



MHA Mission and Purpose

Our mission is to serve the housing needs of low to moderate income families in the authority's jurisdiction to:

Increase the availability of decent, safe and affordable housing in its communities

Ensure equal opportunity in housing

Enhance self-sufficiency

Promote community quality of life, and

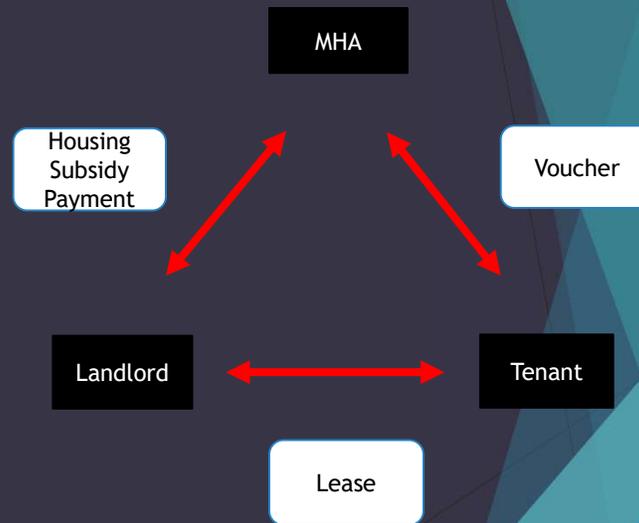
Economic viability

Housing Choice Voucher Program

- ▶ Assist very low-income families, the elderly, and the disabled to have access to affordable housing. (single-family homes, townhouses and apartments.)
- ▶ Vouchers are administered locally by public housing agencies (PHAs).
- ▶ Participants with a voucher must find a unit where the owner agrees to rent under the program. Rental units must pass **NSPIRE inspection standards**.
- ▶ A housing subsidy is paid to the landlord directly by the PHA. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.

How the HCV program works

- Qualified applicants are issued a housing voucher
- The family and the landlord sign a lease
- The housing subsidy is paid to the landlord directly by the PHA



Family and Owner Responsibilities

▶ Tenant's Obligations:

- ▶ comply with the lease and the program requirements
- ▶ pay share of rent on time
- ▶ notify the PHA of any changes in income or family composition

▶ Landlord's Obligations:

- ▶ provide decent, safe, and sanitary housing
- ▶ The dwelling unit must pass the program's housing quality standards and be maintained per standards

Portability

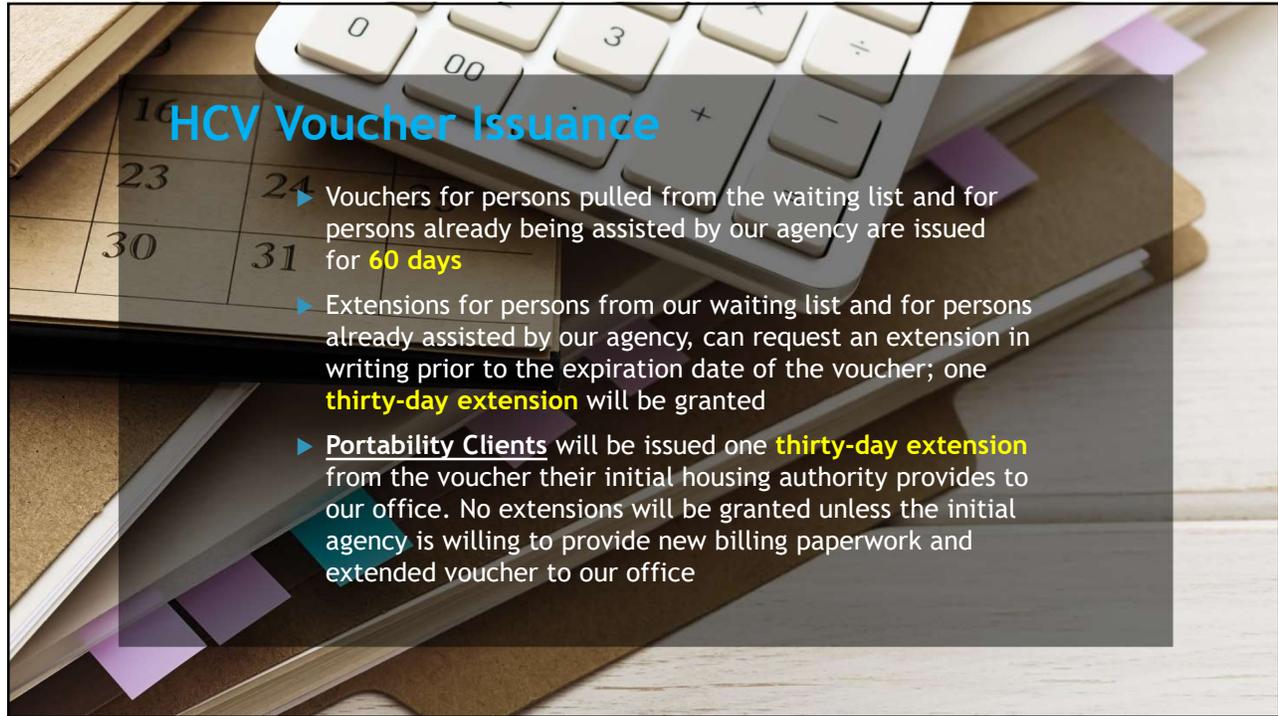
- ▶ A family may transfer or "port" their rental subsidy to a location outside the jurisdiction of the public housing agency (PHA) that first gave them the voucher when they were selected for the program.
- ▶ New families may have to live in the jurisdiction of the initial PHA for a year before they can port.
 - **Initial PHAs** -The PHA that first gave the voucher to the individual when they were selected for the program.
 - **Receiving PHAs**- The agency that will administer assistance in the area to which the individual moves.
- ▶ [Moving to Texas Checklist](#)
- ▶ [Vehicle Title and Registration for New Texans](#)

MHA is currently **BILLING** not Absorbing

HCV Occupancy Standards

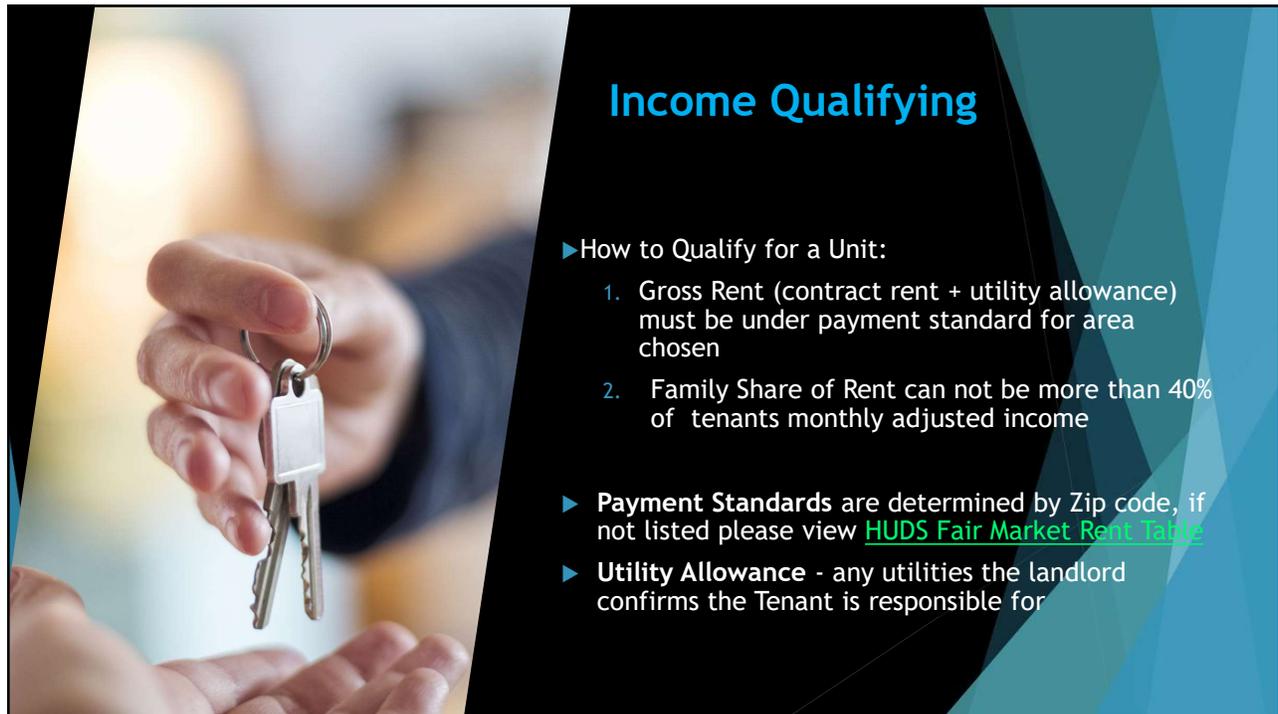
The PHA will assign **one bedroom for each two persons** within the household, except in the following circumstances:

- ▶ Persons of the opposite sex will be allocated separate bedrooms. However, spouses will be assigned one bedroom and children of opposite sex under the age of 5 will be not be assigned separate bedrooms.
- ▶ Live-in aides will be allocated a separate bedroom.
- ▶ Single person families will be allocated one bedroom.



HCV Voucher Issuance

- ▶ Vouchers for persons pulled from the waiting list and for persons already being assisted by our agency are issued for **60 days**
- ▶ Extensions for persons from our waiting list and for persons already assisted by our agency, can request an extension in writing prior to the expiration date of the voucher; one **thirty-day extension** will be granted
- ▶ Portability Clients will be issued one **thirty-day extension** from the voucher their initial housing authority provides to our office. No extensions will be granted unless the initial agency is willing to provide new billing paperwork and extended voucher to our office



Income Qualifying

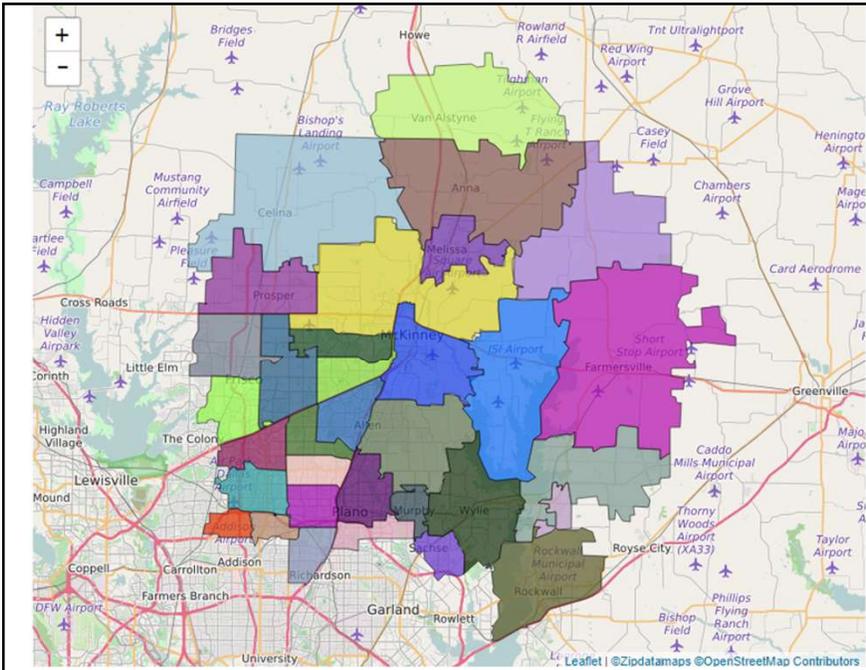
- ▶ How to Qualify for a Unit:
 1. Gross Rent (contract rent + utility allowance) must be under payment standard for area chosen
 2. Family Share of Rent can not be more than 40% of tenants monthly adjusted income
- ▶ **Payment Standards** are determined by Zip code, if not listed please view [HUDS Fair Market Rent Table](#)
- ▶ **Utility Allowance** - any utilities the landlord confirms the Tenant is responsible for

MHA covers a 50-miles radius from our office address:

603 N Tennessee St. McKinney, TX 75069

MHA Payment Standard

- ▶ Areas in 75071 and 75070 may be higher opportunity areas for school, transportation, etc.



McKinney Housing Authority -

Housing Choice Voucher participants can choose housing within 50 mile radius of our office at 603 N. Tennessee St. McKinney, TX 75069.

In McKinney, zip codes 75070 & 75071 are considered outside of the higher concentration of poverty areas.

These areas may offer opportunities for higher education and job opportunities.

Popular Housing List -

TDHCA Vacancy Clearinghouse -

[Vacancy Clearinghouse Property Search \(state.tx.us\)](http://VacancyClearinghousePropertySearch.state.tx.us)

Go Section 8.com -

[AffordableHousing.com - Affordable Houses & Apartments For Rent](http://AffordableHousing.com)

For Rent.com -

[Apartments and Homes for Rent | ForRent.com](http://ApartmentsandHomesforRent.com)

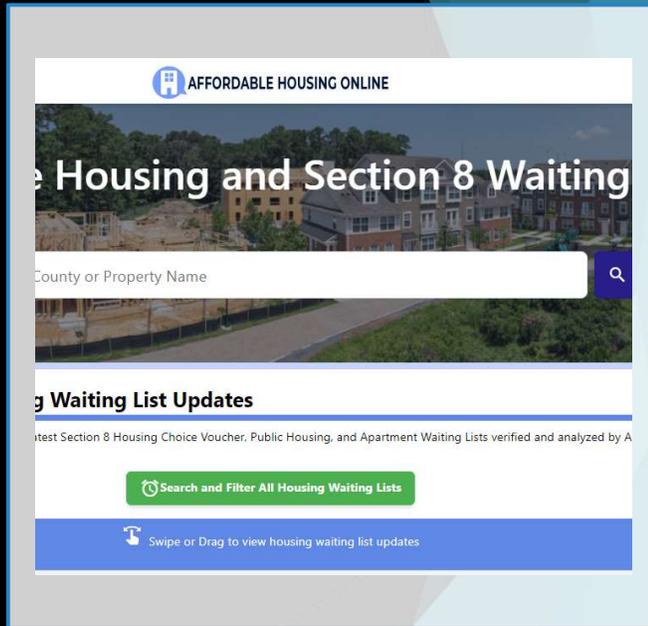
Finding a unit

- ▶ [Apartment Listings](#)
- ▶ [Affordablehousingonline.com](#)
- ▶ [Partners in Opportunity](#)
- ▶ [Pathway Homes](#)
- ▶ [HUD Resources](#)
- ▶ [Rental Ads, Newspaper, "For Rent" signs](#)

Do your research!

View the unit; make sure the unit meets your criteria.

Look for a unit where **Gross Rent (Landlord asking price + utility allowance)** is under the payment standard



Request for Tenancy Approval (RTA)

- ▶ The Landlord and Tenant must complete and sign the RTA.
- ▶ The Landlord must also provide an UNSIGNED Proposed Lease.
- ▶ If the RTA is approved, MHA will contact the Landlord to schedule an inspection.

Request for Tenancy Approval U.S. Department of Housing and Urban Development OMB Approval No. 2577-0169
 Housing Choice Voucher Program Office of Public and Indian Housing 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)
 McKinney Housing Authority

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

Single Family Detached (one family under one roof)

Semi-Detached (duplex, attached on one side)

Rowhouse/Townhouse (attached on two sides)

Low-rise apartment building (4 stories or fewer)

High-rise apartment building (5+ stories)

Manufactured Home (mobile home)

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

Section 202 Section 221(d)(3)(B)MIR

Tax Credit HOME

Section 236 (insured or uninsured)

Section 515 Rural Development

Other (Describe Other Subsidy, including any state or local subsidy)

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

Item	Specify fuel type	Paid by
Heating	<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	

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.202. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

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

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

Previous editions are obsolete 2 HUD-52517 (04/2023)



Stay in Compliance!

1. Allow inspection of the unit
2. Notify the **landlord and the PHA in writing before moving**
3. Supply any information that the PHA determines to be necessary.
4. **Report any changes to household within 10 days via Office/Mail/Fax**
5. Annual Briefing are **REQUIRED**

Violation of any of the above may result in termination from the Housing Choice Voucher program.

Report a Change

- ▶ Complete the Interim Change Form and send any necessary documents to confirm the change.
- ▶ ALL Changes should be reported within **ten days** of the occurrence

Interims and all supporting documents MUST be received on or before the 25th of each month, for the change to be effective for the following month.

INTERIM UPDATE -

Adding New Family Member: List the family members who you are adding to your household. Attach another sheet of paper if needed.

First Name	Last Name	Birth Date	SS#	Elderly/ Sex Relation	Disabled?
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

Deleting a Family Member: List the family members who you are removing from your household. Attach another sheet of paper if needed.

1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

Change of income: List all current income sources and recipients.

First Name	Last Name	Source (From where/who)	How often Amount	(Weekly/monthly)
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Head Signature _____ Date _____

Co-applicant Signature _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

New Employment? - Increase?



Complete:

- Employment verification or
- Submit your last 2 check stubs

Employment Loss? - Decrease?



Complete

- Termination Form

Only complete highlighted areas of the forms.

EMPLOYMENT INCOME VERIFICATION

Re: _____ Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the McKinney Housing Authority at 603 N. Tennessee St. McKinney or fax it to **972-542-0908** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

1. Employed Since: _____ 2. Job Title: _____
3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month

Termination of Employment of Income Verification

Employer: _____ Fax: _____

Re: _____ Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the **McKinney Housing Authority at 972-542-5641** or fax it to **972-542-0908** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

Date hired: _____ Job Title: _____

Don't forget to Self-Certify...

▶ You are certifying that the information provided on this form is true and correct.

Self-Certification:

Full Name of Client: _____ SS#: _____

Present Address: _____

Date Employed: _____ Job Title: _____

Hourly Pay Rate: \$ _____ per hour _____ per week _____ per month

Frequency of pay () weekly-52 pay periods () bi-weekly-26 pay periods () semimonthly-24 pay periods

Will there be a change in coming 12 months? Yes No

Number of hours worked at Base Rate of Pay: _____ hrs/week, or _____ hrs/month in year

Is person likely to get Overtime? If so, what is the rate of Overtime pay?

Number of overtime hours expected in the year?

Are there any other forms of compensation not listed above?

Days off for vacation? _____

Year to Date: _____

Earnings for last 12 months \$ _____

Earnings for the last 12 months _____

Does person participate in a 401K stock or other pension plan?

Name of person completing this form _____

I certify that the above information is true and correct to the best of my knowledge, and understands that false statements are punishable under Federal law.

Signature _____ Date _____

FAQ

I want to move/ transfer units!

- Before MHA can issue a new voucher, the following items are needed:
 1. Notice to Vacate with moved out date listed
 2. Letter of Good Standing/ Ledger of payments
 3. Current Copy of Lease

Est processing time 5-7 days after all documents are received.

Portability - move to a different agency

- Before MHA can process your request, the following items are needed:
 1. Complete the Portability request form
 2. Notice to Vacate with moved out date listed
 3. Letter of Good Standing/ Ledger of payments
 4. Current Copy of Lease

Est processing time 30-60 days after all documents are received.

FAQ

Landlord/Tenant Issues

- Your lease is between you and the landlord
- If there is an issue, contact the landlord
- MHA **does not interfere in legal issues** but can provide you [resource information](#) for assistance
- Remember: **IF IT'S NOT IN WRITING IT DIDN'T HAPPEN!!** (Keep documentation)

How Do I request a special inspection?

- Provide documentation showing you have requested an issue be corrected. Follow up if the issue has not been corrected **within the timeframe of your lease**.
- The request must be made in writing with this documentation

Resources

[A Good Place to Live!](#)

[Fair Housing Brochure](#)

[Legal & Community Resources](#)

[Protect Your Family from Lead in Your Home](#)

[Mold Brochure](#)

[Renter's Guide Renting 101](#)

[Welcome to McKinney Texas](#)

[Tenant Rights](#)

Coming In 2025
HUD HOTMA
The Housing Opportunity
Through Modernization Act

-  [HOTMA Income and Assets Fact Sheet](#)
-  [Income Estimation Tool](#)
-  [HOTMA Interim Income Reexaminations Resource Sheet](#)

THANK YOU!