

Northern Illinois Regional Affordable Community Housing
3617 Delaware Street
Rockford, IL 61102
Phone: (815) 963-2133 Fax: (815) 316-2860

Please complete the enclosed paperwork:

- Please be sure to submit a voided check along with the completed direct deposit paperwork.
 - W-9
 - HCV Landlord Certification
 - Copy of Photo Identification
 - Management Agreement (if applicable)
- Proof of Ownership; i.e. current tax bill, mortgage statement, deed

Keep the enclosed paperwork (for your records):

- Housing Assistance Payments Contract (sample)
 - Informational Sheets

Housing Choice Voucher Landlord Certification

(Street Address of Assisted Unit)

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

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit.

I understand that the tenant's portion of the contract rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts for the rent that has not been specifically approved by the Housing Authority.

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

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the Housing Choice Voucher program. I understand that knowingly falsifying material facts is a violation of State and Federal Law.

Signature of Landlord/Agent

Date

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Thank you for your interest in NI ReACH's Housing Choice Voucher (HCV) program. Enclosed is information to acquaint you with the major features of the HCV program.

What is the Housing Choice Voucher (HCV) program?

The HCV program is the United States Department of Housing and Urban Development's (HUD) program to assist low-income, elderly, and disabled families to provide decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to choose their own housing, including single-family homes, townhouses, apartments, and mobile homes.

The participant is free to choose any housing that conforms to the requirements of the program.

Housing choice vouchers are administered locally by Public Housing Agencies (PHAs).

PHAs receive federal funds from HUD to administer the HCV program.

A family that is issued a voucher is responsible for finding a suitable housing unit of their choice where the owner agrees to contract with the family under the HCV program. This unit may include the family's current residence.

Rental units must meet Housing Quality Standards (HQS) for health and safety as determined by HUD.

A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays to the landlord the assigned portion per NI ReACH guidelines.

To list your units, please contact our office and we will be happy to assist you.

Rental Units and the Housing Choice Voucher Program

Housing Choice Voucher (HCV) holders are responsible for locating a rental unit, which may be unit that they currently occupy which meets the following requirements:

1. A rental unit must be within the authorized jurisdiction: Winnebago County/Stephenson County (depending on voucher)
2. A unit must meet income guidelines for each individual family as well as Housing Quality Standards (HQS) criteria. An inspection is conducted by a HQS inspector to ensure that the unit complies with these standards.
3. A landlord must voluntarily agree to participate by signing the Housing Assistance Payment (HAP) contract.

Additional Information Regarding the Housing Choice Voucher Program

1. The landlord is expected to charge a reasonable rent for the unit based on size, location, and amenities.
2. The contract rent specified in the landlord's lease will be paid partially by the tenant and partially by the Housing Authority. The Housing Authority's share will be paid by direct deposit on or about the first of each month. The rent you charge must be the same rent that would be charged to a non-voucher holder, or as advertised.
3. The tenant's portion of the rent is paid directly by them to the landlord. Tenants may not pay more than 40% of their adjusted income for rent and utilities at initial lease up.
4. Annual rent increases are permitted; however, because each participant receives a fixed amount of assistance, the portion of the rent payable by the Housing Authority will not necessarily increase with the unit rent.
5. A lease will be required that:
 - Is between the landlord and tenant
 - Is not less than 12 months long
 - Is amended by attaching the document entitled "Addendum to Lease"
 - Tenant may be renewed at the end of the lease term unless the landlord chooses not to renew the lease, the tenant chooses to relocate, or the tenant and the landlord mutually agree to terminate the lease.

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Housing Choice Voucher Section 8 HAP Electronic Deposit Authorization

Owner/Landlord: _____

Manager: _____

Contact Phone Number: _____

Correspondence to: Landlord **OR** Manager

(If correspondence is going to the manager, please provide management agreement with Manager's address included.)

Bank Name: _____

Account Type: Checking Savings

Bank ABA Number (routing #) _____

Account Number: _____

Email: _____

(Deposit detail will be sent to this email.)

I hereby authorize Northern Illinois Regional Affordable Community Housing (NI ReACH) to initiate deposits and/or corrections to the financial institution indicated. This authorization will remain in full force and effect until NI ReACH receives written notification from me of its termination.

Authorized Signature: _____ Date: _____

Attach a voided check and fax to (815) 316-2860, email to VHuwe@nireach.org or mail to:

**NI ReACH
3617 Delaware St.
Rockford, IL 61102**