEASED PREMISES TO ANOTHER (SUBLEASE), TENANT HAS VIOLATED THIS LEASE.

A SUBLEASE IS A SEPARATE LEASE BETWEEN THE TENANT AND ANOTHER PERSON WHO LEASES ALL OR A PART OF THE LEASED PREMISES FOR THE TENANT.

#### **10. RESPONSIBILITY FOR DAMAGE TO PROPERTY OR INJURY TO PEOPLE**

LANDLORD IS RESPONSIBLE FOR ALL DAMAGE TO PROPERTY OR INJURY TO PEOPLE CAUSED BY LANDLORD (OR LANDLORD'S REPRESENTATIVES) INTENTIONAL OR NEGLIGENT ACTS AT THE LEASED PREMISES. TENANT IS RESPONSIBLE FOR ALL DAMAGE TO THE LEASED PREMISES AND INJURY TO PEOPLE CAUSED BY TENANT, TENANT'S FAMILY OR GUESTS.

TENANT AGREES THAT LANDLORD IS NOT RESPONSIBLE TO TENANT, TENANT'S FAMILY OR GUESTS FOR DAMAGE OR INJURY CAUSED BY WATER, SNOW OR ICE THAT COMES ON THE LEASED PREMISES UNLESS LANDLORD WAS NEGLIGENT

#### **11. USE OF LEASED PREMISES**

TENANT AGREES TO USE THE LEASED PREMISES ONLY AS A RESIDENCE. TENANT AGREES TO OBEY ALL FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS WHEN USING THE LEASED PREMISES. TENANT AGREES NOT TO STORE ANY FLAMMABLE, HAZARDOUS, OR TOXIC CHEMICALS OR SUBSTANCES IN OR AROUND THE LEASED PREMISES.

TENANT AGREES NOT TO DO ANY ACTIVITIES IN OR AROUND THE LEASED PREMISES WHICH COULD HARM ANYONE OR DAMAGE ANY PROPERTY,

TENANT AGREES THAT TENANT WILL NOT ALLOW MORE THAN 5 PERSON/PEOPLE TO OCCUPY THE LEASED PREMISES WITHOUT THE WRITTEN PERMISSION OF LANDLORD.

#### **12. RULES AND REGULATIONS**

TENANT AGREES TO OBEY ALL RULES AND REGULATIONS FOR THE LEASED PREMISES. IF TENANT VIOLATES ANY RULES OR REGULATIONS FOR THE LEASED PREMISES, TENANT VIOLATES THIS LEASE.

#### **13. LANDLORD'S RIGHT TO MORTGAGE THE LEASED PREMISES (SUBORDINATION)**

SUBORDINATE AND SUBORDINATION ARE LEGAL TERMS THAT MEAN THAT THIS LEASE DOES NOT HAVE ANY EFFECT UPON THE RIGHTS OF THE LANDLORD'S MORTGAGE COMPANY. IN OTHER WORDS, TENANT'S RIGHTS UNDER THIS LEASE ARE SUBORDINATE TO LANDLORD'S MORTGAGE COMPANY. IF LANDLORD DOES NOT MAKE THE MORTGAGE PAYMENTS, THE MORTGAGE COMPANY MAY HAVE THE RIGHT TO END THE LANDLORD'S OWNERSHIP OF THE LEASED PREMISES. IF THE MORTGAGE COMPANY SELLS THE LEASED PREMISES AT A MORTGAGE FORECLOSURE SALE, THE LEASE MAY END.

TENANT AGREES THAT LANDLORD HAS THE RIGHT TO MORTGAGE THE LEASED PREMISES. IF LANDLORD HAS A MORTGAGE ON THE LEASED PREMISES NOW, OR IF LANDLORD GETS A MORTGAGE IN THE FUTURE, TENANT AGREES THAT THIS LEASE IS SUBORDINATE TO THE LANDLORD'S MORTGAGE.

#### **14. CARE OF LEASED PREMISES**

TENANT IS RESPONSIBLE FOR AND WILL TAKE GOOD CARE OF THE LEASED PREMISES AND ALL OF THE PROPERTY IN AND AROUND THE LEASED PREMISES. TENANT AGREES TO PAY FOR ANY DAMAGE CAUSED BY TENANT, TENANT'S FAMILY AND TENANT'S GUESTS. TENANT AGREES TO TURN OVER POSSESSION OF THE LEASED PREMISES TO LANDLORD WHEN THE LEASE ENDS.

#### **15. LANDLORD'S RIGHT TO ENTER LEASED PREMISES**

TENANT AGREES THAT LANDLORD AND LANDLORD'S REPRESENTATIVES HAVE THE RIGHT TO ENTER THE LEASED PREMISES AT REASONABLE TIMES WITH NOTICE TO INSPECT UNIT, TO MAKE REPAIRS OR IMPROVEMENTS, TO DO MAINTENANCE AND TO SHOW THE LEASED PREMISES TO OTHERS.

TENANT AGREES THAT LANDLORD AND LANDLORD'S REPRESENTATIVE HAVE THE RIGHT TO ENTER THE LEASED PREMISES IMMEDIATELY IN AN EMERGENCY SITUATION THAT MAY CAUSE HARM TO THE TENANT'S OR THE PROPERTY.

## 16. UTILITY SERVICES

LANDLORD AND TENANT AGREE TO PAY FOR THE CHARGES FOR UTILITIES AND SERVICES SUPPLIED TO THE LEASED PREMISES AS FOLLOWS:

CHARGE OR SERVICE	PAID BY
NATURAL GAS	_____
ELECTRIC	_____
WATER/SEWAGE/GARBAGE/RECYCLE	_____
LAWN MAINTENANCE	_____
SNOW REMOVAL	_____
PEST CONTROL CHARGES	_____
PARKING FEE	_____
OTHER	_____

LANDLORD HAS THE RIGHT TO TEMPORARILY TURN OFF ANY UTILITY OR OTHER SERVICE TO THE LEASED PREMISES IN ORDER TO MAKE REPAIRS OR DO MAINTENANCE.

## 17. GOVERNMENTAL POWER OF EMINENT DOMAIN

EMINENT DOMAIN IS THE LEGAL NAME FOR THE RIGHT OF A GOVERNMENT SUCH AS THE STATE OR COUNTY OR CITY TO TAKE PRIVATE PROPERTY FOR PUBLIC USE. THE GOVERNMENT MUST PAY FAIR COMPENSATION TO ANYONE WHO HAS ANY RIGHT IN THE PROPERTY THAT IS TAKEN BY THE GOVERNMENT.

IF ALL OR ANY PART OF THE LEASED PREMISES (OR THE BUILDING WITHIN THE LEASE PREMISES IS LOCATED) IS TAKEN BY EMINENT DOMAIN THIS LEASE WILL END AUTOMATICALLY. LANDLORD AND TENANT AGREE TO RELEASE EACH OTHER FROM ANY RESPONSIBILITY BECAUSE LEASED PREMISES IS TAKEN BY EMINENT DOMAIN AND THE LEASE HAD ENDED.

## 18. VIOLATIONS OF THE LEASE

WHEN EITHER LANDLORD OR TENANT DOES NOT DO SOMETHING THAT THEY HAVE AGREED TO DO, IT IS A VIOLATION OF THIS LEASE. IF TENANT VIOLATES THIS LEASE LANDLORD MAY DO THE FOLLOWING TO INCLUDE BUT NOT LIMITED TO: ISSUE A WARNING, PROCEED WITH LEASE TERMINATION, INCLUDING ALL COSTS AND EXPENSES ASSOCIATED WITH EVICTION PROCEEDINGS AS WELL AS KEEP THE SECURITY DEPOSIT FOR ANY CHARGES.

EACH TENANT SHOULD NOT SIGN THIS LEASE UNLESS EACH TENANT HAS READ AND CAREFULLY UNDERSTANDS THE INFORMATION IN THIS SECTION ABOUT LEASE VIOLATIONS.

\_\_\_\_\_ THIS IS NOT A JOINT AND SEVERAL LEASE

\_\_\_\_\_ THIS IS A JOINT AND SEVERAL LEASE

IF THIS IS NOT A JOINT AND SEVERAL LEASE THEN THE LANDLORD CAN ONLY FILE CHARGES AGAINST ONE TENANT FOR THAT TENANT'S VIOLATIONS OF THE LEASE.

IF THIS IS A JOINT AND SEVERAL LEASE IT MEANS THAT ALL THE TENANTS AS A GROUP AND EACH OF THE TENANTS AS AN INDIVIDUAL ARE RESPONSIBLE TO LANDLORD FOR ALL OF THE AGREEMENTS OF THIS LEASE. FOR EXAMPLE: IF THE RENT IS NOT PAID, LANDLORD CAN SUE ALL THE TENANTS (JOINTLY) FOR ANY UNPAID RENT. OR LANDLORD CAN BRING A SUIT AGAINST ANY ONE OF TENANT SEPARATELY (SEVERALLY) FOR ALL OF THE UNPAID RENT.

TENANT VIOLATES LEASE IF TENANT:

1. FAILS TO PAY RENT OR OTHER CHARGES AS STATED TO LANDLORD ON TIME
2. LEAVES (ABANDONS) THE LEASED PREMISES WITHOUT THE LANDLORD'S PERMISSION BEFORE THE END OF THE LEASE
3. DOES NOT LEAVE THE LEASED PREMISES AT THE END OF THE LEASE
4. DOES NOT DO ALL OF THE THINGS THAT TENANT AGREED TO DO IN THIS LEASE

THE LANDLORD DOES NOT HAVE THE RIGHT TO FILE A LEASE TERMINATION TO EVICT UNLESS THE TENANT HAS VIOLATED THE AGREEMENTS IN THIS LEASE. EACH TENANT WILL HAVE A CHANCE IN COURT TO CHALLENGE THE LANDLORD'S CLAIM FOR EVICTION.

IF TENANT VIOLATES THE LEASE AGREEMENT THE LANDLORD MAY SUE EACH TENANT IN COURT:

1. TO COLLECT OVERDUE RENT, LATE CHARGES AND MONEY DAMAGES CAUSED BY TENANT'S VIOLATION OF THE AGREEMENTS IN THE LEASE.
2. TO RECOVER POSSESSION OF THE LEASED PREMISES (EVICTION).
3. TO COLLECT FOR UNPAID RENT UNTIL THE END OF THE LEASE OR UNTIL ANOTHER PERSON TAKES POSSESSION OF THE LEASED PREMISES AS A NEW TENANT.

**19. OTHER AGREEMENTS BETWEEN THE LANDLORD AND TENANT**

THE TENANCY ADDENDUM HUD FORM 52641-A AND VOUCHER HUD FORM 52646 ARE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

LANDLORD AND TENANT AGREE THAT THE ADDITIONAL AGREEMENTS AND/OR STIPULATIONS LISTED BELOW ARE PART OF THIS LEASE AGREEMENT.

**\*UNIT IS PET FREE** – NO DOGS OR CATS IN UNIT; SMALL CAGED ANIMALS AND/OR AQUARIUMS ALLOWED WITH PRIOR LANDLORD/APPROVAL AND PAYMENT OF \$99.00 PET DEPOSIT

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

**\*MAINTENANCE CHARGES AND INSTRUCTIONS FOR REPORTING WORK ORDERS AND EMERGENCY CONTACTS ARE ATTACHED**

BY SIGNING THIS LEASE AGREEMENT EACH TENANT AGREES THAT THE TENANT HAS READ AND UNDERSTANDS ALL OF THE AGREEMENTS IN THIS LEASE.

LANDLORD – OIL CITY HOUSING AUTHORITY

BY: \_\_\_\_\_

DATE \_\_\_\_\_

TENANT \_\_\_\_\_

DATE \_\_\_\_\_

TENANT \_\_\_\_\_

DATE \_\_\_\_\_

LEASE MUST BE SIGNED BY ALL HOUSEHOLD MEMBERS 18 YRS. OR OLDER

**SECTION 8 LANDLORD CERTIFICATION**  
**HOUSING AUTHORITY OF THE CITY OF OIL CITY**

**ADDRESS OF RENTAL UNIT:** \_\_\_\_\_  
\_\_\_\_\_

**OWNERSHIP OF ASSISTED UNIT:**

I certify that I am the legal or the legally designated agent for the above referenced unit and that the prospective tenant has no ownership interest in the dwelling unit whatsoever.

**APPROVED RESIDENTS OF ASSISTED UNIT:**

I understand that the family members listed on the dwelling lease agreement as approved by the housing authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

**NSPIRE STANDARDS:**

I understand that my obligations in compliance with the housing assistance payments contract to perform the necessary maintenance, so the unit continues to comply with NSPIRE standards.

**SECURITY DEPOSIT AND TENANT RENT PAYMENTS:**

I understand that the security deposit is set by the landlord, but it must be reasonable. I understand the tenant's portion of the contract rent is determined by the housing authority and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by the housing authority.

**REPORTING VACANCIES TO THE HOUSING AUTHORITY:**

I understand that should the assisted unit become vacant, I am responsible to notify the housing authority immediately in writing.

**COMPUTER MATCHING CONSENT:**

I understand the housing authority payment contract permits the housing authority or HUD to verify my compliance with the contract consent for the housing authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The housing authority and HUD may release and exchange information regarding my participation in the Section 8 Program with other federal and state agencies.

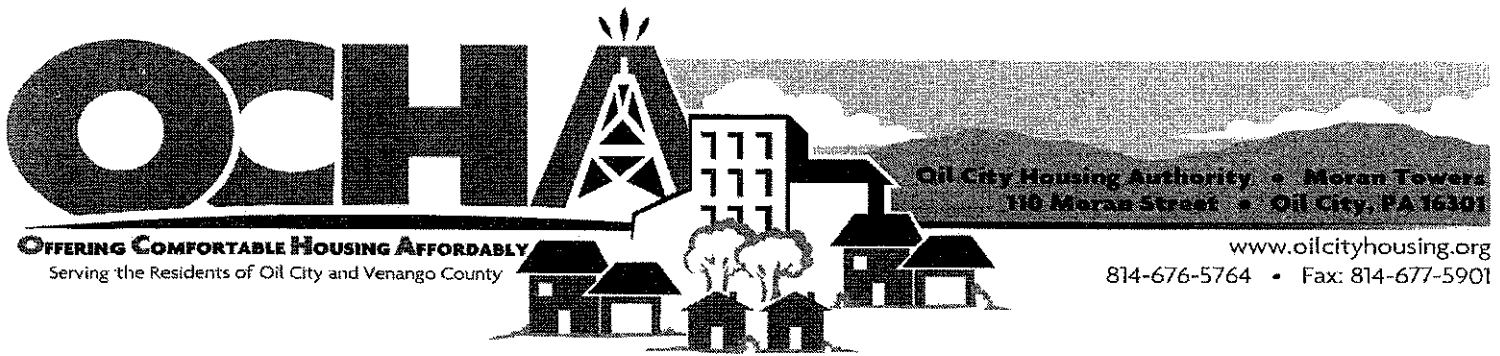
**ADMINISTRATIVE AND CRIMINAL ACTIONS FOR INTENTIONAL VIOLATIONS:**

I understand that failure to comply with the terms and responsibilities of the housing assistance payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law.

**X** \_\_\_\_\_  
Signature of Landlord (s)

**X** \_\_\_\_\_  
Date

**WARNING – TITLE 18 US CODE SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. STATE LAW MAY ALSO PROVIDE PENALTIES FOR FALSE OR FRAUDULENT STATEMENTS.**



**U.S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM**

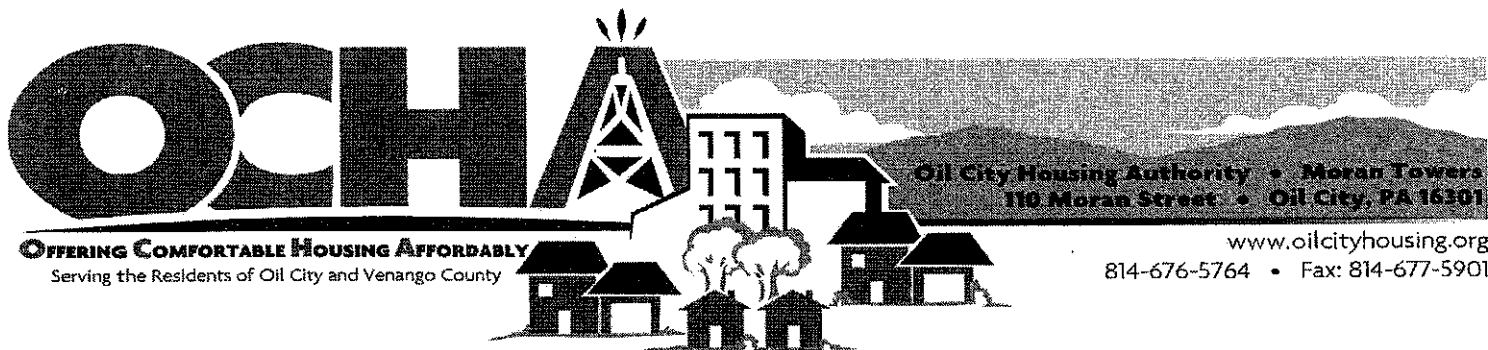
**OWNER'S ASSURANCE OF COMPLIANCE WITH EXECUTIVE ORDER  
11063 AND WITH TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968**

I certify that I and anyone authorized to act for me shall comply with the provisions of EXECUTIVE ORDER 11063 and TITLE VIII OF THE CIVIL RIGHT ACT OF 1968, as amended. Neither I nor anyone authorized to act for me shall in the selection of families, in the provision of services, or in any other manner discriminate against any person on the grounds of RACE, COLOR, CREED, RELIGIN, SEX, OR NATIONAL ORIGIN.

**X**

\_\_\_\_\_  
Signature of Owner





TO: OIL CITY HOUSING AUTHORITY HOUSING CHOICE VOUCHER LANDLORDS

FROM: MISSY REED, SECTION 8 COORDINATOR

RE: **REQUIREMENT TO INSTALL CARBON MONOXIDE ALARMS OR DETECTORS IN ALL UNITS BY DECEMBER 27, 2022**

PLEASE BE ADVISED THE US DEPARTMENT OF HUD ISSUED PUBLIC NOTICE 2022-01 ON JANUARY 31, 2022 WHICH CLARIFIES ENFORCEMENT AND **REQUIRES THE INSTALLATION OF CARBON MONOXIDE ALARMS OR DETECTORS IN EACH DWELLING UNIT RECEIVING TENANT BASED FEDERAL HOUSING ASSISTANCE.** PREVIOUSLY IN 2015 PENNSYLVANIA REQUIRED ALL "MULTI-FAMILY" DWELLING UNITS TO HAVE CO ALARMS/DETECTORS INSTALLED. **THIS HUD RULE APPLIES TO ALL HOUSING UNITS OF ANY SIZE RECEIVING FUNDING IN THE HOUSING CHOICE VOUCHER/SECTION 8 PROGRAM.**

**THE CO ALARMS/DETECTORS MUST COMPLY WITH THE 2018 INTERNATIONAL FIRE CODE WHICH CAN BE FOUND AT <https://codes.iccsafe.org/content/IFC2018> AND MUST BE INSTALLED IN THE UNITS BY OR BEFORE DECEMBER 27, 2022.**

**SUGGESTED PLACEMENT LOCATION IS OUTSIDE EVERY SLEEPING ROOM AND ON EVERY FLOOR OF THE UNIT THAT USES GAS/WOOD/OIL FOR HEATHING/COOKING/HOT WATER.**

PLEASE COMPLETE, DETACH AND RETURN THE BELOW FORM USING THE ENCLOSED ENVELOPE TO VERIFY YOU HAVE COMPLIED WITH THIS FEDERAL REGULATION IN ALL UNITS FOR WHICH YOU ARE RECEIVING HUD FUNDING. SHOULD A UNIT REMAIN OUT OF COMPLIANCE AS OF DECEMBER 27, 2022, FUNDING WILL BE PUT ON HOLD UNTIL THE CARBON MONOXIDE ALARMS/DETECTORS ARE INSTALLED.

-----  
LANDLORD NAME: X \_\_\_\_\_

ALARMS HAVE BEEN INSTALLED IN THE FOLLOWING UNITS - LIST ADDRESS OF EACH:  
X \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING, I CERTIFY THAT AS OF THE DATE LISTED BELOW, I HAVE COMPLIED WITH THE ABOVE NOTED HUD REGULATIONS AND CORRECTLY INSTALLED CARBON MONOXIDE DETECTORS IN ALL UNITS FOR WHICH I RECEIVE HOUSING CHOICE VOUCHER FUNDING.

LANDLORD SIGNATURE: X \_\_\_\_\_ DATE: X \_\_\_\_\_