



HOUSING AUTHORITY
of JACKSON COUNTY

WELCOME!
HOUSING CHOICE
VOUCHER BRIEFING



AGENDA

- **INTRO**
 - Karla – Housing Choice Voucher Leasing Specialist
 - Chrstine – HCV Assistance
- **Nan McKay and Associates HCV Briefing Video**
 - <https://info.affordablehousing.com/hajc>
- **Housing Authority Policies**
- **How to use your Voucher**
- **Family Self-Sufficiency**

Hajc Policies

- Changes must be reported within 10 business days by submitting an Interim Change Report.
- The request to add a family member must be submitted in writing and approved by both the Hajc and the landlord prior to the person moving into the unit.
- No one may use your address as their mailing address unless they have been approved to live in the unit.
- A guest can remain in the assisted unit no longer than 30 consecutive days or a total of 90 cumulative calendar days during any 12-month period or the time period outlined in their rental agreement, whichever is shorter.
- Reductions in income to REDUCE RENT require filling out and returning an Interim Change Report by the 15th of the month to affect the following months' rent.
- Adult members will not be removed from the household unless the adult has been out of the household for at least 30 consecutive calendar days. Special consideration will be made for victims of domestic violence and other good cause.
- Temporary income reductions lasting less than 30 consecutive calendar days will not result in an interim reduction in the family share of rent.
- Participant families that owe Hajc monies will be banned from further assistance until these monies are paid IN FULL.
- Anyone terminated from the Section 8 program or evicted from Public Housing or Federally Funded housing for FRAUD or TENANT CAUSED FED EVICTIONS will be ineligible for further assistance for a period of three (3) years. DRUG RELATED CONVICTIONS or VIOLENT CRIMINAL ACTIVITY can make you ineligible for further assistance for a period of three to five years, depending on the conviction.

Understanding your Voucher

- Applicant or participant families are NOT part of the HCV program with HAJC until a housing assistance payment contract has been finalized with the landlord.
- Your voucher will expire 60 or 120 days from the issue date.
- You must request an extension before the voucher expiration date in writing or by email, preferably 1-2 weeks before the expiration date. If you don't request an extension, your voucher will expire, and you must reapply for the Section 8 waiting list.
- If you have transferred to HAJC, you'll need to request an extension from the initial housing authority.
- We must receive a request for inspection to stop your 'clock' from ticking.

In the State of Oregon, it is illegal to discriminate against an applicant based solely on the family's use of a rental assistance program. The HCEP form included in your folder is a good FAQ resource.

HCV assistance cannot be applied to a subsidized unit if you pay rent based on your income.

Voucher HCV Program

Box #1: Unit Size – Per HAJC Policy, we will assign one bedroom for every two persons within the household, except in the following circumstances: Live-in aides will be allocated a separate bedroom, and single-person families will be allocated one bedroom.

Box #2: Issue Date

Box #3: Expiration date

Box #5: Adult household members

Voucher

Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development

OMB No. 2577-0169
(exp. 04/30/2026)

Office of Public and Indian Housing

OMB Burden Statement: The public reporting burden for this information collection is estimated to be up to 0.05 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. This collection of information is required for participation in the housing choice voucher program. 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, U.S. 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 Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by 24 CFR § 982.302. 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. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

Please read entire document before completing form. Fill in all blanks below. Type or print clearly.		Voucher Number
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) must be at least 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) Housing Authority of Jackson County		
8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

Forms that must be signed and returned

All adult household
members
are required to sign box
#6.

Voucher

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2251 Table Rock Road | Medford, OR 97501
P 541- 779-5785 | F 541-857-1118
www.hajc.net

I HAVE RECEIVED A COPY
OF THE NOTICE ENTITLED:

PROTECT YOUR FAMILY
FROM LEAD IN
YOUR HOME

SIGNATURE

SIGNATURE

Date

Date

LEADBASE PAINT - TENANT

Understanding your Rental Limits

- 30% of your adjusted monthly income = an **ESTIMATE** of your tenant payment, an exact amount cannot be determined until you have selected a suitable unit. The rent, payment standard & utilities will factor into this process (more information regarding calculating family share is included in the briefing folder).
- These amounts are only *ESTIMATES* for approval. Many unknown factors determine if the selected rental will fit our criteria.
- If you find a unit with more bedrooms, or already live in one, you might still be able to use your voucher if the rent is within your limits
- If you find or live in a smaller unit, please contact our office.
- You may NOT go over your rental limits – if you find a unit that is a FEW DOLLARS over your rental limit, you'll need approval before applying for the unit.
- You may NOT make a side arrangement with your landlord to pay the higher rent difference – you will be terminated from the HCV program if you make side payments to the landlord.

Information regarding Jackson County/ Ashland's utility allowance schedule is available on our website @ www.hajc.net

Jackson County Voucher Rental Limits



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PERSON ID#-134

Participant name(s): «First_Name» «Last_Name»

Adjusted annual income: \$

Adjusted monthly income: \$

(Your income minus eligible deductions: childcare, medical expenses for elderly/disabled persons, etc.)

30% of your adjusted monthly income: \$

(This is your ESTIMATED rent portion. An exact amount cannot be determined until you have selected the rental unit. The rent and utilities will factor in this process.)

Small Area Fair Market Rent (SAFMR): The following are the rent amounts you need to be looking for while shopping for a rental unit in Jackson County:

Zip Code is 97520/40 (Ashland/Talent area):

Your limit for rent is \$	_____	For a	_____	Bedroom house/mobile
Your limit for rent is \$	_____	For a	_____	Bedroom duplex
Your limit for rent is \$	_____	For a	_____	Bedroom apt/townhouse

Zip Code Is 97524/39 (Eagle Point/Shady Cove area):

Your limit for rent is \$	_____	For a	_____	Bedroom house/mobile
Your limit for rent is \$	_____	For a	_____	Bedroom Duplex
Your limit for rent is \$	_____	For a	_____	Bedroom apt/townhouse

Zip Code Is 97502 (Central Point area):

Your limit for rent is \$	_____	For a	_____	Bedroom house/mobile
Your limit for rent is \$	_____	For a	_____	Bedroom duplex
Your limit for rent is \$	_____	For a	_____	Bedroom apt/townhouse

Any Other Zip Codes Not Listed Above:

Your limit for rent is \$	_____	For a	_____	Bedroom house/mobile
Your limit for rent is \$	_____	For a	_____	Bedroom duplex
Your limit for rent is \$	_____	For a	_____	Bedroom apt/townhouse

These amounts are only *ESTIMATES* for approval. Many unknown factors determine if the selected rental will fit our criteria. There are no additional payments that can be made more than the rent. (*NO SIDE PAYMENTS TO THE LANDLORD*).

If you find a larger unit size than listed above and it is WITHIN YOUR LIMIT, you may be able to rent it. If you find a smaller unit that you would like to rent, please contact our office.

If you decide to move out of Jackson County

Portability

- VASH must have case manager approval before a voucher can be ported.
- New voucher-holders may choose a unit anywhere in the United States if the family lived in Jackson County when the family applied for assistance. New voucher holders not living in Jackson County at the time the family applied for assistance must initially lease a unit within Jackson County for the first twelve months of assistance.
- Complete the Portability Request form (included in the briefing folder)
- We will send the receiving housing authority your paperwork
- The receiving housing authority will inform you of their process for leasing up with them

Mobility (moving to Josephine County)

- You'll need to request your rental limits for Josephine County.

The 3 Steps to Complete to become a HCV Participant

1. Find a suitable unit within your rental limits
 2. Have the unit inspected with a completed Request for Inspection/Request for Tenancy Approval
 3. Provide a copy of your Rental Agreement after it has been signed
-
- *Do NOT sign a rental agreement until a request for inspection/request for tenancy approval is processed.*
 - You are required to report all income and household composition changes with an Interim - Change Report within 10 business days.

Step 1: Find a Suitable Unit Within Your Rental Limits

A new-to-you rental

How to search for a unit:

- Craigslist/Property Management Companies/rental signs/Facebook Marketplace
- Once you find a unit within your limit, apply and pay a screening fee

Travel trailers/RVS are not allowed

If the family includes a person with disabilities, the family may request a list of available accessible units.

Lease in Place

- This may be a good option if you reside in a unit within your rental limits.
- Complete the Request for Inspection/Request for Tenancy Approval
- The unit must pass inspection
- If you currently receive rental assistance from another agency, please let us know.
- If you live in a HUD-subsidized complex, you must coordinate a move-out date with your current and new landlord to avoid a double subsidy.

Step 2: Have the unit inspected

- You complete your portions of the Request for Inspection/Request for Tenancy Approval.
- The landlord completes the rest of the pages/questions. You or the landlord will get the form back to HAJC.
- I will provide the completed document to our inspection team.
- For a new-to-you rental, an inspector will contact the landlord.
- If you're leasing in place, an inspector will contact you to schedule the inspection.
- If the unit passes inspection, the landlord is notified, and the rental agreement can be initiated.
- If the unit fails inspection
 - The landlord MUST complete the repairs for the unit to receive assistance.
 - The landlord will notify the inspectors when the repairs are complete and the
 - The inspector will verify the completion
- Please understand we only inspect units to meet Housing Quality Standards. This may not meet your standards for the unit you want to live in.



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Dear Owner/Tenant:

REQUEST FOR INSPECTION/REQUEST FOR TENANCY APPROVAL

Before a tenant is selected, the landlord and tenant **must** complete and return the **request for lease approval** and the **request for inspection** forms. Please fill out completely. When returned by the family, we will schedule an inspection to ensure the unit meets the minimum housing quality standards.

PROVIDING INFORMATION TO LANDLORDS ABOUT THE FAMILY

Tenant screening is the owner's responsibility. The housing authority has not screened the family receiving Section 8 assistance. (if known) the housing authority must give the prospective landlord the family's current address. (if known), the housing authority must give the name and address of the family's current landlord and previous landlord. The housing authority may provide prospective landlords with other information which may include tenancy history such as: eviction notices, payment history, drug trafficking, arrest history, and tenant damage history. Fed.reg. #982.307(10/2/95). New applicants will not have a rental history with the housing authority.

TAX ID NUMBERS

Section 6109 of the Internal Revenue Code requires the housing authority to report housing assistance payments paid to owners to the IRS. Before we can approve a lease, the owner must provide us with either a tax ID number or a social security number.

UNIT INSPECTION

The housing authority must inspect each rental unit to ensure it meets housing quality standards and the rent requested is reasonable. The housing assistance payment contract cannot go into effect until the unit passes inspection and the tenant receives the keys. If the unit fails inspection, the landlord or tenant must call when repairs are completed so a reinspection can be scheduled.

Thank you for joining us in our efforts to provide decent, safe, sanitary, and affordable housing for families in Jackson County.

Voucher holder – completes request for Inspection page



REQUEST FOR INSPECTION

FOR OFFICE USE ONLY

Requested By:

Date:

Port

In

Move

New Voucher

Tenant Name:

Tenant Email:

Unit Address:

City/Zip Code

Phone #:

Is this unit in the City Limits? ☐ Yes ☐ No, outside

When will this unit be ready for inspection:

Is this unit Vacant? ☐ Yes ☐ No

Lock box#:

Requested Move-In date:

Do you currently live in this unit? ☐ No ☐ Yes, when did you move in?

Are there any water/sewer/gas meters that are shared with any other family or building? ☐ Yes ☐ No If yes, please explain:

Does the unit have a septic tank? ☐ Yes ☐ No

Well? ☐ Yes ☐ No If a well, whose electric meter is the pump wired to Tenant or Landlord (please circle)

Initial Term of Lease: Month-Month/6 Month/1 Year (please circle)

How many children are under the age of 6? ☐ Yes ☐ No

Is the Owner of the above unit a relative? ☐ Yes ☐ No

Requesting Reasonable Accommodation (RA)? ☐ Yes ☐ No (Please do not specify the reason for the accommodation)

Who will be signing the contracts? Owner or Manager (please circle)

Do you currently receive rental assistance from another agency? ☐ Yes ☐ No

Owner's Name:

Daytime phone #:

Address:

Fax #:

PO BOX:

Email:

City, State, Zip Code:

****If a MANAGER will be signing, a COPY OF THE MANAGEMENT AGREEMENT will be Required. ****

Manager's Name:

Daytime phone #:

Address:

Fax #:

PO BOX:

Email:

City, State, Zip Code:

FOR HAJC OFFICE USE ONLY

Housing Type:	Heat: Type:	Rooms	Floor	Inspection Date:
Unit Level/Floor:	W/H: Gas or Electric	1:		Pass Date:
	A/C: Y / N Type:	2:		FID:
Water:	S/A:	3:		Interim -58:
Sewer:	CO1:	4		UA:
Trash:	Elect Pan:			Current Rent:
Stove: Elec. or Gas	Security:	Baths:		Annual Date:
Refrigerator:	Laundry: Com/HU/WD			Case Worker:
DW: y/n, GD: y/n,		R/A: Y or NA		
House Keeping: P / F	ADA: Y / N	Parking:		Inspector:

COMMENTS:

Landlord – completes Request for Tenancy Approval page

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) Housing Authority of Jackson County			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 Amt	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(B)MIR <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy)		

11. Utilities and Appliances

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

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

12. Owner's Certifications

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

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

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

- c. Check one of the following:

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

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

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

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

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

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

Voucher holder -
complete right side of
boxes

Step 3: Provide a copy of your rental agreement

- You and your new landlord will complete and sign your rental agreement after the unit has passed inspection.
- A landlord can only ask for 1st month's rent and deposit.
- If you're leasing in place, provide a copy of the current rental agreement with the most recent rent increase letter to show the current rent.
- **REMINDER:** We will not process a payment to your landlord without a copy of your rental agreement!

ONCE YOU'VE COMPLETED THE ABOVE STEPS, the Housing Assistance Payment Contract is finalized with the landlord, and you'll receive a letter in the mail regarding rent portions and who your HCV Case Coordinator will be.

HCV FYIs

- Housing assistance payments begin the day the unit passes inspection OR the effective date of the rental agreement (whichever is last).
- Your tenant portion is paid directly to the landlord.
- Housing Assistance Payments are processed on the first business day of the month and mid-month.
- Participant families may move with continued assistance one time in a 12-month period within HAJC's jurisdiction.

Security Deposit Help

- Have a plan in place early on
- HAJC Section 8 Security Deposit Loan Program
 - Once you are approved for a unit, complete the application and provide the form to our office – the maximum amount of loan available to you is \$1200 or 50% of your adjusted monthly income, whichever is less. There is no interest rate attached to the loan and we don't run a credit check. (*Pacific Properties doesn't work with our loan program*)
 - You will be notified by mail of the loan approval amount
 - Your landlord will receive the payment directly from us after the loan agreement has been signed
- Access, St. Vincent, Mercy Gates, OHRA, Local Churches, Friends, family, gofundme.com, etc.

The cost of the Security Deposit is NOT COVERED under the HCV Program.

Family Self Sufficiency (FSS)

- <https://vimeo.com/730140183>
- If you are interested in FSS please contact Tia, tia@hajc.net (541) 779-5785 ext. 1021 or Eric, eric@hajc.net (541) 779-5785 ext. 1012
- If you're interested in participating in FSS, you will be placed on a waitlist.

Thank you all for your time and
patience.

Q/A

