

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way, Enfield, CT 06082
(860) 745-7493 Fax (860) 741-8439
TDD/TTY 800-545-1833 Ext. 849
www.enfieldha.org



MOVING PACKET INSTRUCTIONS

This packet contains the following documents:

- Rent Reasonableness Survey Form
- Request for Tenancy Approval
- Request for Taxpayer (W-9) form
- Lead Based Paint Disclosure
- Section 8 Landlord Certification
- Notice to Owners
- Lead Paint Owner's Certification
- Owner's Responsibilities
- Smoke Detector Declaration
- Owner Designation

Prospective Landlord must provide:

- Proof of Ownership (Deed, Town Assessment, or Tax Bill)

You and your new landlord must complete, sign, initial and date the following documents:

1. Rent Reasonableness Survey Form. The new Owner/Landlord/Property Manager must complete both sides of this form completely in order for a determination to be made whether or not the rent is reasonable.
2. Request for Tenancy Approval. The new Owner/Landlord/Property Manager must fill both the front and back sides of the page completely. The landlord and tenant must print their name; provide their address with city, state, zip code, contact numbers, and sign and date the form.
3. Request for Taxpayer Form (W-9). The new landlord must complete this form.
4. Lead Based Paint Disclosure form. The landlord and tenant must initial, sign, and date this disclosure. The landlord is the Lessor and the tenant is the Lessee. Landlords that know or have known that lead-based paint and/or lead-based paint hazards are present in the home must explain and provide documentation that the home is lead free.
5. Section 8 Landlord Certification. The new landlord must fill this form out for the assisted unit. Signature and date are required.
6. Notice to Owners. The Owner must sign and date acknowledging that they must include certain language into the lease.
7. Lead Paint Owner's Certification. The Owner must certify that the property is in compliance with HQS requirements regarding lead-based paint.
8. Owner's Responsibilities. The landlord must sign and date acknowledging that they understand their obligations under the Housing Assistance Program.
9. Smoke Detector Declaration. The landlord and the tenant must complete and sign this form indicating that operable smoke detectors are present in the unit.
10. Owner's Designation. The Owner must complete this form if they choose to designate an authorized agent for the property and to indicate where Housing Assistance Payments are to be made.

ALL PAPERWORK MUST BE RETURNED TO THE ENFIELD HOUSING AUTHORITY BY THE 10TH OF THE MONTH IN ORDER TO MOVE FOR THE 1ST OF THE FOLLOWING MONTH.

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting Shari Riddick, Portfolio Manager, at (860) 745-7493 ext. 202

An Affirmative Action/Equal Opportunity Employer
Equal Housing Opportunity



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MOVING INSTRUCTIONS

*****ALL FORMS MUST BE RETURNED BY THE 10th OF THE MONTH TO MOVE IN ON THE FIRST OF THE NEXT MONTH. *****

1. **YOU MUST BE ELIGIBLE TO MOVE**-If you have not lived in your current apartment for at least 12 months you are not eligible to transfer your voucher to a new apartment. If you have an outstanding damage claim or unpaid rent claim you are also prevented from moving.
2. **YOU MUST PROVIDE 30 DAY PROPER NOTICE**-You are required to provide your current landlord with a proper 30 day written notice of your intention to vacate your apartment. You also need to provide a copy of this notice to your representative at the Enfield Housing Authority. All notices must be received 30 days before the first day of the month in which you are interested in initiating a new lease.
3. **YOU MUST PICKUP A MOVING PACKET**-You will need to pickup a "Request for Tenancy Approval" (RFTA) packet in which you and your new landlord both need to sign and then return to Enfield Housing Authority.
4. **YOU MUST RETURN THE MOVING PACKET FOR AN INSPECTION**-Once the Moving Packet is processed, an inspection of the unit will be performed. When the apartment passes inspection your Representative will have you sign the necessary paperwork so that you can occupy the apartment. You should also know that you are responsible for the new landlord's security deposit requirements.
5. **YOU MUST PROMPTLY VACATE YOUR OLD APARTMENT**-After your new apartment is approved there are several simple steps to take that will help ensure you remain in good standing on the Section 8 program and that you get back your security deposit that you are entitled to. First, be sure you turn over the keys and completely vacate your old apartment no later than the last day of the month. Also, if you do not vacate your old apartment on the last day of the month you are responsible for any rent due at the old apartment until you are fully moved out. The Housing Authority will not pay for your rent at the old apartment.
6. **IT IS BEST IF YOU SCHEDULE A TIME TO MEET WITH YOUR LANDLORD**-You should also be present when the landlord inspects the apartment so that you will understand what the landlord might be claiming as damages. Remember, it is your responsibility to clean the apartment equal to the condition in which you accepted the unit, minus normal wear and tear of a normal tenancy. If you are expecting the security deposit to be returned to you then provide your forwarding address to your landlord (preferably in writing).



An Affirmative Action / Equal Opportunity Employer

ENFIELD HOUSING AUTHORITY
SECTION 8 OFFICE
1 Pearson Way, Enfield, CT 06082
860-745-7493 Fax: 860-741-8439
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Rent Reasonableness Survey Form

Date: _____ Check One: New Move-in _____ Current Tenant _____

Landlord Name: _____ Landlord Phone: _____

Tenant Name: _____

Unit Address: _____

Year Built: _____ Square Footage: _____

Of Bedrooms: _____ # Of Bathrooms: _____

Building Type:

Garden (1-4 stories) _____
Townhouse _____
Duplex _____
Single Family House _____

Location:

Residential _____
Mixed Commercial/Residential _____
Industrial _____
Rural _____

Requested Rent to Owner: \$ _____

Household Amenities:

<input type="checkbox"/> Carpet	<input type="checkbox"/> Parquet Floor	<input type="checkbox"/> Other High Quality Flooring
<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Paneling	<input type="checkbox"/> Drapes
<input type="checkbox"/> Shades	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Security Alarm System
<input type="checkbox"/> Mini Blinds	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Landlord Supplied Washer/Dryer
<input type="checkbox"/> Special Doors	<input type="checkbox"/> Special Windows	<input type="checkbox"/> Washer/Dryer Hookup in Unit
<input type="checkbox"/> Microwave	<input type="checkbox"/> Basement	<input type="checkbox"/> Private Deck/Patio/Balcony/Porch
<input type="checkbox"/> Security Screen Doors	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Breakfast Bar/Nook
<input type="checkbox"/> Pantry/Abundant Shelving	<input type="checkbox"/> Window A/C unit	<input type="checkbox"/> Central Air
<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Mirrored Closet Doors	<input type="checkbox"/> Additional Finished Room
<input type="checkbox"/> Garage	<input type="checkbox"/> Range Vent/Hood	<input type="checkbox"/> Dishwasher

Which utilities are included in rent? Heat Hot Water Cold Water Sewer Electric

Access Amenities:

Interstate Controlled Access Bus Line

Housing Services:

Onsite Management Security Personnel Social Services/Medical

(Continued) ➡

Community Amenities:

- | | | |
|---|---|---|
| <input type="checkbox"/> Playground | <input type="checkbox"/> Carport/Assigned Parking | <input type="checkbox"/> Covered/Garage |
| <input type="checkbox"/> Off Street Parking | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Fitness Center |
| <input type="checkbox"/> Courtyard | <input type="checkbox"/> Pool | |

Maintenance:

- Ongoing Exterior Maintenance Performed by Owner
 Ongoing Interior Maintenance Performed by Owner

Quality: Check the Description that Best Applies

- Newly constructed or completely renovated
 Well maintained and/or partially renovated
 Adequate, but some repairs may be needed soon. Some minor maintenance may be needed. No renovation since construction.

Other Units:

Please supply the following information regarding other rental units you own

Full Address: _____
 Section 8 Unit? Yes No Rent For Unit: \$ _____ # Of Bedrooms: _____
 Security Deposit Charged: \$ _____

Full Address: _____
 Section 8 Unit? Yes No Rent For Unit: \$ _____ # Of Bedrooms: _____
 Security Deposit Charged: \$ _____

Full Address: _____
 Section 8 Unit? Yes No Rent For Unit: \$ _____ # Of Bedrooms: _____
 Security Deposit Charged: \$ _____

Comments: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

OFFICE USE ONLY

Is the rent requested for this unit reasonable? _____
 EHA decided contract rent \$ _____

EHA Staff: _____ Title: Portfolio Manager Date: _____

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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

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. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Enfield Housing Authority	2. Address of Unit (street address, unit #, city, state, zip code)
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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
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<p>9. Structure Type</p> <p><input type="checkbox"/> Single Family Detached (one family under one roof)</p> <p><input type="checkbox"/> Semi-Detached (duplex, attached on one side)</p> <p><input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)</p> <p><input type="checkbox"/> Low-rise apartment building (4 stories or fewer)</p> <p><input type="checkbox"/> High-rise apartment building (5+ stories)</p> <p><input type="checkbox"/> Manufactured Home (mobile home)</p>	<p>10. If this unit is subsidized, indicate type of subsidy:</p> <p><input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)</p> <p><input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME</p> <p><input type="checkbox"/> Section 236 (insured or uninsured)</p> <p><input type="checkbox"/> Section 515 Rural Development</p> <p><input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____</p>
--	--

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	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		
Range/Microwave		
		Provided by

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.

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)

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

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 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 Acknowledgement (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 Acknowledgement (initial)

(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 they have provided is true and accurate.

_____ Lessor	(Sign and PRINT name)	_____ Date	_____ Lessor	(Sign and PRINT name)	_____ Date
_____ Lessee	(Sign and PRINT name)	_____ Date	_____ Lessee	(Sign and PRINT name)	_____ Date
_____ Agent	(Sign and PRINT name)	_____ Date	_____ Agent	(Sign and PRINT name)	_____ Date

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SECTION 8 LANDLORD CERTIFICATION

RE: _____
Street Address of Assisted Unit

City/Town State Zip Code

Ownership of Assisted Unit

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

Approved Residents of Assisted Units

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 also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with the Housing Quality Standards.

Tenant Rent Payments

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 rent or any other item not specified in the lease which has not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

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

Computer Matching Consent

I understand that the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Section 8 program with other Federal and State agencies.

Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and the responsibilities of the Housing Assistance Payments Contract is grounds for termination of participation in the Section 8 program. I understand that knowingly supplying false, incomplete or incorrect information is punishable under State and Federal criminal law.

Signature of Owner/Agent

Date



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NOTICE TO OWNERS UNDER THE SECTION 8 PROGRAM

Please do not submit this packet without providing a copy of proof of ownership documentation.

Effective date of lease must coincide with the Housing Assistance Contract.

The lease must contain the following paragraph:

“The attached Lease Addendum is hereby incorporated, word-for-word, into this Lease by reference hereto. If there is any conflict between the provisions of the Lease and the attached Lease Addendum, the provisions of the Lease Addendum shall prevail.”

The program participants are responsible to pay whatever the Owner is collecting as a security deposit for tenants who are participating in any assisted program. Owners are prohibited from charging security deposits that exceed those charged to unassisted tenants.

Owners must provide the current address of their residence, not a post office box, and an employer I.D. number or social security number.

Owners must submit proof of ownership of the property, such as a grant deed or tax bill, and a copy of the Management Agreement, if the property is managed by a management agency.

A family may not lease properties owned by a parent, child, grandparent, grandchild, sister or brother of any family member. A waiver may be obtained for a reasonable accommodation for a family member who is a person with a disability, and the unit provides the needed accommodation.

Note: At the time of signing Housing Assistance Payment contracts, Owners must have photo identification.

I have read the above and agree to the provisions.

OWNER/AGENT NAME (please print)

DATE

OWNER/AGENT SIGNATURE



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Lead Paint Owner's Certification

The undersigned hereby certifies that the property located at (give full address including apartment number):

_____ is in compliance with all Housing Quality Standard (HQS) requirements related to lead-based paint as indicated below:

(Mark ALL appropriate boxes)

- The described property, including dwelling units, common areas and exterior painted surfaces, have been found to be free of lead-based paint by a certified lead-based paint inspector. The lead-based paint inspector's report is either attached or has already been provided to the PHA.
- The described property was inspected by a certified lead-based paint inspector and lead-based paint was identified. All identified lead-based paint has been removed from the property, and the reports of the lead-based paint inspector and the certified lead-based paint abatement supervisor are attached or have already been provided to the PHA.
- Ongoing lead-based paint maintenance activities have been incorporated into regular building operations in accordance with 24 CFR 35.1355 (a).
- Corrective action to address lead-based paint hazards at the described property that were required by the PHA to meet HQS has been completed in accordance with all requirements established by 24 CFR Part 34, including:

(The boxes below do not apply when paint stabilization is below the minimal levels)

- The work was completed by person(s) trained to conduct lead-based reduction activities or was supervised by a certified lead-based abatement supervisor.
- Occupants of the dwelling unit(s) and their belongings were protected during the course of work.
- The lead hazard worksite was properly prepared and maintained during the course of their work.
- A person certified to conduct clearance examinations performed a clearance test and the results indicated that clearance was achieved.
- Occupants have been properly notified of the result of any lead-based paint hazard evaluation and reduction, including the results of the clearance examination.

Print Owner's Name: _____

Owner's Signature: _____

Date: _____

OWNER'S RESPONSIBILITIES UNDER THE SECTION 8 HOUSING ASSISTANCE PROGRAM

The OWNER is responsible for performing all of the OWNER'S obligations under the Housing Assistance Contract and the Lease. The OWNER is also responsible for:

1. It is the Owner's responsibility to screen tenants. EHA has not screened the family. EHA will give prospective Owners the family's current address and, if known, the name and address of the owner at the family's current and prior address. (24 CFR 982.307)
2. Collection of security deposit. There is no longer any maximum or minimum security deposit; however, the security deposit for an "assisted" family may not exceed the security deposit amount collected for an "unassisted" family.
 - A. If security deposit is insufficient to cover unpaid rent, damages or other amounts family owes under Lease, owner may collect balance from family. **Owners may not claim reimbursement for EHA for unpaid rent, damages or other amounts owed by tenant under the lease.** EHA no longer will determine whether damages are tenant-caused. (24 CFR 982.313 (e))
 - B. **No vacancy loss payments.** Owners keep full HAP for the month in which family moves out of unit if family "skips". If family does not "skip" (move without notice) and the lease is scheduled to terminate during the month, owner keeps prorated HAP for the last month. (24 CFR 982.311 (d) (1)).
3. Providing a written lease to EHA for approval and a copy of the executed Lease.
4. Informing EHA and family of any knowledge or lead-based paint on unit surfaces. (24 CFR 982.401 (j) (8))
5. Maintaining the unit in accordance with HQS, including performance of all ordinary and extraordinary maintenance.
6. Complying with equal opportunity requirements.
7. Performing all management and rental functions for the assisted unit, including selecting a family to lease the unit, and deciding if the family is suitable for tenancy in the unit.
8. Preparing and furnishing to EHA information required under the HAP contract.
9. **Collection of family rent;** and if the family becomes delinquent in rental payments, Owner must notify EHA immediately and take whatever legal steps necessary to ensure collection of rent in a timely manner.
10. Collecting from the family any charges for unit damage by the family.
11. Paying for utilities and services (unless paid directly by the family).
12. If repairs are cited by EHA, returning completed repair forms in the required time frame.
13. Notifying EHA **60 days in advance** of re-certification process if a rental increase is being requested.
14. Not charging "assisted" families a higher rent than "unassisted" families.
15. Enforcing tenant obligations under the Lease.
16. **Giving EHA a copy of any owner eviction notice to the tenant at the same time that the owner gives notice to the tenant. Owner eviction notice means a notice to vacate, or a complaint or other initial pleading used under State or Local Law to commence an eviction action.**

Your failure to comply with the above obligations could result in the abatement of HAP payments.

I have read the above and understand my obligations under the Housing Assistance Program.

SIGNATURE OF OWNER/AGENT/PROPERTY MANAGER

DATE

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SMOKE DETECTOR DECLARATION

The undersigned hereby certifies that the following number(s) of smoke detectors are currently in full operation.

_____ smoke detectors as of _____.
(Number of detectors) (Date checked)

Furthermore it is acknowledged that it will be the full responsibility of the undersigned tenant(s) to notify the landlord of a detector malfunction, whatever the malfunction may be, including a dead battery; all within reasonable time.

The Landlord agrees, as a part of his/her responsibility, to test each smoke detector every six (6) months for full operational serviceability. This procedure **includes the replacement, every six (6) months, of all required batteries in each smoke detector.** Tenants are responsible for battery replacement, should it be necessary, during the period of time between testing and replacement by the Landlord.

TENANT(S):

(Please Print)

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date

OWNER/AGENT/MANAGEMENT:

(Please Print)

Signature

Date

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OWNER'S DESIGNATION FORM

If you are not the actual owner and are a designated agent, the owner of the property must complete the following before any contracts can be executed. **A copy of proof of ownership must be attached to this form for verification.**

A. I hereby certify that as owner of the premises, I hereby designate:

Name of Designee

Management Company Name

Position/Title

Street Address

Phone Number

City, State, Zip Code

As my authorized agent for the property located at:

All checks are to be made payable to and sent to the following address:

B.

Owner of Property According to Tax Record

Owner of Premises Tax ID #

Signature of Owner/Authorized Person

Title

Street Address

Telephone Number

City, State, Zip Code

Request for Taxpayer Identification Number and Certification

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

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

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

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.