

Request for Tenancy Approval (RTA) Packet

Housing Choice Voucher (HCV) Program

V7.0

Feb 2021

This form must be submitted on or before the expiration date of the family's voucher. Incomplete packets may result in processing delays. Please visit our office or contact us at **305-403-3222** for assistance in completing this form.

Miami Dade Public Housing and Community Development
Housing Choice Voucher Program

Main Office: 20 SE 3rd Ave, 3rd Floor, Miami, FL 33131

North Regional Office: 1111 Park Centre Blvd, Suite 104, Miami Gardens, FL 33169

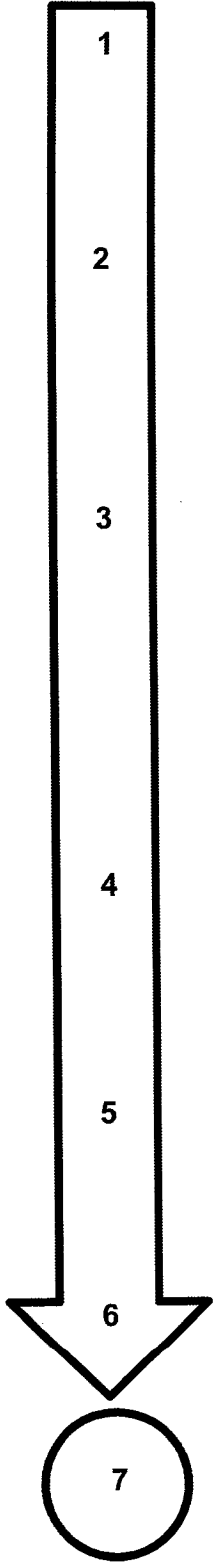
Main: 305-403-3222 / TTD/TTY 1-800-955-8771 or dial 771

Si necesita ayuda con este formulario, llame al 305-403-3222

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Welcome to the Miami-Dade County Housing Choice Voucher (MDHCV) Program!

Below are estimated time frames for the Move Process that initiates with submission of a complete RTA Packet and Owner documents. Contact our Customer Service Call Center at **305-403-3222** for assistance with completing this packet.

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- 1 RTA Submission** Must be submitted on or before the **expiration date** of the family's voucher

Owner or Voucher Holder submits a complete RTA packet to MDHCV

 - Submit your RTA packet online at www.mdvoucher.com/rta
 - Submit your RTA packet via a registered email to customer care@mdvoucher.com
 - Submit your RTA packet in person or by mail to the MDHCV Program Office
 - 2 RTA Processing** Estimated Time frame [from receipt of RTA]: **7 Business Days**

Information in the RTA packet is reviewed to determine unit, owner, and payee eligibility.

 - MDHCV reviews ownership, taxes, foreclosure fillings, and if debts are owed to any PHA
 - MDHCV reviews homestead exemption, HOA approval, property management agreement and/or authorized agent(s).
 - New Owners are required to be approved and be issued a Vendor Number prior to inspection being requested.
 - 3 HQS Inspection** Estimated Time frame [from RTA Processing]: **7 Business Days**

The Inspections department will contact owner to schedule an initial inspection
Inspections will conduct an assessment of the unit according to the federal Housing Quality Standards (HQS)

 - The Owner will receive a letter and phone call informing the date and time of the inspection
 - The unit must be unoccupied and move in ready unless the tenant will lease in place
 - If the unit does not pass, the owner will be allowed 10 days to make repairs
 - If the unit **does not pass the re-inspection**, MDHCV will cancel the RTA for that unit/property.
 - If the unit **does pass**, MDCV will finalize the rent and affordability of the unit.
 - If the unit **does pass**, the family should not move in the unit without MDHCV prior approval
 - Additional questions or concerns regarding the inspection process should be directed to: Customer Service Call Center at 305-403-3222 or email customer care@mdvoucher.com
 - 4 Determining Rent and Affordability** Estimated Time frame [from a passed Inspection]: **5 Business Days**

 - MDHCV will review the rent requested by the owner and compare it to comparable unassisted units in the building and/or neighborhood
 - MDHCV will evaluate the family's income to ensure affordability of the unit
 - MDHCV will contact the owner if the maximum approved rent amount
 - MDHCV may approved the owner's requested rent amount or may offer a lower amount (if required).
 - 5 Unit Approval** Estimated Time frame [from rent determination date]: **2 Business Days**

MDHCV awaits the owner's acceptance of the rent offer

 - If the rent offer is **not accepted** within 2 business days, MDHCV will cancel the RTA for that unit.
 - If rent offer is **accepted**, MDHCV will coordinate the execution of the Housing Assistance Payment (HAP) contract.
 - 6 HAP Contract Execution** Estimated Time frame [from rent acceptance date]: **7 Business Days**

 - The owner is required to execute a lease, in the form and manner used to execute leases with non-assisted (non-Section 8) tenants. The lease will be reviewed by MDHCV.
 - MDHCV receives a copy of the lease and executes HAP contract with owner.
 - 7 HAP Payment** Estimated Time frame [from HAP execution date]: **7-45 Calendar Days**

 - Housing Assistance Payments for the first month shall be prorated for a partial month based on the move in date
 - Housing Assistance Payments will be issued **via direct deposit only**.

Request for Tenancy Approval Housing Choice Voucher Program

1. Name of Public Housing Agency (PHA) Miami Dade Public Housing and Community Development			2. Address of Unit (street address, apartment number, city, State & zip code) 3108 NW 20th St MIAMI FL 33055			
3. Requested Lease Start Date	4. No. of Bedrooms	5. Year Constructed	6. No. of Units in the Building	7. Proposed Rent	8. Security Deposit Amt.	9. Available Inspection Date:
9/1/22	4	1972	1	\$3500	\$7000	ANY DATE

10a. Type of House/Apartment <input checked="" type="checkbox"/> Single Family Detached <input checked="" type="checkbox"/> Manufactured Home <input checked="" type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Elevator / High Rise <input type="checkbox"/> Garden / Walkup	10b. Homeowners Association <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, requires approval letter
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11. If this unit is subsidized, indicate the type of subsidy

Section 202
 Section 221(d) (3) (BMIR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development

Home
 Tax Credit (Indicate the type of Tax Credit below.)
 ALF

select one: Regular Rent HERA Rent

Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____ Shared Housing

Property Folio #: ~~31-1107-011-0260~~

12. Utilities and Appliances

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

Item	Specify fuel type	PAID BY	SUPPLIED BY
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump	T	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric	T	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	T	
Other Electric		T	
Water		T	
Sewer		T	
Trash		T	
Air Conditioning		T	
Refrigerator			O
Range/Microwave			O
Other (specify)			

13a. Additional Owner-Provided Amenities Flooring: <input type="checkbox"/> Carpeting <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl	13b. Additional Unit Description Number of Bathrooms _____ Square Footage _____
Other: <input checked="" type="checkbox"/> Air Conditioning <input type="checkbox"/> Balcony/Patio <input checked="" type="checkbox"/> Cable-ready <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Mini Blinds <input type="checkbox"/> In-sink Garbage Disposal <input checked="" type="checkbox"/> Fenced Yard <input type="checkbox"/> Fireplace <input checked="" type="checkbox"/> Washer (clothes) <input checked="" type="checkbox"/> Dryer (clothes) <input type="checkbox"/> Dishwasher <input type="checkbox"/> Granite Countertops	

Section 504/ American with Disabilities Act Accessibility Features

Entry/Door Features: Accessible Parking Nearby Flat/No-Step Entry Ramped Entry Doorways 32" or wider
 Automatic Entry Door Accessible Elevator Unit on First Floor Lever-style Door Handles

Kitchen Features: Low Counter(s) Minimum 27" Knee Space Under Counter Non-Digital Appliances Front Controls on Stove/Cook-top

Bathroom Features: Low Vanity Minimum 27" Knee Space under Vanity Grab Bars Raised Toilet Reinforced for Grab Bars
 Roll in Shower Lowered Toilet "T" Turn or 60" Turning Circle in Bathroom

Miscellaneous Features: Within Paratransit Route Accessible Laundry Accessible Flooring Sign Language Friendly

Quality of Unit (Check one of the following): New Construction Well-maintained Adequate May Need Repair

14. 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.

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

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

16. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

EVON COCHRAN

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Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
[Redacted]		[Redacted]	
Signature (Owner/Owner Representative)	Date (mm/dd/yyyy)	Signature (Household Head)	Date (mm/dd/yyyy)
[Redacted]		[Redacted]	8/22/2022
Business Address		Current Address of Family (street address, apartment no., city, State, & zip code)	
[Redacted]		[Redacted] MIAMI FL 33133	
Owner/Owner Representative Telephone Number		Telephone Number	
[Redacted]		[Redacted]	
Alternate Number		Email Address	
[Redacted]		[Redacted]	
Email Address		Entity ID (if known)	Voucher Size
N/A		N/A	
Children under 6? (Y/N)		Owner/Vendor Entity ID (if currently participating in the HCV Program)	
		[Redacted]	
Contact for Inspection (Name)	Telephone Number		

XX. APPROVAL CONTINGENCY. If applicable, the Lease is conditioned upon approval of Tenant by the association that governs the Premises. Any application fee required by an association shall be paid by Landlord Tenant. If such approval is not obtained prior to commencement of Lease Term, either party may terminate the Lease by written notice to the other given at any time prior to approval by the association, and if the Lease is terminated, Tenant shall receive return of deposits specified in Article V, if made. If the Lease is not terminated, rent shall abate until the approval is obtained from the association. Tenant agrees to use due diligence in applying for association approval and to comply with the requirements for obtaining approval. Landlord Tenant shall pay the security deposit required by the association, if applicable.

XXI. RENEWAL/EXTENSION. The Lease can be renewed or extended only by a written agreement signed by both Landlord and Tenant, but in no event may the total Lease Term exceed one year. A new lease is required for each year.

XXII. LEAD-BASED PAINT. Check and complete if the dwelling was built before January 1, 1978. **Lead Warning Statement** (when used in this article, the term Lessor refers to Landlord and the term Lessee refers to Tenant)

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 (initial)

EPH (a) Presence of lead-based paint 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).

EPH (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)

EG (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)

DE (e) Agent has informed the Lessor of the Lessor's obligations under 42 U.S.C. 4852d 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 provided by the signatory is true and accurate.

<u>[Redacted]</u> Lessor's signature	<u>08/20/2022</u> Date	<u>[Redacted]</u> Lessor's signature	<u> </u> Date
<u>[Redacted]</u> Lessee's signature	<u>8/21/2022</u> Date	<u>[Redacted]</u> Lessee's signature	<u> </u> Date
<u>[Redacted]</u> Agent's signature	<u>08/20/2022</u> Date	<u>[Redacted]</u> Agent's signature	<u>8/21/2022</u> Date

Tenant (EG) and Landlord ([Redacted]) acknowledge receipt of a copy of this page, which is Page 5 of 18.

**Miami-Dade Housing Choice Voucher Program
RTA Submission Instructions**

V6

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. **Incomplete packages may result in processing delays.** Submit this completed package through any of the following convenient ways:

- 1) Online: www.mdvoucher.com/rta
- 2) E-mail from a registered email address to: customer@mdvoucher.com
- 3) In person to any of our program offices.

New Owners – PLEASE READ

We are thrilled to have you join the thousands of owners participating in the Program. In order to ensure your unit gets processed as quickly as possible, you must submit a “New Vendor” package. This package is available through:

- 1) A copy was provided to the family with the voucher
- 2) Online at: www.mdvoucher.com/newvendor
- 3) Contacting us at 305-403-3222 and an agent will email or mail you a copy
- 4) Visiting our offices in person

A complete package and must be received within **10 calendar days** of submitting this RFTA.

Existing Owners & Agents – PLEASE READ

Welcome back! We have simplified the approval process for you, but you must adhere to the following:

1. Has this unit been assisted by the Miami-Dade HCV program before?
 - a. Yes, our staff will review the following:
 - i. The owner listed on this RTA matches the owner on record with the Property Appraisers office and the owner on record with this office,
 - ii. Taxes are current on the unit
 - iii. Owner is set-up for direct deposit
 - b. No, in addition to the requirements above, you must provide
 - i. Proof of ownership if you recently purchased the property, or
 - ii. Written consent from the owner on record that authorizes you to transact on their behalf.
2. Does the unit require HOA approval?
 - a. Yes, you must secure approval before an inspection is requested.
 - b. No, please make sure to mark “No” on the RTA.