



HOUSING AUTHORITY OF THE  
COUNTY OF SAN BERNARDINO

## REQUEST FOR TENANCY APPROVAL AND OWNERSHIP PACKET

HOUSING PROGRAMS, 672 S WATERMAN AVE, SAN BERNARDINO, CA 92408 • PHONE: (909) 890-9533 • FAX: (909) 890-5333

Dear Prospective Landlord,

Thank you for expressing an interest in becoming a participant landlord associated with the Housing Authority of the County of San Bernardino (HACSB) Housing Assistance programs. We hope the following information will assist you and your prospective tenant through the program as effortlessly as possible.

When a participant asks to rent your unit, it is your responsibility to screen them for suitability. You will be asked to complete a "Request for Tenancy Approval" (RFTA) which gives us information about you and your unit. The RFTA information is needed to schedule an inspection and prepare a Housing Assistance Contract.

- **Because the unit is immediately released to our inspector for scheduling, this form must not be completed and submitted unless all repairs are complete, cleaning is finished, the unit is ready for occupancy, and will meet the Department of Housing and Urban Development (HUD) Housing Quality Standards (HQS).**
- Please refer to the attached Announcement for Landlords for more information regarding Inspections.

Once the unit passes inspection, our inspector will determine the amount of rent the HA will authorize for your unit. The Payment Standard is **NOT** the maximum rent you can charge: it is the maximum subsidy allowed for your market area. The approved rent amount will be based on the square footage of the unit, the unit type, quality, amenities, age, maintenance, utilities and appliances provided, and cannot exceed rent "comparables" of similar units located in the vicinity of your unit. The tenant's portion of the rent will be based on their adjusted monthly income. The Housing Authority (HACSB) will subsidize the balance of the authorized rent.

If you have any questions, please call your tenant's Housing Services Specialist for assistance.

Thank you for your cooperation. We look forward to working with you.

NOTICE: Please be aware that if you are the spouse, parent, child, grandparent, grandchild, sister, brother, aunt, or any member of the tenant family or step family, the family will not be authorized to move into your unit under this program unless the HA has determined that approving rental of the unit would provide reasonable accommodation for a family member who is disabled. A Reasonable Accommodation request will have to be submitted and approved prior to the RFTA being submitted.

# Request for Tenancy Approval

Housing Choice Voucher Program

**U.S Department of Housing and Urban Development**  
Office of Public and Indian Housing

MTW RFTA Replaces  
HUD Form-52517 (7/2019)

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) \_\_\_\_\_ 2. Address of Unit (street address, unit #, city, state, zip code) \_\_\_\_\_

Housing Authority of the County of San Bernardino

3. Requested Beginning Date of Lease	4. Number of Bedrooms in Unit	5. Number of Bedrooms Occupying (Shared Housing only)	6. Year Constructed	7. Proposed Rent	8. Security Deposit Amt	9. Confirm the unit is ready for inspection as of today's date <input type="checkbox"/> Yes <input type="checkbox"/> No Today's date
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10. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home) <input type="checkbox"/> Shared Housing (renting a room or rooms in a house or apartment)	11. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____
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12. 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 (O or T)
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		Provided by (O or T)
Range/Microwave		

13. 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 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 if the unit is not approved.

**NOTE: ALL** sections on each document must be completed by owner. Incomplete documents will delay processing of inspection and Contract and delay release of Housing Assistance Payments.

OWNER INFORMATION

TENANT INFORMATION

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature <b>X</b>		Head of Household Signature <b>X</b>	
Business Address		Present Address (street address, apt no., city, state, zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)
Email Address		Email Address	



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**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, landlords must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Tenants 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):

\_\_\_\_\_  
\_\_\_\_\_

(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)**

(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)**

(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.

**Certificate of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided is true and accurate.

\_\_\_\_\_  
Lessor Date

\_\_\_\_\_  
Lessor Date

\_\_\_\_\_  
Lessee Date

\_\_\_\_\_  
Lessee Date

\_\_\_\_\_  
Agent Date

\_\_\_\_\_  
Agent Date



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**STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION**

Regarding Tenant: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Part I Declaration of Ownership (Please attach a copy of the grant deed, current property tax bill or current closing escrow statement)**  
I/We declare that the recorded property owners are: *(If you have a PO Box, please list your physical address also.)*

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Day Telephone: (____) _____	Day Telephone: (____) _____
Fax: (____) _____	Fax: (____) _____
E-mail address: _____	E-mail address: _____
Owner's Social Security Number or TaxID Number: _____	Owner's Social Security Number or Tax ID Number: _____

**(If there are more owners, please provide the above information for each additional owner on a separate sheet.)**

**Part II Owner's Authorized Agent (Manager, Realtor, etc. – if applicable – Management Agreement and/or Letter of Authorization Required)**

Name: _____	Title: _____
Address: _____	City, State, Zip: _____
Day Telephone: (____) _____	Fax: (____) _____

**Part III Rent Payment Instructions**

THE HOUSING ASSISTANCE PAYMENT (rent check) WILL BE MADE BY DIRECT DEPOSIT ONLY

Payee Name: \_\_\_\_\_ Payee SSN or TIN Number: \_\_\_\_\_

Please note: The person/business name and SSN/TIN to which the direct deposit is made will receive a 1099 from HACSB at year end. Therefore, before a direct deposit can be made, HACSB must have a W-9 on file for the person/business for which the direct deposit will be made.

**DIRECT DEPOSIT ENROLLMENT: (For checking account, attach a voided check; for savings account, provide the routing number and account number; and for a Joint Account, provide SSN/TIN for BOTH names on account.)**

Bank Name: _____	<input type="radio"/> Checking Account	<input type="radio"/> Savings Account
Name on Account: _____	SSN/TIN of Account Holder: _____	
Name on Account: _____	SSN/TIN of Account Holder: _____	
Routing Number: _____	Account Number: _____	

I hereby authorize the Housing Authority of the County of San Bernardino (HACSB) to initiate credit entries and to initiate, only if necessary, reversals and adjustments for any credit entries made in error to my checking or savings account indicated above (reversal entries will ONLY be initiated in the event that a credit was erroneously made into your account by HACSB AND after it was verified that you received or will receive proper notification that said credit was not due to you).

SIGNATURES: Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**(If there are more owners, please have them sign and date on the sheet where their information from Part I is provided.)**

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.







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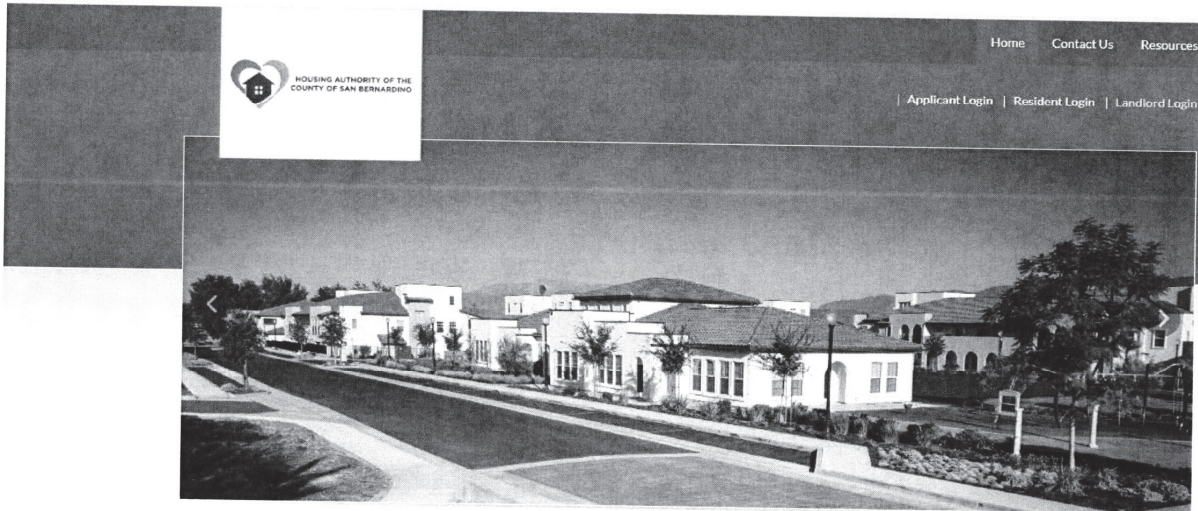
## LANDLORD PORTAL

The Housing Authority has an owner/agent portal that will allow you to:

- Confirm/update your contact information, such as email and phone numbers
- View your billing and payment transactions
- View your Caseworkers Data – identify the Housing Services Office your tenant is assigned to
- View inspections data – plan for future scheduled inspections and view inspection results
- Obtain information about abatements and holds
- Access forms and other materials

To create your user account visit [www.hacsb.com](http://www.hacsb.com), select the *Landlords* tab then select *New Owners/Agents Portal Website*.

<https://yvportal.hacsb.com>



You will need the following information to complete your account activation:

- Registration code – provided by your Housing Services Specialist
- Tax Identification Number or Social Security Number

If you have any questions, feel free to contact us at

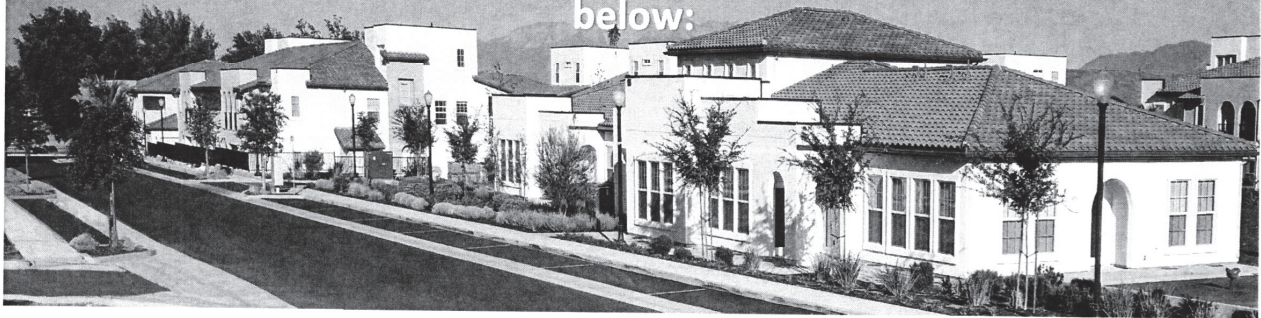
[landlordinfo@hacsb.com](mailto:landlordinfo@hacsb.com) or (909) 890-5380.

Housing Authority County of San Bernardino

# LANDLORD WORKSHOP

1st Thursday  
of Each Month  
@ 2:00 pm

If you are an owner or property manager currently participating in our rental assistance program, or are interested in learning how you can partner with the Housing Authority County of San Bernardino, attend our Landlord Workshop to learn more about the topics below:



## TOPICS COVERED

- **Program Overview**
  - How families qualify
  - Type of programs we have
  - How this impacts you (Notice of Change)
  - Your relationship with the PHA
- **Owner Responsibilities**
- **HAP/LAP Contract**
- **Lease-up Process**
  - Documents
  - Payment Standards
  - Inspections
  - Lease
- **Benefits of Participation**
- **Listing your Property**
- **Owner/Agent Portal**

To register for this online Zoom workshop:

E-mail: [landlordinfo@hacsb.com](mailto:landlordinfo@hacsb.com) or Call: (909) 890-5380

## Announcement for landlords regarding inspections

The Housing Authority values you as a participating landlord and wants to ensure your continued success with our Housing Programs. Your participation is vital in assisting families with their housing needs. As part of our partnership efforts in supporting owners and families, HACSB has established a short list of most commonly failed items which can be prevented prior to an inspection.

- Smoke detectors are required in each bedroom, sleeping area, and outside of the bedrooms (in the hallway)
- Carbon monoxide detectors are required on each floor of the house outside of each sleeping area
- **All outlets within 6 feet of running water must be GFCI protected**
- All utilities must be on, prior to any inspection
- All repairs should be completed and the unit move-in ready

Landlords are strongly encouraged to inspect their property prior to any visit from an inspector. Correcting these items prior to an inspection will provide you with a greater likelihood for your property passing an initial inspection.

Download a complete list of Housing Quality Standard items at <https://hacsb.com/housing-quality-standards-inspections/>

- If the unit does not pass the first inspection, a second inspection will be scheduled by the inspector.

If the inspector finds that the unit is not ready for inspection, utilities are not on, or the repairs are extensive, the inspection will be canceled and will need to be rescheduled. It is your responsibility to reschedule the inspection through the Housing Services Specialist once the repairs have been completed.

We look forward to working with you.