



EXISTING LANDLORD ACCOUNT – ADDITION OF PROPERTY

DOCUMENT CHECKLIST

Owner Name/ Company Name:	
Previously Registered Tax ID (SSN or EIN):	
New Property Address:	
Prospective Tenant Name:	

To add an additional property to an existing Arlington Housing Authority Landlord Account, the property owner, (as noted on the warranty deed, or proof of sale), or their designated representative (signed Property Management agreement between both parties is required), must submit the documents listed below to AHA Landlord Services.

NOTE: Documents, forms, and photos that are of low quality, unreadable, or incomplete will require revision and may result in delays in processing.

CHECKLIST

- AHA Assignment of Management Leasing Agent form (if applicable) – will require the Property Management Agreement between Owner and Agent
- Property Management Agreement (if applicable) – property address must be referenced
- Property Owner Certification form
- Copy of Deed of Trust, Warranty Deed, or Closing Statement, to establish proof of ownership
- Clear photocopy of Driver’s License or other US government issued photo identification for Owner, and/or Agent – smartphone images are acceptable

NOTE: Only provide updated versions of the following forms if updates need to be made or account is in inactive status:

- Owner/Property Management Information (OPMI) owner contact information form
- Electronic Deposit Authorization form – must match voided check
 - Copy of voided check must have pre-printed owner/company name and address on the upper left-hand corner, or deposit slip if using a savings account. If you are not able to provide a copy of a voided check, please supply a letter from your financial institution with account number, bank routing number, owner information and a bank official signature

NOTES

- Property owners, or their designated representative, may submit completed packets via email or at lobby drop-off to the attention of AHA Landlord Services
- Packets delivered directly by tenants will not be accepted to ensure compliance with privacy protection related to landlord personal identification and financial data
- Initial Housing Assistance Payment (HAP) may take up to 60 days to be released once the HAP contract has been completed – contracts must be returned to the caseworker for processing
- Property address refers to rental unit, owner must provide separate mailing address different from property address

LANDLORD SERVICES CONTACT INFORMATION

Phone: 817-276-6719 | Email: LandlordRequest@ArlingtonHousing.us

501 W. Sanford, Suite 20 | Arlington, Texas 76011

Arlington Housing Authority

Assignment of Management/Leasing Agent

I hereby certify that I am the owner of the property located at:

Property Address: _____

City/State/Zip: _____

I further certify that I have authorized the following management company/agent to act on my behalf regarding the management and leasing of the aforementioned property. This authorization includes the right to sign any and all documents necessary for said leasing and compliance with the U.S. Department of Housing and Urban Development’s Housing Assistance Payments Contract.

The agent will be contacted with regard to any repairs that may be needed during the term of the lease. This authorization shall remain in full effect for the duration of the lease agreement signed by my agent. My agent and I agree to give a thirty day (30) written notice to the Arlington Housing Authority prior to any changes in the agent authorization. I shall honor the terms and conditions of the lease and the Housing Assistance Payments contract signed by my duly authorized agent with regard to the aforementioned property.

Select one:

Management Company Agent

Management Company Information:

Name of Management Company

Phone #

Street Address

Email Address

City/State/Zip Code

Agent Information:

Name of Management Company

Phone #

Street Address

Email Address

City/State/Zip Code

PROPERTY OWNER CERTIFICATION



The Housing Choice Voucher program is a federal rental housing assistance program that is highly regulated and frequently audited. The regulations governing the Housing Choice Voucher program are found in the Code of Federal Regulations and Notices published by the US Department of Housing and Urban Development (HUD). Other requirements are found in the Housing Assistance Payments contract and the Arlington Housing Authority's Administrative Plan. Although not an exhaustive list, the following are responsibilities of participating property owners. The owner responsibilities are listed herein as a courtesy to the property owner, and as a reminder of their responsibilities as a participant in the Housing Choice Voucher program. The owner and their agent(s) including any property manager or property management firms are responsible to comply with all applicable federal regulations and Arlington Housing Authority policies and procedures.

Instructions: Please read and initial each listed responsibility. Place your signature and date signed on the 2nd page and submit completed form to the Arlington Housing Authority.

— **PROHIBITION ON LEASING TO RELATIVES / PERSONS WITH OWNERSHIP INTEREST:** I understand that it is unlawful for an owner to rent to an assisted tenant who is a member of the owner's family (parent, child, grandparent, grandchild, sister or brother of the owner, any principal, or the legally designated agent). I understand that it is unlawful for an owner to rent to a tenant that has an ownership interest in the assisted dwelling unit.

— **TENANT RENT REQUIREMENT:** I understand that it is the Housing Authority's responsibility to approve the contract rent and to determine what portion of the approved contract rent will be paid by the tenant and the Housing Authority.

I understand that it is my responsibility to collect the tenant's portion of the rent from the tenant on a monthly ongoing basis in accordance with the Housing Assistance Payments (HAP) Contract.

I understand that the Arlington Housing Authority is not a party to the lease agreement and is not responsible to pay the tenant's portion of rent. The AHA will make rental housing assistance payments (HAP) identified in the HAP contract.

I understand that requests for a rent increase must be submitted to the AHA at least 60 days prior to the date they are scheduled to go into effect.

I understand that rent may not be increased without the approval of the AHA.

— **PROHIBITION ON SIDE PAYMENTS:** I understand that any agreements between the owner and tenant must be disclosed to the Arlington Housing Authority including the lease agreement. Any agreements between the owner and tenant must be approved by Arlington Housing Authority (AHA) in advance. It is unlawful to charge the tenant and or collect any additional amounts for rent or any other item not specified in the lease and not specifically approved by AHA.

— **VAWA REQUIREMENTS:** I understand that in accordance with the Violence Against Women Act (VAWA), the AHA may terminate the HAP Contract and allow a family to transfer / relocate to other suitable housing as a safeguard and protection to the resident.

PROPERTY OWNER CERTIFICATION



- **HQS COMPLIANCE:** I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as specified and contracted in my lease with the tenant so that the unit continues to comply with the HUD Housing Quality Standards (HQS). I understand that HAP payments can be abated for failure to maintain the unit in compliance with HQS, and that abated payments may not be collected from the tenant.
- **FORECLOSURE:** I certify that there are no foreclosure proceedings underway with this property. I understand that it is my responsibility to promptly notify the AHA at least 15 days in advance of pending foreclosure.
- **DIRECT DEPOSIT:** I understand that all owners will be required to utilize direct deposit as a means of receiving HAP payments.
- **VACANCIES AND RELOCATION:** I understand that I am responsible to notify the AHA immediately if the assisted unit becomes unoccupied. I understand that relocating an assisted tenant to another rental unit requires the AHA's prior approval. I understand that the death of an assisted tenant terminates the HAP Contract.
- **UNAUTHORIZED OCCUPANTS:** I understand that it is my responsibility to promptly notify the AHA whenever persons not identified on the lease agreement are residing in the assisted dwelling unit and when persons identified in the lease agreement are no longer residing in the assisted dwelling unit.
- **RECEIPT OF HAP PAYMENTS:** I understand that the receipt of housing assistance payments by the owner or owner's agent or owner's representative constitutes a certification by the owner that the assisted dwelling unit is in safe, decent and sanitary condition i.e.; that the dwelling unit meets the HUD Housing Quality Standards and that the assisted unit is occupied by persons identified in the lease agreement as residents of the assisted dwelling.

I understand that when a tenant's income increases and the amount of HAP payment is reduced to zero by the AHA the contract remains in effect for a maximum 180 days. Following the 180-day period the HAP contract terminates.

- **LEASE REQUIREMENTS:** I understand that is it the responsibility of the owner to enforce the terms and conditions of their lease agreement with the tenant.

I understand that I am entitled to HAP payments in the amount specified by the HAP contract and that I will promptly notify the AHA and promptly return to the AHA any erroneous HAP payments that may be received.

Signature

Date



ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize Arlington Housing Authority to initiate deposits and/or corrections to the previous deposits to my account at the bank named below. This authorization will remain in effect for the duration of my Housing Assistance Payment (HAP) contract with the Arlington Housing Authority. If I change or terminate my bank account without notifying the Housing Authority in writing, I understand that my HAP payment may be delayed.

I understand that I must provide a **voided check** (to deposit into a **checking account**) or a **pre-printed savings account deposit slip** (to deposit into a **savings account**) to the Arlington Housing Authority so that the proper account numbers can be verified and entered in order for the HAP payment to be deposited into the correct account.

Print Name _____ Date _____

Property Address _____
(not owner address) _____

Tax ID Number _____ Phone _____
(SSN or EIN)

Landlord Signature _____

Please complete **either** check or savings account section. Do not complete both.

Checking Account New Enrollment Update Existing Info

Transit/ABA Routing Number _____

Checking Account Number _____

Bank Name _____ City, State _____

***Attach copy of voided check. DO NOT send a deposit slip; deposit slips will not be processed.**

Savings Account New Enrollment Update Existing Info

Transit / ABA Routing Number _____

Savings Account Number _____

Bank Name _____ City, State _____

***Attach a savings account deposit slip.**

Please return completed form with attachments to:

Arlington Housing Authority - or - Fax: 817-962-1250
Attn: Landlord Services
501 W. Sanford St., Suite 20
Arlington, TX 76011



OWNER/PROPERTY MANAGEMENT INFORMATION

Arlington Housing Authority
501 W. Sanford, Suite 20
Arlington, Texas 76011
Phone: 817-276-6775
Fax: 817-962-1250

Email: landlordrequest@arlingtonhousing.us

New Owner

Change in Information

OWNER

Tax ID (SSN/EIN)	
Full Name	
Owner Address	
City/State/Zip	
County	
Work Phone	
Home Phone	
Other Phone	
Email	

PROPERTY MANAGEMENT (if applicable)

Name	
Title	
Street Address	
City/State/Zip	
County	
Work Phone	
Home Phone	
Other Phone	
Email	

Please send information to the following: (check the appropriate box)

Direct Deposit:	Owner <input type="checkbox"/>	Property Management <input type="checkbox"/>
Correspondence:	Owner <input type="checkbox"/>	Property Management <input type="checkbox"/>
1099 Form:	Owner <input type="checkbox"/>	Property Management <input type="checkbox"/>

Owner Date

Property Management Date

Basic Housing Quality Standards (HQS) Checklist

This checklist is provided to assist property owners and agents in ensuring that common violations are corrected, prior to the Arlington Housing Authority's (AHA) HQS Inspection. Please review this list.

- All utilities must be on and landlord supplied appliances must be in the unit at the time of inspection.
- Appliances must be in good working order and clean.
- A working smoke alarm is REQUIRED in each bedroom (Texas Property Code for Rental Sec 92.255), one on each level of the unit, AND one in each common hall where bedrooms are located.
- Water heater must be vented properly and the discharge line must meet City code.
- Bathroom must have a window that opens or a working exhaust vent system.
- Bedrooms must have a window that opens, stays open, and has operable locks.
- Windows must stay open, have no cracked or broken panes, be weather-tight and have operable locks.
- Doors must be free of holes, weather-tight (if exterior doors), and have operable locks.
- Interior door cannot have any keyed or security locks.
- All plumbing must be in good working condition with no leaks.
- No peeling paint on the exterior or interior of a unit.
- All electrical wiring must be properly installed and covered.
- Panel box may not have any open spaces.
- HVAC must be in good working condition, vented properly, and have clean filters.
- Make ready on unit MUST be completed prior to inspection.
- Sliding doors must have a pin lock no higher than 18 inches from the floor.

The list above is a list of common violations; it is not intended to be a complete list of all possible HQS violations. The AHA is required by HUD to address all identified HQS violations to ensure the unit passes the HQS inspection and is suitable for occupancy.