Briefing Session

Agenda

1. Eligibility
    - Criminal Background check
    - Credit check
    - Income
    - Local Resident/work in Lakewood

2. Must provide all financial documents to determine eligibility (see Required Documents for Eligibility form)

3. Issuance of voucher
    - Assigned bedroom size (2 people per room)
    - Searching for a unit or choosing to remain in the current unit

4. Landlord Paperwork
    - Request For Tenancy Approval
    - Approving a unit
    - Inspecting the approved unit (unit must have a Township C.O for your family before the HQS Inspection

5. Payment Standards and how it applies to family and unit.
6. Rent Reasonableness
7. Family's absence from unit
8. Security Deposit
9. Reexamination
10. Restrictions on number of moves per year
11. Income changes
12. Portability
13. Termination of Assistance/Informal Review/Informal Hearing

SELF-EMPLOYMENT VERIFICATION

(Please print clearly and legible)

Name of Business: _____

Address of Business: _____

Type of Business: _____

Date Business Began: _____

Annual Gross Income $ _____

Income the past 12 months $_____ **List months: From** _____ **To**_____

List Annual expenses

For the past 12 months	**$ Amount**

Total NET INCOME $ _____

Does the past 12 months net income represent your current income? If no, describe what has changed.

_____

_____

☐ You MUST provide a copy of most recent Federal Income Tax Return (with Schedules, P&L, Schedule C)

OR

☐ This is a new business. Provide Profit & Loss Statement

CERTIFICATION AND WARNING

I/We, the undersigned, certify under penalty of perjury that the information provided on this form is true and correct to the best of my/our knowledge and recollection.

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, 1014; 31 U.S.C. §§ 3729, 3802.

Signature _____ **Date** _____

SELF-EMPLOYED CERTIFICATION FOR CHILD CARE PROVIDER

(Please print clearly and legible)

I certify that I am self employed as a childcare provider. In the past 12 months my income was $_____. From _____ to _____

Does the above annual income include summer wages? ☐ Yes ☐ No

I also acknowledge that if I am employed during the summer months, I must also report my income.

I hereby certify that I am currently providing childcare services for _____ clients at a total annual income of $_____. From _____ to _____

Below is a list of clients (including name, phone number, address, annual amount):

Name	Address	Phone #	# of Children	Annual Amount

For additional clients, please use back or a separate page.

Does the past 12 months income represent your current income? ☐ Yes ☐ No
If no, describe what has changed.

_____

_____

CERTIFICATION AND WARNING
I/We, the undersigned, certify under penalty of perjury that the information provided on this form is true and correct to the best of my/our knowledge and recollection.

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, 1014; 31 U.S.C. §§ 3729, 3802.

Signature _____ **Date** _____

C

Scott E. Parsons, PHM
Executive Director

LAKEWOOD HOUSING AUTHORITY

CHILD/DEPENDENT CARE VERIFICATION

Dear Childcare Provider:

We are required to verify the amounts paid for the care of children/dependents of individuals applying for or receiving a federal rent subsidy. To comply with this requirement, we ask for your cooperation in supplying the information requested below regarding the referenced individual.

Please complete a separate form for each child care provider. Your prompt return of this letter will be appreciated. If you have any questions, please contact your caseworker at 732-364-1300.

I hereby authorize the release of this information.

Head of Household Signature _____ Date _____

Name of person or agency providing care _____

Address_____ Phone # _____

Name and age of person cared for: _____

Hours per day: _____ Days per week: _____ Rate per hour: _____

Average amount paid for care: $ _____PER: (Please check one):

( ) Weeks: (# of weeks per year) _____ ( ) Months: (# of months per year) _____

(Include full-time summer care of school children if applicable)

Provider's
Signature _____

Print Name _____

Date _____

317 Sampson Avenue • Lakewood, New Jersey 08701-3565
(732) 364-1300 • Fax (732) 367-3299 • www.lakewoodha.org

12.5 Grounds for Termination

Links: 24 CFR 982.455; 24 CFR 982.551, 552, 553; 24 CFR 5.514(c); 24 CFR 5.218(c); 24 CFR 982.311(d); Notice PIH 2010-3; Notice PIH 2010-9

Termination of assistance for a Program participant may include any or all of the following actions by LHA:

- Refusing to enter into a HAP contract or approve a lease.
- Terminating housing assistance payments under a HAP contract.
- Refusing to process or provide assistance under portability procedures.

LHA must terminate the participant family for the following reasons:

- Family choice

  The family may request that the LHA terminate housing assistance payments on behalf of the family at any time.

- Family with Zero Assistance

  If the family has received zero assistance in 180 days LHA will terminate assistance. If the participating family receiving zero assistance experiences a change in circumstances that would cause the HAP payment to rise above zero. The family must notify the LHA of the changed circumstances and request an interim re-certification before the expiration of the 180-day period.

- Eviction

  Link: 24 CFR 982.552(b)(2), 24 CFR 5.2005(c)(1)

  The LHA must terminate assistance whenever a family is evicted from a unit assisted under the HCV program for a serious or repeated violation of the lease. A family will be considered *evicted* if the family moves after a legal eviction order has been issued, whether or not physical enforcement of the order was necessary.

- Failure to provide consent

  Link: 24 CFR 960.259

  The LHA will terminate the lease if any family member fails to sign and submit any consent form s/he is required to sign for any re-certification.

- Persons subject to sex offender registration requirement
  If any member of the household has, during their current participation in the HCV program, become subject to a registration requirement under a state sex offender registration program regardless whether it is for life time or not.
- Crime On or Off the Premises
  - Drug related convictions; Alcohol related convictions (if it indicates an ongoing pattern); Fraud;
  - Acts of violent behavior convictions; and or Crimes of violent behavior

Applicants/participants must report any convictions from criminal activity which occurs after the application review (this includes residents, participants and those that have not yet moved into LHA assisted housing program(s)).

LHA will allow applicants and participants to address and present mitigating circumstances regarding criminal background checks prior to final decision.

HCV Program Violations That May Lead to Termination

- Discovery of facts after admission to the program that would have made the participant ineligible.
- Discovery of false statements or fraud by the participant in connection with an application for assistance or with a re-certification of income.
- Failure to furnish such information and certifications regarding family composition and income as may be necessary for the LHA to make determinations with respect to rent, eligibility, and unit size.
  - Information not provided: After issuance of the termination notice, but before the effective date of the termination, the participant may provide the missing data. It is solely LHA's discretion whether to accept the data or to proceed with termination.

- Missed appointments per policy and procedure requirements.
- Failure to transfer to an appropriate size unit based on family composition, upon notice by the LHA that such a move is required for HQS compliance.
- Failure to permit access to the unit by the LHA after proper advance notification for the purpose of performing routine inspections.
- Failure to inform the LHA within 30 calendar days of the birth, adoption or court-awarded custody of a child.
- If the family has breached the terms of a repayment agreement entered into with the LHA.
- If a household member has engaged in or threatened violent or abusive behavior toward LHA personnel.
  - Abusive or violent behavior towards LHA personnel includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.

Special Termination of Assistance

In the event that funding is insufficient to cover the monthly HAP expenditures, the following actions will be taken:

1. Suspend the offering of repayment agreements for any newly discovered fraud related issue. The household will be terminated with full informal hearing rights.

2. If there is still insufficient HUD funding after terminating assistance to households as indicated in #1, those households with the highest asset value will have their assistance terminated as needed to the point that the funding is sufficient to cover the remaining monthly HAP payments to landlords.

Family Self-Sufficiency (FSS) Participants

LHA will not deny or terminate the Section 8 assistance if a family fails to comply with the Contract of Participation. However, LHA may take the following action against a Family Self-Sufficiency family:

- Withhold Supportive Services
    - If the family has repeatedly failed to comply with the requirements of the Contract of Participation and/or other rules outlined in the FSS Action Plan, the LHA will withhold supportive services.
    - The family will be notified of the action to be taken.
- Recommend probation or terminate the family's participation in the FSS Program.
    - If after counseling and negotiating with the family, they still fail to comply with the Contract of Participation, LHA will inform the family of the action to be taken (probation or termination of their participation in the FSS Program).
    - The family will have 15 calendar days to request an informal hearing. The LHA will conduct the hearing and inform the family within 15 calendar days of the hearing of their final decision.
- Withholding of the Escrow Account
    - If a family fails to comply with the Contract of Participation and they are terminated from participation in the FSS Program or they leave the program before completion, the escrow account will be forfeited according to current regulations.

12.6 Termination Notification

In any case where the LHA decides to terminate assistance to the family, the LHA will give both the family and the owner a 30 calendar day written termination notice. However, if a family vacates the unit without informing the LHA, 30 days-notice will not be given. In these cases, the notice to terminate will be sent and effective at the time the LHA learns the family has vacated the unit. The notice of termination will state:

- Specific reasons for the termination
- Effective date of the termination
- Family's right to request an informal hearing
- Family's responsibility to pay the full rent to the owner if it remains in the assisted unit after the termination effective date
- Copy of criminal record (if the criminal record is the basis of the termination).
- Protection Rights under the Violence Against Women's Act

Any repayment agreement between the LHA and a family must be signed and dated by the LHA and by the head of household and spouse/co-head (if applicable). If the family refuses to repay the debt, does not enter into a repayment agreement, or breaches a repayment agreement, LHA will terminate the family's tenancy and utilize other available collection alternatives including, but not limited to, the following:

- Collection agencies
- Small claims court
- Civil law suit
- State income tax set-off program

Notice PIH 2018-18 recommends that the total amount that a family must pay each month-the family's monthly share of rent plus the monthly debt repayment amount-should not exceed 40 percent of the family's monthly adjusted income. However, a family may already be paying 40 percent or more of its monthly adjusted income in rent. The PIH notice acknowledges that PHA's have the discretion to establish "thresholds and policies" for repayment agreements with families.

The repayment agreement will include the total amount owed, amount of lump sum payment made at time of execution, if applicable, and the monthly repayment amount. Generally, the LHA repayment agreements will not exceed a term of 24 months. If a family can provide evidence satisfactory to the PHA that the required payment applicable to the family's debt would impose an undue hardship, the PHA may, in its sole discretion, determine that a lower monthly payment amount is reasonable. In making its determination, the PHA will consider all relevant information, including the following:

- The amount owed by the family to the PHA
- The reason for the debt, including whether the debt was the result of family action/inaction or circumstances beyond the family's control
- The family's current and potential income and expenses
- The family's current share, as calculated under 24 CFR 982.515
- The family's history of meeting its financial responsibilities

The LHA generally will not enter into a repayment agreement with a family if:

- There is already a repayment agreement in place with the family
- If the LHA determines that the family committed program fraud
- If the amount is greater than $2,000, or if the amount owed by the family exceeds the federal or state threshold for criminal prosecution.

LHA may at any time not enter into a repayment agreement and instead terminate the family's tenancy and pursue alternative collection methods. If the family's assistance is terminated and repayment has not been made, the money will still be considered to be owed and may be reported in HUD's EIV system as a debt owed. LHA may take such action, as necessary, to collect the amounts owed.

CHAPTER 13 - Informal Reviews and Informal Hearings

LHA provides a copy of the Informal Review and Hearing procedures in the family briefing packet. When possible and allowed by regulation/law, LHA may conduct administrative reviews of informal hearing/review requests and provide alternate resolutions at its discretion before proceeding with the family's request for a review or hearing.

13.1 Informal Review Policy

Links: 24 CFR 982.554;

An applicant may request an informal review of the LHA's decision to deny the applicant's participation in the Housing Choice Voucher Program. Reviews are provided for applicants who are denied assistance before the effective date of the HAP Contract. The exception is that when an applicant is denied assistance for citizen or eligible immigrant status, the applicant is entitled to an informal hearing.

An applicant may request an informal review if the applicant:

- Is denied listing on the waiting list or for a preference
- Is denied a voucher
- Is denied participation in the Program including portability

Informal reviews will not be granted to applicants who dispute:

- The unit size (number of bedrooms) stated on the voucher.
- A determination that a unit does not comply with Housing Quality Standards including space requirements.
- A determination that a proposed lease is unacceptable.
- A decision to not approve a request for an extension of the term of the voucher.
- General policy issues, class grievances, or discretionary administrative determinations.

When the LHA determines that an applicant is ineligible for the program LHA will notify the applicant of their ineligibility in writing. The notice will contain:

- Reason(s) the family is ineligible
- Procedure for requesting a review if the applicant does not agree with the decision
- Time limit for requesting a review: The applicant must submit the written request for an informal review within 15 calendar days of the date of the denial notice.
- If the request is not submitted timely, it will mean that the applicant waived his/her right to request an informal review.

Informal review requests must be made in writing within the 15 calendar days from the date of the LHA's Denial. The informal review will be conducted by a person or panel including other than the one who made the decision under review or a subordinate of this person. The applicant will be provided an opportunity to present written or oral objections to the decision of the LHA. The review decision will be

- The date the proposed action will take place
- Procedure for requesting a hearing if the participant does not agree with the decision

Time limit for requesting a hearing: The participant must submit the written request for an informal hearing within 15 calendar days of the date of the termination notice.

13.3 Conducting Informal Hearings

LHA hearings will be conducted by a single hearing officer or a panel. The Executive Director will appoint a person or panel who has/have been selected in the manner required under the hearings procedure.

Hearings may be attended by the following applicable persons:

- A LHA representative(s)
- Any witnesses for the LHA
- The participant
- Any witnesses for the participant
- The participant's counsel or other representative
    - If the participant is bringing legal counsel to the informal hearing, the participant must notify LHA at least 24 hours in advance of the hearing.
- Any other person approved by the LHA will be as a reasonable accommodation for a person with a disability.

Hearing Decision

In rendering a decision, the hearing officer/panel will consider the following matters:

- LHA Notice to the Family
- LHA Evidence to Support the LHA Decision
- Participant Presented Evidence
- Validity of Grounds for Program Termination

Invalid Decisions

When the LHA considers the decision of the hearing officer/panel to be invalid based on HUD regulations and LHA Policy, the Executive Director will send a notice to all parties attending the hearing that the decision is null and void. The notice will set a date and time for a new hearing.

Rights of the Applicant/Participant and LHA

The applicant/participant must appear in person at the review/hearing and may be represented by an attorney, or other representative, at his/her own expense. If the family is being represented by an attorney, the family must notify LHA of such 24 hours in advance of the review/hearing.

- The applicant/family and LHA have the right to present evidence, both oral and written.
- The applicant/family and LHA have the right to question any witnesses, and the right to state his/her case prior to the hearing officer's decision.

- LHA will notify the applicant/family of the LHA final decision within 10 calendar days after the informal review/hearing, including a brief statement of the reasons for the final decision.
- The Notice will contain the following information:
  - Applicant/family name
  - Applicant/family address
  - Date and time of review/hearing
  - Names of everyone in attendance at review/hearing
  - Final decision
  - Brief statement of the reason(s) for the final decision
  - HUD regulation for the denial/termination (if upholding the denial/termination)
  - Effective date of denial/termination (if applicable)

- A hearing decision letter will also be sent to the owner, stating whether the termination was upheld or overturned. The notice to the owner will contain the following information:
  - Family name
  - Unit address
  - Effective date of termination or
  - Effective date of re-instatement
- All requests for review, supporting documentation, and a copy of the final decision will be filed in the family's file.

Decisions Not Binding to LHA

LHA is not bound by a review/hearing decision on the following matters:

- A matter for which LHA is not required to provide an opportunity for an informal review/hearing or otherwise in excess of the LHA of the person conducting the review/hearing.

- A decision given contrary to HUD regulations, requirements, or otherwise contrary to Federal, State or Local law.

In the event that a review/hearing decision is not binding to LHA, the Executive Director or his/her designee will send a notice to all parties attending the review/hearing that the decision is null and void. The notice will set a date and time for a new hearing.

Hearing Provisions for Restrictions on Assistance to Non-Citizens

Assistance to the family will not be delayed, denied or terminated on the basis of immigration status at any time prior to the receipt of the decision of the USCIS appeal.

Assistance to a family will not be terminated or denied while the LHA hearing is pending; however, assistance to an applicant may be delayed pending the LHA hearing.

How Portability Works

What is Portability?

"Portability" in the Housing Choice Voucher (HCV) program refers to the process through which your family can transfer or "port" your rental subsidy when you move to a location outside the jurisdiction of the public housing agency (PHA) that first gave you the voucher when you were selected for the program **(the initial PHA)**.



The agency that will administer your assistance in the area to which you are moving is called the receiving PHA.

New families have to live in the jurisdiction of the initial PHA for a year before they can port. But, the initial PHA may allow new families to port during this one-year period.

What Happens Next?

1. You must notify the initial PHA that you would like to port and to which area you are moving.

2. The initial PHA will determine if you are eligible to move. For example, the PHA will determine whether you have moved out of your unit in accordance with your lease.

3. If eligible to move, the initial PHA will issue you a voucher (if it has not done so already) and send all relevant paperwork to the receiving PHA.

4. If you are currently assisted, you must give your landlord notice of your intent to vacate in accordance with your lease.

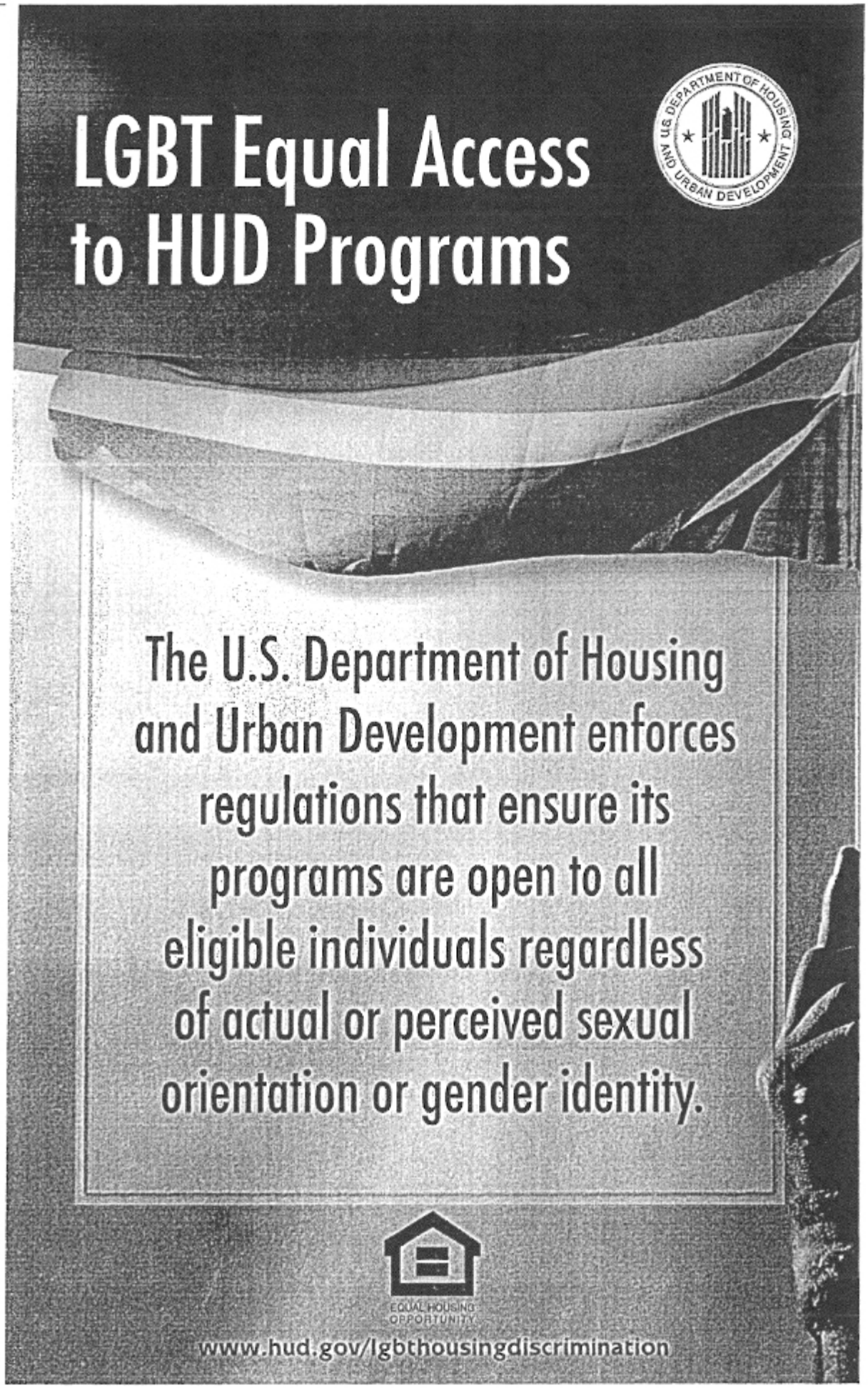
Contacting the Receiving PHA

1. Your case manager will let you know how and when to contact the receiving PHA. Your case manager must give you enough information so that you know how to contact the receiving PHA.

2. If there is more than one PHA that administers the HCV program where you wish to move, you may choose the receiving PHA. The initial PHA will give you the contact information for the PHAs that serve the area. If you prefer, you may request that the initial PHA selects the receiving PHA for you.
Generally, the initial PHA is not required to give you any other information about the receiving PHAs, but you may wish to find out more details when contacting them (such as whether the receiving PHA operates a Family Self-Sufficiency or Homeownership program).

See back for more details

See back for more details


LGBT Equal Access to HUD Programs
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
The U.S. Department of Housing and Urban Development enforces regulations that ensure its programs are open to all eligible individuals regardless of actual or perceived sexual orientation or gender identity.
EQUAL HOUSING OPPORTUNITY
www.hud.gov/lgbthousingdiscrimination

LAKEWOOD HOUSING AUTHORITY
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
SELF-CERTIFICATION OF REAL PROPERTY OWNERSHIP

Head of Household: _____

PURPOSE OF THIS CERTIFICATION

The Lakewood Housing Authority (LHA) requires each family to disclose whether any member of the assisted household currently has a **present ownership interest in real property**.

Each household member age 18 or older must complete and sign this certification.

Please check **ONE**:

☐ **NO.** I certify that I do **NOT** currently have any present ownership interest in real property, including but not limited to a house, condominium, cooperative, manufactured home, land, or other residential real property.

☐ **YES.** I certify that I currently have a present ownership interest in real property. I have provided the information requested: See below;

REAL PROPERTY INFORMATION

If **YES** was checked above, provide the following information for **each property** owned by any household member.

Name of Household Member with Ownership Interest: _____

Type of Property:
☐ Single-Family Home
☐ Condominium
☐ Cooperative
☐ Manufactured/Mobile Home
☐ Vacant Land
☐ Multi-Family Property
☐ Other: _____

LHA Program:
☐ Homeownership Program

Complete Property Address: _____

City: _____ **State:** _____ **ZIP:** _____

Ownership Interest:
☐ Sole Owner
☐ Joint Owner
☐ Other: _____

Percentage of Ownership (if known): _____%

Is the property currently occupied?

☐ Yes ☐ No

If yes, who occupies the property? _____

FAMILY CERTIFICATION

By signing below, I certify that the information provided on this form is **true, complete, and accurate to the best of my knowledge**.

I understand that I am required to report any changes in my family's real property ownership in accordance with Lakewood Housing Authority requirements.

I understand that providing false, incomplete, or misleading information may result in a **recalculation of assistance, denial or termination of assistance, repayment of assistance, and/or other action permitted by applicable federal regulations and LHA policy.**

I understand that the Lakewood Housing Authority may request additional documentation or third-party verification when a family reports an ownership interest in real property.

I understand that this certification does not, by itself, determine whether a property is subject to the real-property restriction under **24 CFR § 5.618**

CERTIFICATION AND WARNING

I/We, the undersigned, certify under penalty of perjury that the information provided on this form is true and correct to the best of my/our knowledge and recollection.

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, 1014; 31 U.S.C. §§ 3729, 3802.

SIGNATURES – ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN

1. Household Member Name: _____

Signature: _____ **Date:** _____

---

2. Household Member Name: _____

Signature: _____ **Date:** _____

---

3. Household Member Name: _____

Signature: _____ **Date:** _____

---

4. Household Member Name: _____

Signature: _____ **Date:** _____

LAKEWOOD HOUSING AUTHORITY

LIFETIME SEX OFFENDER REGISTRATION SELF-CERTIFICATION

Head of Household: _____

This certification is being requested to determine whether the Head of Household or any member of the household is subject to a lifetime sex offender registration requirement in any state.

You are required to provide complete and truthful information. Failure to disclose required information, providing false information, or withholding information may result in termination of Section 8 assistance under the Lakewood Housing Authority Administrative Plan.

CERTIFICATION

Please check **ONE** of the following:

☐ **NO** – I certify that neither I, as the Head of Household, nor any member of my household is subject to a lifetime sex offender registration requirement in any state.

☐ **YES** – I certify that I, as the Head of Household, or a member of my household **is subject to a lifetime sex offender registration requirement in a state.**

If **YES**, please identify the household member:

Name: _____

Relationship to Head of Household: _____

State requiring lifetime registration: _____

You **do not need to provide information about the underlying offense** on this form. The Lakewood Housing Authority may request additional information or verification if necessary to determine eligibility or continued eligibility for Section 8 assistance.

I certify that I have considered **all members of my household**, including myself, when answering the question above. I understand that I have an ongoing obligation to report changes in household composition and any information required by the Lakewood Housing Authority.

CERTIFICATION AND SIGNATURE

I certify under penalty of perjury that the information provided on this form is true, complete, and accurate to the best of my knowledge.

I understand that providing false, incomplete, or misleading information, or failing to disclose information required by HUD or the Lakewood Housing Authority, may result in termination of my Section 8 assistance and/or other appropriate action.

Head of Household Signature: _____

Printed Name: _____ Date _____

FIRST NOTICE

LAKEWOOD HOUSING AUTHORITY
Required Documents for Certification

The following documents are required to complete your certification. Please submit all documents that apply to you and/or any member of your household.

IMPORTANT:

- All documents must be **current**. Documents older than **one (1) month will not be accepted**, with the exception of checking account statements.
- All family members who are **18 years of age or older** at the effective date of certification **must sign all required documents. NO EXCEPTIONS.**

---

1. Identification Verification

If not previously submitted, provide:

- Proof of birth (Birth Certificate, Crib Card)
- Driver's License (adults only)
- Social Security Card(s) for any new household member

---

2. Tax Return

Submit:

- Most recent **Federal and State Income Tax Returns**
- All returns must be signed and complete
- Include all **W-2 and/or 1099 forms**

---

3. Verification of Income (18+)

a. Employment

K

- Employer name, address, phone, and fax
- **Two (2) months of consecutive pay stubs**
- Includes gig work (DoorDash, Uber, Instacart, Shipt, etc.)

b. Social Security / SSI / SSD (All Family Members)

- Current benefit letter showing monthly amount

c. General Assistance / TANF

- Benefit letter indicating monthly assistance

d. Pension

- Letter from issuing agency
- If unavailable, a pension check copy may be accepted

e. Child Support

- Court documents, check stubs, or payment printouts
- If paid to Board of Social Services, must be stated in Welfare letter
- Otherwise, provide a statement from probation department

f. Unemployment / Disability / Family Leave / Workers' Compensation

- Official benefit statement
- If newly applied, provide proof of application

g. Self-Employment / Business Ownership

- Completed **Own Business Form**
- Supporting documentation required
- **Profit & Loss statement from accountant (required)**
- Babysitters must complete Childcare Provider form

h. Scholarships / Stipends / Grants / Parsonage

- Letter from institution stating amount and frequency
- **Tuition statement required**
- Receipts for books/supplies (optional for consideration)

i. Reimbursements (Tuition / Childcare / QTR)

- Letter from employer/agency indicating amount and frequency

j. Foster Care / Adoption Assistance

- Most recent benefit statement

k. Other Income/Assistance

- Documentation of any additional financial support (family support, etc.)

Note: All letters from individuals must include:

- Full name
- Address
- Telephone number

---

4. Full-Time Students (18+)

- Provide school letter (on official letterhead) confirming full-time enrollment

---

5. Custody / Guardianship Verification

- Court order confirming custody (if applicable)
- Notarized letter from parent(s) stating:
    - Support provided or not provided

---

6. Verification of Assets (All Family Members)

Includes: Checking, savings, stocks, bonds, CDs, real estate, online accounts (Chime, Cash App, etc.)

Important:

- Any deposit over **$2,000** requires a written explanation

a. Checking Accounts

- Last **6 months of consecutive statements – All Pages**

b. Savings Accounts

- Most recent bank statement or passbook
- ATM slips not accepted

c. Savings Bonds

- Copies of bonds

d. Money Market / CDs

- Official statements or certificates

e. Retirement / Investments (401k, IRA, stocks, mutual funds)

- Most recent statement

f. Loans Given

- Letter from both parties including:
    - Loan amount
    - Repayment status
    - Recipient's contact information

g. Property Ownership Provide:

- Deed
- Current appraisal
- Property taxes
- Insurance policy
- Mortgage statement
- HOA/Condo fees (if applicable)
- Lease (if rented)

h. Life Insurance (Whole Life)

- Complete policy documentation

---

7. Childcare Verification

Applicable for children **12 years or younger** where parent(s) work or attend school.

a. Babysitter

- Completed Childcare Verification Form

b. Daycare Center

- Letter on agency letterhead with cost and child details

c. CHS

- Most recent contract copy

---

8. Senior/Disabled Applicants – Medical Expenses

Provide documentation for:

- Anticipated medical costs (doctor letters)
- Outstanding balances (provider statement showing payment arrangements; bills not accepted)
- Insurance premium statements (no canceled checks)
- Out-of-pocket costs (prescriptions, dental, vision, mileage)

---

9. Utility Payments

- Submit most recent bills (gas, oil, electricity, water, sewer)

Note:

- Failure to provide documentation may result in loss of utility credit
- Utility responsibility is reviewed **once per year during recertification only**

If you have any questions, please contact your case worker.

Lakewood Housing Authority
Payment Standards
Effective 1/1/2027

Zip Code		0BR	1BR	2BR	3BR	4BR	5BR	6BR	7BR	8BR	9BR	10BR
08005	Barnegat	$ 1,880	$ 2,069	$ 2,562	$ 3,287	$ 3,633	$ 4,178	$ 4,723	$ 5,268	$ 5,813	$ 6,358	$ 6,903
08006	Barnegat Lt.	$ 1,701	$ 1,880	$ 2,321	$ 2,982	$ 3,297	$ 3,792	$ 4,286	$ 4,781	$ 5,275	$ 5,770	$ 6,264
08050	Manahawkin	$ 1,817	$ 2,016	$ 2,489	$ 3,192	$ 3,528	$ 4,057	$ 4,586	$ 5,116	$ 5,645	$ 6,174	$ 6,703
08087	Little Egg Harbor	$ 1,733	$ 1,911	$ 2,363	$ 3,024	$ 3,350	$ 3,852	$ 4,354	$ 4,857	$ 5,359	$ 5,862	$ 6,364
08092	West Creek	$ 1,544	$ 1,712	$ 2,111	$ 2,709	$ 2,993	$ 3,441	$ 3,890	$ 4,339	$ 4,788	$ 5,237	$ 5,686
08527	Jackson	$ 1,796	$ 1,985	$ 2,457	$ 3,150	$ 3,486	$ 4,009	$ 4,532	$ 5,055	$ 5,578	$ 6,101	$ 6,623
08533	New Egypt	$ 1,617	$ 1,785	$ 2,205	$ 2,825	$ 3,129	$ 3,598	$ 4,068	$ 4,537	$ 5,006	$ 5,476	$ 5,945
08701	Lakewood	$ 1,575	$ 1,743	$ 2,153	$ 2,762	$ 3,056	$ 3,514	$ 3,972	$ 4,430	$ 4,889	$ 5,347	$ 5,805
08721	Bayville	$ 1,617	$ 1,785	$ 2,222	$ 2,959	$ 3,129	$ 3,598	$ 4,068	$ 4,537	$ 5,006	$ 5,476	$ 5,945
08722	Beachwood	$ 2,174	$ 2,405	$ 2,972	$ 3,812	$ 4,221	$ 4,854	$ 5,487	$ 6,120	$ 6,754	$ 7,387	$ 8,020
08723	Brick	$ 1,670	$ 1,848	$ 2,279	$ 2,919	$ 3,234	$ 3,719	$ 4,204	$ 4,689	$ 5,174	$ 5,660	$ 6,145
08724	Brick	$ 1,764	$ 1,953	$ 2,415	$ 3,098	$ 3,553	$ 3,949	$ 4,619	$ 4,979	$ 5,494	$ 6,009	$ 6,524
08731	Lacey	$ 2,048	$ 2,260	$ 2,793	$ 3,630	$ 3,969	$ 4,564	$ 5,160	$ 5,755	$ 6,350	$ 6,946	$ 7,541
08732	Island Heights	$ 1,617	$ 1,796	$ 2,216	$ 2,846	$ 3,150	$ 3,623	$ 4,095	$ 4,568	$ 5,040	$ 5,513	$ 5,985
08733	Lakehurst	$ 1,680	$ 1,859	$ 2,300	$ 2,951	$ 3,266	$ 3,755	$ 4,245	$ 4,735	$ 5,225	$ 5,715	$ 6,204
08734	Lanoka Harbor	$ 1,638	$ 1,806	$ 2,237	$ 2,867	$ 3,171	$ 3,647	$ 4,122	$ 4,598	$ 5,074	$ 5,549	$ 6,025
08740	Ocean Gate	$ 1,838	$ 2,027	$ 2,610	$ 3,224	$ 3,581	$ 4,118	$ 4,655	$ 5,192	$ 5,729	$ 6,266	$ 6,803
08741	Pine Beach	$ 1,754	$ 1,943	$ 2,394	$ 3,077	$ 3,402	$ 3,912	$ 4,423	$ 4,933	$ 5,443	$ 5,954	$ 6,464
08742	Pt. Pleasant Bch.	$ 1,848	$ 2,048	$ 2,531	$ 3,245	$ 3,591	$ 4,130	$ 4,668	$ 5,207	$ 5,746	$ 6,284	$ 6,823
08753	Toms River	$ 1,733	$ 1,911	$ 2,363	$ 3,035	$ 3,350	$ 3,852	$ 4,354	$ 4,857	$ 5,359	$ 5,862	$ 6,364
08754	Toms River	$ 1,722	$ 1,901	$ 2,352	$ 3,014	$ 3,339	$ 3,840	$ 4,341	$ 4,842	$ 5,342	$ 5,843	$ 6,344
08755	Toms River	$ 1,586	$ 1,754	$ 2,163	$ 2,772	$ 3,066	$ 3,526	$ 3,986	$ 4,446	$ 4,906	$ 5,366	$ 5,825
08757	South Toms River	$ 1,733	$ 1,911	$ 2,363	$ 3,035	$ 3,350	$ 3,852	$ 4,354	$ 4,857	$ 5,359	$ 5,862	$ 6,364
08758	Waretown	$ 1,964	$ 2,163	$ 2,667	$ 3,423	$ 3,791	$ 4,359	$ 4,928	$ 5,496	$ 6,065	$ 6,633	$ 7,202
08759	Manchester	$ 1,355	$ 1,491	$ 1,848	$ 2,373	$ 2,625	$ 3,019	$ 3,413	$ 3,806	$ 4,200	$ 4,594	$ 4,988

L

Scott E. Parsons, PHM
Executive Director

LAKEWOOD HOUSING AUTHORITY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
LANDLORD PACKET

Welcome!

Attached is the Lakewood Housing Authority's Landlord Packet which must be completed to verify rental affordability. Upon completion, the attached documents may be faxed. Our fax number is 732-367-3299.

- **Unit Profile** – Basic unit information.
- **Owner Responsibility** – Owner information. If the owner of the unit is an LLC, please provide the Certificate of Formation. If the owner is a Trust/Congregation, please include documentation showing list of all Trustees and/or Beneficiaries.
- **W-9** - Must list the owner as listed on the Deed/Tax Bill. If there are multiple owners (i.e. husband & wife, etc.) the W-9 must show only one of the owners. **THIRD PARTY PAYMENTS ARE NO LONGER ACCEPTABLE.**
- **Utility Responsibility** – To be signed by the owner and tenant.
- **Request for Tenancy Approval** – Detailed unit information.
- **No Relative Form** – To be completed by Owner or Signatory (if applicable).
- **Signatory Form** - Must list all owners authorizing a designated person to sign papers on their behalf.
- **Proof of Ownership** – Please include a copy of Deed and Mortgage documents.
- **Lead –Based Disclosure** – To be completed by Owner/Signatory and signed by Owner/Signatory and Tenant.
- **Property Manager Contact Information** – OPTIONAL – If you will be using a Property Manager, complete the form and designate if payment will be sent to the Owner or the Property Manager.
- **Direct Deposit Authorization** – Owner or Property Manager's bank information. Copy of check or deposit slip must accompany form.

Utilities – If there are multiple units and the tenant is responsible for any utilities, the tenant must have their own meters in their own name. No sharing of meters or side payments for utilities is permitted. If there are not separate meters for each unit, the tenant will not be responsible for the utility.

The lease effective date is always the 1st of the month. The unit must pass LHA HQS inspection at least 10 days prior to the lease effective date. Before we can schedule an inspection, the unit must have a Rental Certificate of Occupancy from the township. Please fax a copy of the CO as soon as it is available.

Once the unit has passed the HQS Inspection, the tenant will be permitted to sign a lease and the contract will be drawn up. You will be asked to sign two copies of the contract and return both copies to our office along with a copy of the lease signed by you and tenant outlining the lease effective date; contract rent amount and utility responsibilities. A signed copy of the contract will be returned to you for your records.

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)	2. Address of Unit (street address, unit #, city, state, zip code)
LAKEWOOD HOUSING AUTHORITY	

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)(BMIR)
- ☐ 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	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Heat Pump ☐ Oil ☐ Other	
Cooking	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Other	
Water Heating	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Oil ☐ 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.			
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.

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 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)

Scott E. Parsons, PHM
Executive Director

LAKEWOOD
HOUSING
AUTHORITY

OWNER RESPONSIBILITY AS A PARTICIPANT IN THE SECTION 8 PROGRAM

1. To adhere to all program requirements as stated in the Housing Assistance Payment Contract.

2. Section 1001 of Title 18 of the U.S. Code made it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

3. It is illegal to accept any side payments from the tenants in the program. Such an offense is punishable by law and in addition, an offending Owner can be barred from further participation in the Rental Assistance Program.

I HAVE READ AND UNDERSTAND THE ABOVE AND WILL COMPLY WITH THE REQUIREMENTS.

Owner's Name: _____

Owner's Address: _____

_____

Owner's Telephone Number _____

Owner's E-mail Address _____

Social Security Number _____

Federal Tax I.D. # _____

Owner's Signature _____ Date _____

PLEASE ATTACH A COPY OF A DEED AND/OR THE MORTGAGE DOCUMENTS TO SHOW PROOF OF OWNERSHIP. IF YOU ARE A MANAGING AGENT, WE MUST HAVE EITHER A MANAGEMENT AGREEMENT, SIGNATORY FORM OR POWER OF ATTORNEY FROM THE ACTUAL OWNER STATING SAME.

THE UNIT MUST HAVE A CERTIFICATE OF OCCUPANCY BEFORE THE LHA CAN SCHEDULE AN INSPECTION DATE.

Rev. 12/2022

317 Sampson Avenue • Lakewood, New Jersey 08701-3565
(732) 364-1300 • Fax (732) 367-3299 • www.lakewoodha.org

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–						

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

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*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Scott E. Parsons, PHM
Executive Director

LAKEWOOD
HOUSING
AUTHORITY

NO RELATIVE FORM

I, _____ as authorized signatory for _____,
(Signatory if Applicable) or (Owner) (Owner's Name)

owner (s) of record of the unit located at _____,
(Unit Address)

do hereby state that **NO** member of the corporation/partnership/company are relatives* of

the tenant (s): _____.
(Tenants' Names)

Please indicate if you are related to the tenant other than the list

provided: _____.
(Relationship)

***Relatives are as follows:**

- Parent (including stepparent)
- Spouse
- Child (including stepchild)
- Grandparent
- Grandchild
- Sister
- Brother (including a stepsister, stepbrother) of any covered individual

I understand that this form will be attached to the Housing Assistance Payment Contract entered into with all obligations as described therein.

_____
Signature

_____
Date

Rev 10/2020

317 Sampson Avenue • Lakewood, New Jersey 08701-3565
(732) 364-1300 • Fax (732) 367-3299 • www.lakewoodha.org

Scott E. Parsons, PHM
Executive Director

L H A
LAKEWOOD HOUSING AUTHORITY

SIGNATORY FORM

I/We, _____ owner(s) of record of the unit
(Owner(s))

Located at: _____, do hereby authorize
(Address)

_____ to sign all documents on my behalf.

_____	_____
Owner's Name (Please Print)	Owner's Name (Please Print)
_____	_____
Owner's Signature	Owner's Signature
_____	_____
Date	Date

LIST ALL OWNERS NAMES & SIGNATURES

317 Sampson Avenue • Lakewood, New Jersey 08701-3565
(732) 364-1300 • Fax (732) 367-3299 • www.lakewoodha.org

UNIT PROFILE SHEET

PROPERTY OWNER: PLEASE COMPLETE ALL ITEMS LISTED BELOW. SHOULD YOU REQUIRE ADDITIONAL INFORMATION PLEASE CONTACT THE CASEWORKER.

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

_____

PHONE: _____ Email: _____

UNIT ADDRESS: _____

_____

TYPE OF UNIT: (Please check one) ☐ Single Family Detached ☐ Mobile Home ☐ Duplex or Two Family
☐ Low Rise/Garden Apt. ☐ High Rise ☐ Row House / Town House

DOES THE UNIT HAVE A CURRENT TOWNSHIP RENTER'S CO? ☐ YES ☐ NO IF NO, WHEN: _____

NUMBER OF ROOMS: _____ (Not including kitchen or bathroom) NUMBER of FULL BATHS: _____ ½ BATHS: _____

SQUARE FOOTAGE: _____ MOST RECENT RENT: _____

YEAR BUILT: _____ DATE OF LAST INCREASE: _____

UTILITIES

	DOES TENANT PAY FOR:	PROVIDED BY	PAID BY
1)	HEATING TYPE: _____ (NAT. GAS, OIL, ELEC.)	_____	_____
2)	COOKING FUEL TYPE: _____ (NAT.GAS, OIL, ELEC)	_____	_____
3)	HOT WATER HEATING TYPE: _____ (NAT.GAS, OIL, ELEC.)	_____	_____
4)	ELECTRIC LIGHTING:	_____	_____
5)	WATER:	_____	_____
6)	SEWER:	_____	_____
7)	TRASH COLLECTION:	_____	_____
8)	APPLIANCES:		
	RANGE/MICROWAVE	_____	_____
	REFRIGERATOR	_____	_____
9)	CENTRAL A/C: ☐ YES ☐ NO	_____	_____

_____ _____

Signature of Owner Date

Scott E. Parsons, PHM
Executive Director

LAKEWOOD HOUSING AUTHORITY

PROPERTY MANAGER CONTACT INFORMATION

If you will be using a Property Manager for this property, please complete the following and attach a copy of your agreement with your Property Manager

_____
Owner Name

_____
Property Manager Name / Contact Person

_____
Address 1

_____
Address 2

_____
City, State, Zip Code

_____ _____
Telephone *Fax*

_____
*Email for payment confirmations - **MANDATORY***

Payments are to be sent to: ☐ Owner ☐ Property Manager

Please complete the attached Direct Deposit Authorization form. **Banking information must match recipient's name based on checked selection above.**

_____ _____
Owner or Signatory Date

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

Address of Unit _____

Tenant Name _____

Landlord Name _____

[ ] Check here if the unit was built after 1978 and skip to Certification of Accuracy – sign and date

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

LESSOR'S DISCLOSURE

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and /or lead-based paint hazards are present in the housing (explain). _____

(ii) Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

(ii) Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing

LESSEE'S ACKNOWLEDGMENT (INITIAL)

(c) _____ Lessee has received copies of all information listed above

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home.*

AGENT'S ACKNOWLEDGMENT (INITIAL)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852 (d) and is aware of his/her responsibility to ensure compliance.

CERTIFICATION OF ACCURACY

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor	Date	Lessor	Date
Lessee	Date	Lessee	Date
Agent	Date	Agent	Date

Caseworker _____

Scott E. Parsons, PHM
Acting Executive Director

L
H
A
LAKEWOOD
HOUSING
AUTHORITY

Re: Direct Deposit Conversion

Dear Landlord,

I have included an enrollment form to sign up for Direct Deposit for your monthly HAP payments. All of our landlords are required to enroll and are receiving their HAP payments deposited conveniently into their bank accounts.

To further enhance this program, we have implemented a Landlord Access portal on our website (www.lakewoodha.org) where landlords can view or print their current and past HAP payment details.

IF YOU ARE NOT SIGNED UP FOR DIRECT DEPOSIT YOU WILL HAVE TO COME TO THE LAKEWOOD HOUSING AUTHORTY WITH VALID ID TO PICK UP YOUR PAYMENT. YOUR CHECK WILL BE AVAILABLE FOR PICK UP BETWEEN THE HOURS OF 1:00-3:30 PM MONDAY –FRIDAY.

For your convenience, I have included a Direct Deposit Form for you to complete and return as soon as possible. **Please be sure to include your email address to receive payment notifications.**

If you have any questions, please call 732-364-1300, xt.121.

Regards,

Teresa Acosta

Lakewood Housing Authority
Direct Deposit Authorization

I hereby authorize the Lakewood Housing Authority to directly deposit my Housing Assistance Payment (HAP) in the bank account listed below.

I have attached a voided check or deposit slip for the account specified below.
(Deposit slips are required for savings accounts only)
*****(Check **MUST** accompany this form or it will **NOT** be processed) *****
****NO starter checks will be accepted. Account holders name **MUST** be on checks****
Mail completed forms to: LHA – 317 Sampson Avenue, Lakewood, NJ 08701 Attention: Teresa Acosta

PLEASE PRINT ALL INFORMATION CLEARLY TO AVOID ANY DELAY IN PROCESSING

This authorization is to remain in force until the company has received written authorization from me of its termination or change.

☐ Initial Authorization ☐ Change in Authorization

OWNER NAME:_____

COMPANY NAME:_ _____

ADDRESS:_____

CITY,STATE,ZIP:_____

TELEPHONE#:_____

SIGNATURE:_____

EMAIL ADDRESS: _____

(Check only one) ☐ Checking ☐ Savings

FINANCIAL INSTITUTION NAME:_____

ADDRESS:_____

CITY,STATE,ZIP:_____

TELEPHONE #:_____

ROUTING #:_____

ACCOUNT #:_____

OFFICE USE ONLY

Case Worker: _____ Accounting Department :

Tenant Name: _____ Processed Date: _____

Action Effective Date: _____

VIOLENCE, DATING VIOLENCE OR STALKING

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

OMB Approval No. 2502-0204
Exp. 6/30/2017

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

_____ _____
Tenant Date

_____ _____
Landlord Date