## **Housing Choice Voucher Briefing**



## Welcome to our Program!

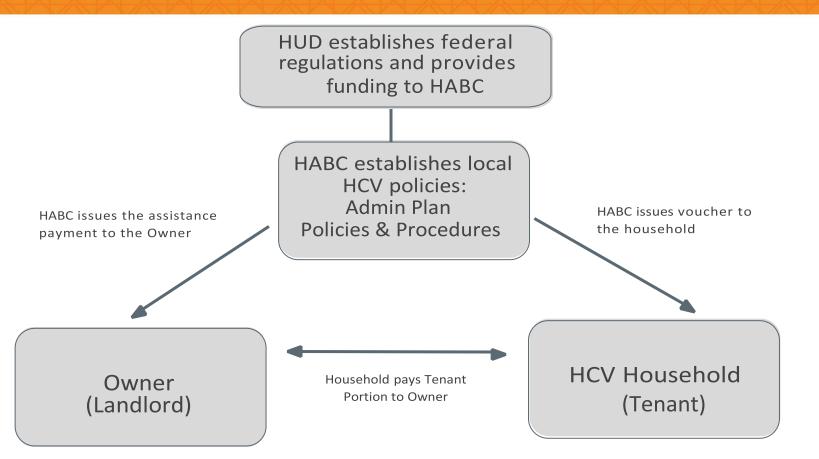
#### What You Will Learn

- Moving Packet
  - Voucher Dates
  - How your rent portion is calculated
- How to Search for a Unit
- Next Steps Once You Find a Unit
- Family Obligations and more

## **Housing Choice Voucher Program**

- The U.S. Department of Housing and Urban Development (HUD) administers the Housing Choice Voucher (HCV) Program, which offers the opportunity for low-income families to choose affordable housing.
- The HCV program provides tenant-based assistance rather than unit-based assistance, allowing the family to move without losing assistance.
- Through this program, individuals and families receive a voucher, which represents a subsidy that can be used to rent any housing that meets HCV program requirements.
- The rules and regulations of the HCV program are determined by HUD. HABC is afforded choices in the operation of the program included in HABC's Administrative Plan, a document approved by the Board of Commissioners.

## **Housing Choice Voucher Program**



## **Portability**

- Transferring your voucher to another jurisdiction is called Portability.
- To qualify, you must be an eligible program participant in good standing.
- You may only "port out" of HABC's jurisdiction:
  - After the initial term of your lease
  - If you have not ported within the past 12 months
- If you are interested in porting out of HABC's jurisdiction, please email
   Portability@habctx.org

## **Moving Packet**

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#### **Owner Packet**

- Request for Tenancy ApprovalForm (RTA)
- Lease Requirements
- Tenancy Addendum
- Lead-Based Paint Disclosure Form
- W-9 Form
- Direct Deposit Form

#### Ocalas Side

#### **Participant Information**

- HCV Briefing Information Packet
- Family Self-Sufficiency Program Info
- Participant Guide
- Are You a Victim of Housing Discrimination Form?
- Things You Should Know Form
- Family Obligations Form
- VAWA Forms

## **Looking for a Unit**

### Where To Look

- www.gosection8.com
- Rental ads in the San Antonio Express newspaper
- Friends, family and coworkers
- Neighborhoods you would like to live in: "For Rent" signs

### **How To Look**

Call potential landlords and make an appointment to see the unit.

## **Looking for a Unit**

### **Searching the Unit**

- Read "A Good Place to Live" booklet as a guide to what the inspection will include.
- Take a list of previous rental history
- Ask the following questions during your appointment:
  - What is the rent and what utilities will I need to pay?
  - Who will be providing the stove and refrigerator?
  - Are pets allowed? If so, are there any restrictions?
- Inspect the unit:
  - Drive around the neighborhood during day and night.

## Request For Tenancy Approval (RTA)

### **RTA Form**

- When you have found a unit, meet with the landlord to sign the Request for Tenancy Approval (RTA) Form.
- The RTA Form indicates the following:
  - Proposed Rent,
  - Security Deposit,
  - Date the unit is available for inspection, and
  - Utility/Applicant Responsibility.
- Both you and the landlord must sign.

Request for Tenancy Approval Housing Choice Voucher Program		and U	U.S. Department of Housing and Urban Development Office of Public and Indian Housing		OMB Approval No. 2577-016 (exp. 09/30/201		
gethering and maintains respond to, a collection information required on used to determine if the	ng the data resided, of information unless this form by Section unit is eligible for me ecutions. It will not it	and completing is that collection of 8 of the U.S. Ho intel assistance se otherwise disc	and reviewing the collect deplays a valid OMB contuating Act of 1937 (42 U.S HUD may disclose this in	on of information. This tol number. The Deps i.C. 1437f). Collection formation to Federal, 5	uding the time for reviewing agency may not conduct witment of Housing and Un- of the date on the family's State, and local agencies or mitted or required by law.	or sponsor, and i can Development selected unit to their relevant civil	a person is not required t (HUD) is authorized to mandatory. The informs ii, criminal, or regulatory
Name of Public House Sam Antonio E		ty		2. Address of Uni	t (street address, spartra	ent number, city,	State & zip code)
3. Requested Beginning	Date of Lease 4.	Number of Beds	coma 5. Year Construct	ed 6. Proposed Rent	7. Security Deposit A	et. 8. Data U	init Available for Inspect
3. Type of House/Aper Single Family		3emi-Detach	ed / Row House	Manufactured H	Home Garden /	Walkup	Elevator / High-R
11. Utilities and Appliano The owner shall provid	m le or pay for the util	tes and applianc	State or Local Subsidy tes indicated below by an	"O". The tenant sha	ii provide or pay for the ut	lities and applian	nces indicated below
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Heating	Netrolig	en Bott	egas 🔲 OI	Electric	Coal or Other	NA.	- 4
Cooling	Naturals	pas Bot	de gas OI	Electric	Coal or Other	NA	
Water Heating	Natural	pan Bos	de gass OX	Electric	Coal or Dear	NA	_
						N/A	
Other Electric						N/A	
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## Request For Tenancy Approval (RTA)

#### **RTA Form**

11	Utilities	and	App	liances
11.	Utilities	and	ADD	nances

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	Provided by	Paid by
Heating	Natural gas Bottle gas Oil Electric Coal or Other	N/A	
Cooking	Natural gas Bottle gas Oil Electric Coal or Other	N/A	
Water Heating	Natural gas Bottle gas Oil Electric Coal or Other	N/A	
Other Electric		N/A	
Water		N/A	
Sewer		N/A	
Trash Collection		N/A	
Air Conditioning		N/A	
Refrigerator			N/A
Range/Microwave			N/A
Other (specify)			7

## Request For Tenancy Approval (RTA)

#### **RTA Form**

#### 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.

- The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.
- 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 as to whether or not the unit will be approved.

 Owner's Certification must be completed for owners with properties that have more than four units.

## **Request for Tenancy Approval**

### **RTA Appointment**

- Upon the owner/landlord moving packet are completed, you must contact your Caseworker and send them on PDF format.
- You must submit the following items completed:
  - Request for Tenancy Approval Form (RTA),
  - Copy of Lease,
  - Lead-Based Paint Disclosure Form, and
  - Owners certification
  - W-9, IRS letter and Direct Deposit
  - Proof of Ownership and/or Management Agreement (if applicable)

## **Request for Tenancy Approval**

### Inspection

- If your Request for Tenancy Approval is *approved*, the landlord will be contacted to schedule an inspection of the unit.
- If the unit does not pass inspection, the landlord will be notified of any items that need repair.
- HABC cannot make any Housing Assistance Payments (HAP) if the unit has not passed inspection.
- If the unit does not pass inspection, it may cause delay in your assistance.

### Plan To Move

### **Costs from Tenant's pocket**

- Security deposit
- Your portion of the first month's rent
- Possible utility deposits and hook-up fees
- Cost of moving

#### When to Move

- Always wait to move in AFTER the unit passes inspection.
- If the landlord refuses to make the necessary repairs to meet inspection requirements and you have already moved in, you will need to move out and find a new unit.

## Moving In

#### **Get Information from Your Landlord**

- Who should you contact for repairs?
   Always get a phone number and email, and keep a log of every contact for repairs.
- Who should you contact in case of emergency when they're not available?

  Ask the Landlord/owner for at least two (2) phone number and email, in case they are not immediately

### Once you have possession of the unit:

- 1. You are responsible for notifying the landlord about maintenance problems.
- 2. HABC will get involved with maintenance issues only after you have given **written notice** to the landlord with a copy to HABC, and only if the landlord does not respond.

#### What is FSS???

Family Self-Sufficiency program is an opportunity to set goals to be economical independent, get help to reach them and be awarded for your hard work!

Check this →

#### 1st Salary increase

\$ 300

Monthly earned Income At the FSS Contract start date. \$2,000

Monthly earned income after increase in wages or getting a job

#### 2<sup>nd</sup> Rent Increase

\$ 100

Total portion of monthly rent paid by tenant. \$500

Total portion of rent paid By tenant after employment.



#### SAVINGS!!!

υρι \$24,000 over 5 years

Example show \$ 400 difference deposited monthly to participant's escrow fund

<sup>\*</sup> This calculation serves as an example, monthly amounts deposited into each participant's escrow accounts are calculated on a case by case basics. Contact your Caseworker for more Information.

## **Family Obligations**

- Use the Housing Choice Voucher
- Supply all accurate information
- Attend all appointments
- Allow for inspections
- Pay your rent portion
- Maintain Housing Quality Standards (HQS)
- Live in the unit for the initial year: you may not move during this time

- Have the unit be your only place of residency
- Report any changes in family Composition
- Report any changes in income
- If you are an FSS Participant, attend all appointments and referrals
- Cannot be absent for greater than 45 days

### Others...

#### **Visitors**

- You may have guests as long as they have a different permanent address and not spend more than 7 consecutive days in your unit. \*Review your Lease for any other Owner's specification.
- You must follow your landlord's rules on visitors, detailed in the lease.
- You are responsible for the actions of anyone in your unit.

### **Termination**

- When a decision is made to terminate your rental assistance, the family is sent written notice of that decision, which states:
  - the program violation;
  - how to request an Informal Hearing; and
  - the time frame you have to request the Informal Hearing.
- If the family does not request a hearing within the specified time, the decision will be upheld.
- Hearings are conducted by an individual not involved in making the decision to terminate.
- The family is strongly encouraged to bring supporting documentation of their case to the Informal Hearing.

## **Fair Housing**

- Under the Fair Housing Act, it is against the law to base any housing decision on the following:
  - Race
  - Color
  - Religion
  - Sex
  - Handicap
  - Familial Status
  - National Origin
- If you feel anyone has refused to rent to you for any of these reasons refer to and or complete the Housing Discrimination Information form in your Applicant Packet.

## **Violence Against Woman Act**

### (VAWA)

- VAWA provides protections for victims of domestic violence, dating violence, sexual assault or stalking.
  - For all individuals, regardless of sex, gender identity or sexual orientation.
- You cannot be denied admission, denied assistance, terminated or be evicted from rental housing because you are a victim.
- If you are a victim of domestic violence, dating violence, sexual assault or stalking, you may request an emergency transfer.
- HABC may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA.
- HABC must keep all VAWA information confidential.

### **Current Lessee**

- Must give written 30-Day Notice to your landlord. All Public Housing residents must provide proof of move-out to determine your move-in on Secti
- Turn in all keys upon moving out of your unit
- Settle all outstanding accounts
  - Not settling your account may lead to termination of your housing assistance

### Voucher

### **Housing Choice Voucher**

- Your Housing Choice Voucherindicates your eligibility to participate in the HCV Program and enables you to search for a decent, safe and sanitary unit.
- Your voucher will expire in 60
  days. You must find a suitable unit
  within that time frame.
- You may only request a voucher extension with good cause.

#### Voucher Housing Choice Voucher Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0169

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Ohloic Voucher Proraria.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.	Voucher Number		
Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size		
Date Voucher Issued (mm/dd/yyyy)     Insert actual date the Voucher is issued to the Family.	Issue Date (mm/dd/yyyy)		
<ol> <li>Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)</li> </ol>	3. Expiration Date (mm/dd/yyyy)		
Date Extension Expires (if applicable)(mm/dd/yyyy)     (See Section 6. of this form)	Date Extension Expires (mm/dd/yyyy)		
5. Name of Family Representative 6. Signature of Family Repres	entative Date Signed (mm/dd/yyyy)		

### **HABC Jurisdiction and SAFMRs**



# What is a Small Area Fair Market Rent (SAFMR)?

SAFMRs are Fair Market Rents calculated at the ZIP code level rather than for the entire metropolitan region. The main benefit is that, through setting payment standards at more a local level, households will be able to afford homes in areas of high opportunity.

### **SAFMR & Rent Calculation**

- Housing Assistance Payment (HAP) is not only determined by Income.
   The Contract Rent, Payment Standard and utilities play a role too.
- The Tenant Portion provides your maximum family contribution to rent.
- You must select a unit that best suits your needs according to the zip codes listed.

## **SAFMR Bexar County**

#### **Example:**

FY 2021 Payment Standards: Small Area Fair Market Rents Housing Authority of Bexar County

Zip Code Group	080	1BR	2BR	3BR	4BR
А	\$ 528.00	\$ 616.00	\$ 800.00	\$ 1,045.00	\$ 1,254.00
8	\$ 625.00	\$ 759.00	\$ 924.00	\$ 1,188.00	\$ 1,485.00
c	\$ 725.00	\$ 875.00	\$ 1,100.00	\$ 1,400.00	\$ 1,716.00
D	\$ 875.00	\$ 1,050.00	\$ 1,280.00	\$ 1,683.00	\$ 2,068.00
E	\$ 950.00	\$ 1,150.00	\$ 1,400.00	\$ 1,800.00	\$ 2,225.00
F	\$ 1,050.00	\$ 1,275.00	\$ 1,600.00	\$ 2,040.00	\$ 2,450.00

Group A	Group B	Gro	up C	Group D	Group E	Group F
78039	78203	78124	78291	78230	78254	78253
78052	78214	78152	78292	78247	78259	78108
78069	78225	78212	78293	78257	78235	78234
78205	78002	78219	78294	78240	78256	78236
78226	78112	78222	78295	78251	78215	78255
	78237	78218	78296	78006		78260
	78210	78224	78297	78154		78261
	78211	78263	78298	78232		78266
	78221	78054	78299	78249		78015
	78227	78148	78250	78109		78023
	78201	78150	78213	78244		78258
	78223	78206	78216	78248		
	78228	78246	78217	78252		
	78204	78264	78101	78229		
	78220	78268	78243	78233		
	78242	78269	78238	78245		
	78208	78270	78241	78209		
	78073	78278	78283	78231		
	78207	78279	78288	78239		
	78009	78280				
	78202					

# **QUESTIONS?**

If you have any questions please contact your Caseworker, or our general line at 210-231-2000

