

WELCOME

1

Thank you for choosing to participate
in the
Fort Worth Housing
Solutions Housing Program

Fort Worth Housing Solutions “Investing in the Community”

2

2024 LANDLORD ORIENTATION

<http://www.fwhs.org>

Housing Program Overview

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The Housing Choice Voucher program (HCV) is a federally funded program designed to help eligible low-income individuals/families, the elderly and persons with disabilities to reside in safe, decent and affordable housing.

The HCV program encourages freedom of housing options and de- concentration of assisted housing into areas outside of those in which poverty and/or minority household are concentrated.

The program provides housing assistance payments, paid directly to private owners who lease their rental units to eligible program participants.

Housing Programs Administered by FWHS

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Homeless Programs Listed

COC – Continuum of Care

HHSP – Homeless Housing and
Services Program HCC – Housing

Construction Cost

ESG – Emergency Solutions Grants

Housing Choice
Voucher (HCV)

Homeless Programs

Homeless Programs;
CoC-Shelter Plus Care,
HHSP, HCC, ESG

Mainstream

Emergency Housing
Voucher (EHV)

Veteran Affairs
Supportive Housing

Applicable Federal, State and Local Laws

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1

The Federal regulations governing the Housing Choice Voucher program are found in Title 24 of the Code of Federal Regulations which is accessible through the internet

2

Fair Housing Act 1968 Under the Fair Housing Act of 1968 it is unlawful to discriminate in Housing based on: Race, Color, National Origin, Religion, Sex, Familial Status, or Disability status

3

The Violence Against Women Reauthorization Act of 2005 (VAWA) prohibits denial or admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking.

Violence Against Women Act (VAWA)

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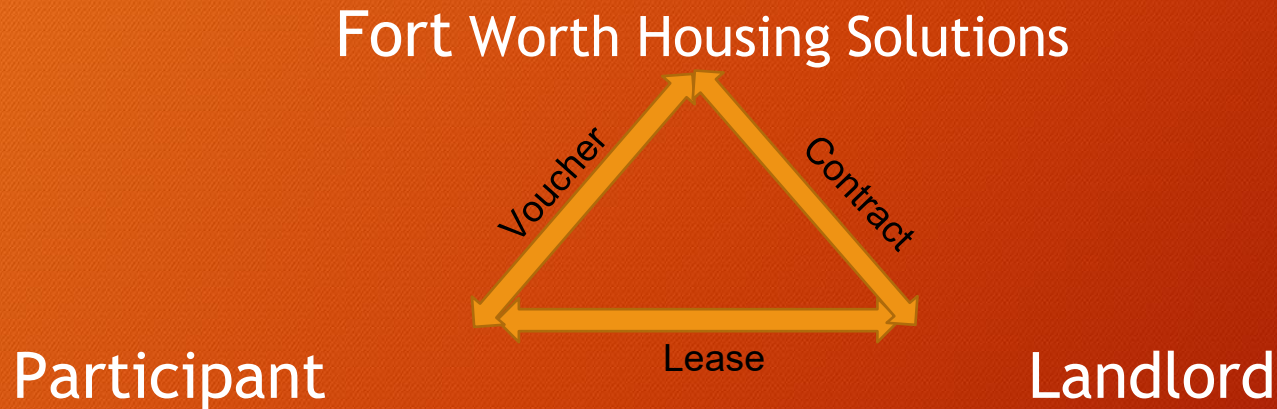
The following are various types of violent Acts
against women or men

- Domestic Violence
- Dating Violence
- Stalking

**Participant must show history of abuse*

The Housing Choice Voucher Program Selection/admissions and continued occupancy provisions prohibiting denial of selection/admission or eviction/termination of assistance to individuals for reasons related to incidents of domestic violence in which they were a victim

How does the program work



In the program, there are three bi-party contracts

Program Responsibilities

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Landlord

- A landlord may not rent to a relative on the Housing Choice Voucher program
- Landlords must abide by the terms of the Housing Contract and Lease Agreement
- Landlords must maintain the dwelling unit in safe, decent condition

Housing Authority

- The Housing Authority must determine applicant eligibility, make timely housing assistance payments, verify income and other information and, recertify participants annually.
- The Housing Authority is responsible to inspect the assisted rental unit prior to initial occupancy and at least once annually to ensure the assisted unit is safe, decent and sanitary
- The Housing Authority is also responsible to ensure that the contract rent is reasonable in comparison to other similar rental units in the area
- The Housing Authority is required to comply with all applicable HUD rules and regulations

Program Participant

- The tenant must abide by the terms of the lease, and the rules of the Housing Choice Voucher program, and be a good neighbor.



Becoming a Partner

Debarments

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- A debarment sanction means that an individual, organization and its affiliates are excluded from conducting business with any Federal Agency government-wide.
 - Who does HUD sanction?
 - Landlords
 - Loan Officers
 - Builders and Developers
 - Real Estate Brokers or Agents
 - Management Agents
 - Appraisers and Inspectors
 - Contractors
- FWHS will verify online with the Debarment list to ensure the landlord and/or Agent are NOT on the list
- If the interested landlord/agent is on the Debarment list, they will not participate with the FWHS as a landlord.

Required Ownership Information

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- Proof of Ownership
- Driver's License & Social Security Card, for individual owners
- Employer Identification Number (EIN), for company-owned properties
- Direct Deposit Form, along with voided check or letter from the bank showing routing number and account number
- W-9
- Assignment of Agent, if unit is managed by third-party
- Ratification of Existing Contract, if unit is currently occupied by FWHS clients

FWHS Required Forms

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- Direct Deposit Form
 - If Agent if the payee, form must be NOTARIZED
 - The payee receiving the 1099 will be responsible for providing the banking information
 - A voided check or bank verification must be attached
- W-9
 - If owner is someone else as payee, a W-9 is required for both the owner and the payee.
 - The name on W-9 must match name on social security or EIN letter
- Assignment of Agent
 - If someone other than owner is managing the property
 - Must be NOTARIZED
- Ratification of Existing Contract
 - Must be completed if property is occupied by FWHS client

Affordablehousing.com Property Listing Form

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Three ways to list your properties for
FREE:

• www.affordablehousing.com

• Toll Free Number @:
866.466.7328

• FAX @: 561.416.9848

• Please use **ONE** form per property

• ***Note:** Existing vendors when adding a new property always provide one of the following:*

- HUD Settlement Statement (signed by both Owner & Seller)
- Filed Warranty Deed
- Deed of Trust
- TAD

GoSection8.com Property Listing Form
Please complete this form and fax to (561) 416-9848 or mail to "PO BOX 2345, Boca Raton, FL 33427"
Your 30 day FREE listing will then appear online at www.GoSection8.com and on your local housing authority website.
Please contact us at 1-866-466-7328
Fields with an * are required. PLEASE PRINT CLEARLY

Your Contact Information			
*First Name:		*Last Name:	
Company:		*Best Contact Phone Number:	
Email:			
Address Of The Unit You Want To List			
*Zip:		*State:	*City:
*Address:		Unit Number:	
Unit Description			
*Date Unit Available: ____/____/____	*Rent Amount \$ _____	*Security Deposit: \$ _____ <input type="checkbox"/> Negotiable	*Bedrooms: ____ *Baths: ____ *Half Bath(s): ____ *Living Square Footage: _____
*Property Type: (Check one) <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Villa <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Row House <input type="checkbox"/> Duplex <input type="checkbox"/> Yr Built: _____ <input type="checkbox"/> Triplex <input type="checkbox"/> 4Plex <input type="checkbox"/> Floor Location: _____			
*Lights/Electric Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		*Heat Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric *Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		*Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		*Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer		*Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water		*Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Cooling (A/C Electric) Type: <input type="checkbox"/> Central <input type="checkbox"/> None		*Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Heat Style: <input type="checkbox"/> Central <input type="checkbox"/> Furnace <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall <input type="checkbox"/> Baseboard <input type="checkbox"/> None		*Trash Removal Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Lawn Care Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		*Pest Control Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer			
*Mark Appliances Included: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Security System <input type="checkbox"/> Microwave			
*Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Assigned <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> Street <input type="checkbox"/> None			
*Other Amenities Included: <input type="checkbox"/> Fireplace <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Fenced Yard			
<input type="checkbox"/> Gated Community <input type="checkbox"/> Age Restricted		Cable Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No		*Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch <input type="checkbox"/> Pets Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weight Restrictions _____	
Description of Accessibility:			

By submitting this form I affirm that I am at least 18 years of age and have read and agree to GoSection8.com's terms of use and privacy policy located at http://www.gosection8.com/terms_of_use.aspx.

For Company Use Only	
Date Entered: _____	
Owner Contacted, Information Verified: _____	Initials: _____

Example of Housing Choice Voucher

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Voucher size is not the same as unit size

Tenant may choose a larger unit than the voucher size indicates as long as the unit is within the payment standard of the assigned voucher subsidy.

Voucher Housing Choice Voucher Program		U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0168 (exp. 07/31/2022)
<small>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 the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it 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 Choice Voucher Program.</small>			
<small>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.</small>			
<small>Please read entire document before completing form Fill in all blanks below. Type or print clearly.</small>		Voucher Number	
1. 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	
2. Date Voucher Issued (mm/dd/yyyy) <small>Insert actual date the Voucher is issued to the Family.</small>		2. Issue Date (mm/dd/yyyy)	
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. <small>Voucher is issued. (See Section 6 of this form.)</small>		3. Expiration Date (mm/dd/yyyy)	
4. Date Extension Expires (if applicable) (mm/dd/yyyy) <small>(See Section 6 of this form.)</small>		4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative		6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA)			
8. Name and Title of PHA Official		9. Signature of PHA Official	Date Signed (mm/dd/yyyy)
1. Housing Choice Voucher Program			
A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payment (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.			
B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.			
2. Voucher			
A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.			
B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.			
C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.			

Previous editions obsolete Page 1 of 3 form HUD-52646 (07/2019)

Payment Standard

Current maximum payment standards per bedroom size.

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- Small Area Fair Market Rents (SAFMRs) are Fair Market Rents (FMRs) calculated at the ZIP code level, rather than for the entire metropolitan region.
- As described in the SAFMR Final Rule, “the main benefit of SAFMRs is that, through setting rental subsidy amounts at a more local level, assisted households will be more able to afford homes in areas of high opportunity than under current policy.”

Utility Allowance Schedule

<https://www.fwhs.org/forms-2/>

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Average cost of utilities for the unit, not the actual cost

Payment Standard minus Utility Allowance equals the Adjusted Payment Standard (how much the voucher is worth)

Three types of utility allowances

Single Family Homes
Multi-family
Energy Efficient

Utility Allowance Schedule
See Public Reporting and Instructions on back.

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

OMB Approval No. 2577-0169
exp. 7/31/2022

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA		Unit Type		Date (mm/dd/yyyy)			
Fort Worth Housing Solutions		Single Family		1/2/2019			
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	8	10	12	15	16	19
	Bottled Gas						
	Electric	14	17	20	23	26	29
	Electric – Heat Pump						
	Fuel Oil						
Cooking	Natural Gas	2	3	4	5	6	6
	Bottled Gas						
	Electric	2	3	5	6	7	8
	Other						
Other Electric		11	13	16	18	21	26
Air Conditioning		20	23	27	32	36	43
Water Heating	Natural Gas	6	6	8	10	12	15
	Bottled Gas						
	Electric	12	14	16	20	23	28
	Fuel Oil						
Water		15	18	24	32	40	49
Sewer		11	18	29	40	51	62
Trash Collection		18	18	18	18	18	18
Other – Monthly Gas		18	18	18	18	18	18
Range/Microwave		10	10	10	10	10	10
Refrigerator		10	10	10	10	10	10
Actual Family Allowances – May be used by the family to compute allowance while searching for a unit.				Utility/Service/Appliance		Allowance	
Head of Household Name				Heating			
				Cooking			
				Other Electric			
				Air Conditioning			
				Water Heating			
				Water			
				Sewer			
				Trash Collection			
				Other			
Number of Bedrooms				Range/Microwave			
				Refrigerator			
FWHS Representative				Total			

Inspection Process

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Inspection Directory
Request for Tenancy Approval-RFTA
Landlord Unit Checklist

Effective April 2025

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INSPECTOR CONTACT INFORMATION

[illegible]

REQUEST FOR TENANCY APPROVAL

RFTA FORM

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- Landlord and potential tenant must complete and sign the RFTA, which must include but not limited to the following:
 - The CORRECT address of the assisted unit
 - The date the unit will be ready for inspection
 - The contract rent for the assisted unit
- The RFTA may be returned to FWHS via email at rfta@fwhs.org or dropped or mailed to our office at 1407 Texas Street, FW TX 76102
- The RFTA must be submitted prior to the expiration of the Housing Choice Voucher

REQUEST FOR TENANCY APPROVAL

RFTA FORM

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List the full correct address of the unit

Specify who will be responsible for utilities, as well as the stove and refrigerator

State the date the unit will be ready for inspection

Be sure the Owner of Property as defined on Deed is listed

If there is an agent, there information is placed below the owner information

This form is subject to change

Note: Only submit, to RFTA@fwhs.org Once you have confirmed through your process the tenant is eligible for the unit selected. RFTA@fwhs. Is for submission of the RFTA Only.

Request for Tenancy Approval
This request for inspection is for consideration of rental assistance on behalf of the family listed below and for no other purpose.

1. Address of unit to be inspected. Please print.

City _____ Apt # _____ Zip Code _____ Mapscor # _____

2. Housing Agency:
FORT WORTH HOUSING SOLUTIONS
P O BOX 430
FORT WORTH TEXAS 76101

Phone: (817) 333-3652 FAX: (817) 877-3576

3. Requested start date of lease: _____ **4. No of bedrooms:** _____ **5. No of bathrooms:** _____ **6. Year Built:** _____ **7. Proposed rent:** _____ **8. Security deposit:** _____ **9. Date unit available for inspection:** _____ **10. Total Sq. feet of unit:** _____

11. Type of House/Apartment
☐ Single Family Detached ☐ Duplex-Sixplex ☐ Multifamily Apt ☐ Manufactured Home

12. Subsidized unit type: _____ Section 202 _____ Section 221(d)(3) _____ Section 236 _____ Section 515 (rural development) _____ Tax Credit? _____ Yes _____ No

Utilities/Appliances
Specify how utilities are arranged for the unit:
Heating: _____ Central _____ Wall _____ Space _____
Air Conditioning: _____ Central _____ Window _____
Water Heating: _____ In each unit _____ Complex heats for all _____
Refrigerator Provided? _____ Yes _____ No _____
Stove Provided? _____ Yes _____ No _____
Unit is Submetered for Water: _____ Yes _____ No _____
Unit is Submetered for Electric: _____ Yes _____ No _____

Utility Payment:
Specify who pays the utility by checking the appropriate space:
Heating (_____ Gas or _____ Elec) _____ Own _____ Ten _____
Stove (_____ Gas or _____ Elec) _____ Own _____ Ten _____
Electricity _____ Own _____ Ten _____
Water Heater (_____ Gas or _____ Elec) _____ Own _____ Ten _____
Water _____ Own _____ Ten _____
Sewer _____ Own _____ Ten _____
Trash Collection _____ Own _____ Ten _____

14. Lead Warning Statement:
Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
Lessor's disclosure (initial) _____ Presence of lead-based paint or lead paint hazards (check one below):
_____ Known lead-based paint and/or lead-based paint hazards are present in the housing.
(explain): _____
_____ Lessor has no knowledge of lead-based paint and/or lead-based hazards in the housing.
(initial) _____ Records and reports available to the lessor (check one below):
_____ 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).
_____ Lessor has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Agent's Acknowledgement (initial)
_____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 485d and is aware of his/her responsibility to ensure compliance.

15. Owners Certifications: A. 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 rental of the unit, notwithstanding such relationships, would provide reasonable accommodation for a family member who is a person with disabilities.
B. 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		

16. HA Determinations: A. The PHA has not screened credit, the family's behavior or suitability for tenancy. Such screening is the owner's responsibility. B. The owner's lease must include word for word all provisions of the HUD Tenancy Addendum. C. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether the unit is approved.
Execution of the form does not commit any rental assistance on behalf of the family. Should the unit pass the Housing Quality Standards inspection, rental assistance will not begin prior to the receipt of a Housing Voucher Contract with the appropriate attachment and a Move-in Approval. Move-in prior to the execution of the contract is solely at the risk of property owner and tenant. Lessee has received copies of all information listed above.

OWNER of property as defined on DEED OF RECORD IS:

Print Owner Name _____ Printed Name of Client _____ Client Number _____
Owner Address _____
Apartment Community Name (if applicable) _____
Print Name of Agent or Party authorized to execute lease _____ Signature (s) of client or family Representative _____
Signature _____ Date _____ Telephone Number _____
Business Address _____ Present Street Address of family _____
Email _____ Present City, State, Zip Code _____
Fax # _____ Phone # _____

TENANT PORTION

REVISED 12/17/2016

Inspection Checklist

Landlord Unit Checklist for Inspections

Thank you for considering the Housing Choice Voucher Program (HCVP) and/or Special Programs. For a unit to be approved for participation in the rental assistance program, it must be inspected by a Fort Worth Housing Solutions (FWHS) staff inspector to determine if the unit meets the minimum Housing Quality Standard (HQS) requirements.



To avoid lengthy delays, the following checklist has been made as a guide to aid you in the make-ready of your unit/property for an Initial Inspection. Complete this checklist before returning the Request for Tenancy Approval (RFTA). An inspector will call you once the RFTA has been received to schedule the inspection.

- _____ The unit has been completely cleaned, dusted, and ready for move in.
- _____ All construction work has been completed and working tools removed.
- _____ All exterior doors and windows must have locks that are operable.
- _____ On units built before 1978, no peeling paint on interior and exterior of unit's surfaces.
- _____ All cabinet doors open, close, and latch easily.
- _____ Interior and exterior doors open, close and latch easily.
- _____ Walls have been cleaned or painted.
- _____ All carpet in unit has been secured, free of tripping hazards, are clean and must be in new or good condition.
- _____ Operable smoke alarm(s). **Effective 12/29/2024** battery operated smoke alarms must be a 10-year tampered free sealed detector. Only Exemption will be for hardwire smoke alarm with battery backup only. Smoke alarms must be installed in accordance with the National Fire Protection Association (NFPA 72).
- _____ There are no leaks in the plumbing inside or outside the unit.
- _____ The water heater has a temperature and pressure relief valve, and a discharge line directed towards the floor or outside the unit. If electric it must not have exposed wires.
- _____ The water heater closet latches and is not in an area that presents a hazard.
- _____ All grounds around the unit are free from debris and yard mowed.
- _____ If the unit has gas utility a carbon monoxide detector must be installed in accordance with the manufacturer's instructions. **Effective 12/27/2022** C/O are also required on all units with an attached garage even if unit is total electric.
- _____ **All exterior doors must have a keyless locking device approved by FWHS and a door viewer. "Exterior doors" includes the door leading into an attached garage from the dwelling.**
- _____ Units with a sliding door must also have a keyless locking device approved by FWHS.
- _____ Kitchen vent hood filters in place with all appliance lights working.
- _____ Privacy lock on bathroom entry doors. If accessible through a bedroom the bedroom door must have a lock.
- _____ An exhaust fan or operable window is required in the bathroom for ventilation. If the bathroom does not have a vent fan the window must have a screen.
- _____ No cracked or broken windows.
- _____ No exposed electrical wires. Outlets within 6ft of a water source or located outside must be GFCI protected at outlet or breaker box.
- _____ The use of plexiglass is prohibited for windows in sleeping rooms (bedrooms & living rooms).
- _____ Security bars on bedroom windows must have a quick release from the inside on at least one window in each bedroom.
- _____ Heating and Air Conditioning are working properly.
- _____ All utilities must be turned on at the time of inspection.
- _____ Stove/Oven and Refrigerator must be in place and operable. Even if the tenant is providing it.

The Landlord or the agent for the Landlord may be present at the Initial Inspection or provide a code for a lock box to inspector for entry. During the Initial Inspection items that fail HQS will be noted on the inspection report. A copy of the FAILED inspection report will be sent via email to the landlord or the agent. **All repairs must be completed before requesting a re-inspection.**



January 15, 2025

Keyless Deadbolts REQUIREMENTS

Keyless Deadbolts are in compliance with STATE LAW.

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FWHS APPROVED KEYLESS LOCKS



Single Sided Deadbolt



Texas Security Bolt



Door Security Guard



Privacy Door Latch



FWHS REQUIRES ALL ENTRY AND EXIT DOORS INCLUDING DOOR GOING INTO GARAGE IF IT IS ATTACHED TO THE UNIT TO HAVE A PEEP HOLE AND AT LEAST ONE OF THE KEYLESS LOCKS LISTED ABOVE.



FWHS APPROVED SLIDING DOOR SECURITY LOCKS



Sliding Door Security Bar



Carded - 10 per carton sold
in carton qty only

Part #	Size	Finish
16-108C	48"	Mill
16-108CB	48"	Bronze
16-108CW	48"	White

Sliding Door Pin Lock





SMOKE ALARM REQUIREMENTS

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Operable smoke alarms are in compliance with STATE LAW.

In compliance with recent TEXAS state legislation regarding the number and placement of smoke alarms in rental properties, FWHS requires the following for multi-family (duplex/Apartments) properties:

- Must be one on each level of the dwelling unit
- Must be installed in accordance with and meet the requirements of the National Fire Protection Association Standards 74 or its successor standards.
- If a hearing-impaired person is occupying the dwelling unit, the smoke detector must have an alarm system designed for the hearing-impaired persons as specified in NFPA 74.
- Effective December 22, 2024, all battery-operated smoke detectors must be a 10-year sea. If the smoke detectors are hard-wired, they can have battery backup.

The link below will provide updated information regarding smoke detectors.

[Smoke Alarms - Understanding NSPIRE Standards - 1 \(us-hc.com\)](https://www.us-hc.com/understanding-nspire-standards-1)

All rental units must be up to code. For more information, you may go to www.texaspropertycode.org



HEATING/AC REQUIREMENTS

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Information on free standing heating units.

In order for a unit to pass inspection, the heating source must also be inspected and PASS

- Heating Source is defined to be a HEATER(S): WALL FURNACE, CENTRAL UNIT, OR any other APPLIANCE that provides the Actual Heat
- A GAS JET being present in a room without the heating unit actually being present is not a PASSABLE ITEM
- Unvented fuel-burning heaters are not allowed
- Cooking stoves are not considered heating units
- Portable electric units cannot be used as a Primary source of HEAT for a room

A carbon monoxide detector must be installed by the landlord.

Housing Assistance Payment Contract

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- HAP Contract Part A
- HAP Contract Part B: Body of Contract
- HAP Contract Part C: HUD Tenancy Addendum
- Lease

Housing Assistance Payment Contract Part A

The Body of the HAP Contract will consist of:

- Head of Household Name
- Contract Unit Address
- Household Members
- Initial Lease Term and Expired Date
- Initial Rent to Owner
- Initial Housing Assistance Payment
- Utilities and Appliances
- Signatures from the FWHS and Owner

<p>Housing Assistance Payments Contract (HAP Contract) Section B Tenant-Based Assistance Housing Choice Voucher Program</p>	<p>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</p>
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Part A of the HAP Contract: Contract Information

(To prepare the contract, fill in all contract information in Part A.)

1. **Contract of Contract**
This HAP contract has two parts:
Part 1: Contract Information
Part 2: Study of Cost of Fair Rent
C. Tenant's Allocation

2. **Tenant**

3. **Contract Unit**

4. **Household**

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

5. **Initial Lease Terms**
The initial lease term begins on (mm/dd/yyyy) _____
The initial lease term ends on (mm/dd/yyyy) _____

6. **Initial Rent to Owner**
The initial rent to owner is \$ _____
During the initial lease term, the owner may not raise the rent to more than _____.

7. **Initial Housing Assistance Payment**
The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ _____ per month.
The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

Previous editions are obsolete

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form HUD-9801 (02/01)
and HUD-9801 (02/01)

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1. Fuel type

What type of fuel does your vehicle use? (Check all that apply)

<input type="checkbox"/> Natural gas	<input type="checkbox"/> Electric gas	<input type="checkbox"/> Coal or Other
<input type="checkbox"/> Natural gas	<input type="checkbox"/> Electric gas	<input type="checkbox"/> Coal or Other
<input type="checkbox"/> Natural gas	<input type="checkbox"/> Electric gas	<input type="checkbox"/> Coal or Other

2. Vehicle type

What type of vehicle is this? (Check all that apply)

<input type="checkbox"/> Passenger car	<input type="checkbox"/> Light truck	<input type="checkbox"/> Heavy truck
<input type="checkbox"/> Passenger car	<input type="checkbox"/> Light truck	<input type="checkbox"/> Heavy truck
<input type="checkbox"/> Passenger car	<input type="checkbox"/> Light truck	<input type="checkbox"/> Heavy truck

3. Vehicle use

What is the primary use of this vehicle? (Check all that apply)

<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal

4. Vehicle information

What is the make and model of your vehicle? (Check all that apply)

<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year
<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year
<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year

5. Vehicle registration

What is the state of registration for your vehicle? (Check all that apply)

<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign
<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign
<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign

6. Vehicle identification

What is the VIN (Vehicle Identification Number) for your vehicle?

7. Vehicle description

What is the color of your vehicle? (Check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray

8. Vehicle use

What is the primary use of this vehicle? (Check all that apply)

<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal

9. Vehicle information

What is the make and model of your vehicle? (Check all that apply)

<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year
<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year
<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year

10. Vehicle registration

What is the state of registration for your vehicle? (Check all that apply)

<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign
<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign
<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign

11. Vehicle identification

What is the VIN (Vehicle Identification Number) for your vehicle?

12. Vehicle description

What is the color of your vehicle? (Check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray

13. Vehicle use

What is the primary use of this vehicle? (Check all that apply)

<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal

14. Vehicle information

What is the make and model of your vehicle? (Check all that apply)

<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year
<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year
<input type="checkbox"/> Make	<input type="checkbox"/> Model	<input type="checkbox"/> Year

15. Vehicle registration

What is the state of registration for your vehicle? (Check all that apply)

<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign
<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign
<input type="checkbox"/> State	<input type="checkbox"/> District	<input type="checkbox"/> Foreign

16. Vehicle identification

What is the VIN (Vehicle Identification Number) for your vehicle?

17. Vehicle description

What is the color of your vehicle? (Check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Gray

18. Vehicle use

What is the primary use of this vehicle? (Check all that apply)

<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal
<input type="checkbox"/> Commuting	<input type="checkbox"/> Business	<input type="checkbox"/> Personal

Part B of HAP Contract Body of Contract

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This is the HAP Contract between the FWHS and the Owner

The owner may not evict tenant for the FWHS portion of rent

The owner must maintain the contract unit and premises in accordance with the housing quality standards- HQS-

Please read carefully the Body of the Contract

Housing Assistance Payments Contract (HAP Contract) Section 8 Tenant-Based Assistance Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

Part B of HAP Contract: Body of Contract

1. Purpose

- a. This is a HAP contract between the PHA and the owner. The HAP contract is entered to provide assistance for the family under the Section 8 voucher program (see HUD program regulations at 24 Code of Federal Regulations Part 982).
- b. The HAP contract only applies to the household and contract unit specified in Part A of the HAP contract.
- c. During the HAP contract term, the PHA will pay housing assistance payments to the owner in accordance with the HAP contract.
- d. The family will reside in the contract unit with assistance under the Section 8 voucher program. The housing assistance payments by the PHA assist the tenant to lease the contract unit from the owner for occupancy by the family.

2. Lease of Contract Unit

- a. The owner has leased the contract unit to the tenant for occupancy by the family with assistance under the Section 8 voucher program.
- b. The PHA has approved leasing of the unit in accordance with requirements of the Section 8 voucher program.
- c. The lease for the contract unit must include word-for-word all provisions of the tenancy addendum required by HUD (Part C of the HAP contract).
- d. The owner certifies that:
 - (1) The owner and the tenant have entered into a lease of the contract unit that includes all provisions of the tenancy addendum.
 - (2) The lease is in a standard form that is used in the locality by the owner and that is generally used for other unassisted tenants in the premises.
 - (3) The lease is consistent with State and local law.
- e. The owner is responsible for screening the family's behavior or suitability for tenancy. The PHA is not responsible for such screening. The PHA has no liability or responsibility to the owner or other persons for the family's behavior or the family's conduct in tenancy.

3. Maintenance, Utilities, and Other Services

- a. The owner must maintain the contract unit and premises in accordance with the housing quality standards (HQS).
- b. The owner must provide all utilities needed to comply with the HQS.
- c. If the owner does not maintain the contract unit in accordance with the HQS, or fails to provide all utilities needed to comply with the HQS, the PHA may exercise any available remedies. PHA remedies

for such breach include recovery of overpayments, suspension of housing assistance payments, abatement or other reduction of housing assistance payments, termination of housing assistance payments, and termination of the HAP contract. The PHA may not exercise such remedies against the owner because of an HQS breach for which the family is responsible, and that is not caused by the owner.

- d. The PHA shall not make any housing assistance payments if the contract unit does not meet the HQS, unless the owner corrects the defect within the period specified by the PHA and the PHA verifies the correction. If a defect is life threatening, the owner must correct the defect within no more than 24 hours. For other defects, the owner must correct the defect within the period specified by the PHA.
- e. The PHA may inspect the contract unit and premises at such times as the PHA determines necessary, to ensure that the unit is in accordance with the HQS.
- f. The PHA must notify the owner of any HQS defects shown by the inspection.
- g. The owner must provide all housing services as agreed to in the lease.

4. Term of HAP Contract

- a. **Relation to lease term.** The term of the HAP contract begins on the first day of the initial term of the lease, and terminates on the last day of the term of the lease (including the initial lease term and any extensions).
- b. **When HAP contract terminates.**
 - (1) The HAP contract terminates automatically if the lease is terminated by the owner or the tenant.
 - (2) The PHA may terminate program assistance for the family for any grounds authorized in accordance with HUD requirements. If the PHA terminates program assistance for the family, the HAP contract terminates automatically.
 - (3) If the family moves from the contract unit, the HAP contract terminates automatically.
 - (4) The HAP contract terminates automatically 180 calendar days after the last housing assistance payment to the owner.
 - (5) The PHA may terminate the HAP contract if the PHA determines, in accordance with HUD requirements, that available program funding is not sufficient to support continued assistance for families in the program.

Part C of HAP Contract HUD Tenancy Addendum

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- Works in conjunction with your lease and our contract and must be made part of the lease.
- Landlords need to put in writing on the lease agreement between the client: **“HUD Tenancy Addendum Attached is a Part of this Lease”**

Housing Assistance Payments Contract (HAP Contract) Section 8 Tenant-Based Assistance Housing Choice Voucher Program	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Approval No. 2577-0169 (exp. 07/31/2007)
Part C of HAP Contract: Tenancy Addendum		
1. Section 8 Voucher Program a. The owner is leasing the contract unit to the tenant for occupancy by the tenant's family with assistance for a tenancy under the Section 8 housing choice voucher program (voucher program) of the United States Department of Housing and Urban Development (HUD). b. The owner has entered into a Housing Assistance Payments Contract (HAP contract) with the PHA under the voucher program. Under the HAP contract, the PHA will make housing assistance payments to the owner to assist the tenant in leasing the unit from the owner.		c. During the term of the lease (including the initial term of the lease and any extension term), the rent to owner may at no time exceed: (1) The reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements, or (2) Rent charged by the owner for comparable unsubsidized units in the premises.
2. Lease a. The owner has given the PHA a copy of the lease, including any revisions agreed by the owner and the tenant. The owner certifies that the terms of the lease are in accordance with all provisions of the HAP contract and that the lease includes the tenancy addendum. b. The tenant shall have the right to enforce the tenancy addendum against the owner. If there is any conflict between the tenancy addendum and any other provisions of the lease, the language of the tenancy addendum shall control.		5. Family Payment to Owner a. The family is responsible for paying the owner any portion of the rent to owner that is not covered by the PHA housing assistance payment. b. Each month, the PHA will make a housing assistance payment to the owner on behalf of the family in accordance with the HAP contract. The amount of the monthly housing assistance payment will be determined by the PHA in accordance with HUD requirements for a tenancy under the Section 8 voucher program. c. The monthly housing assistance payment shall be credited against the monthly rent to owner for the contract unit. d. The tenant is not responsible for paying the portion of rent to owner covered by the PHA housing assistance payment under the HAP contract between the owner and the PHA. A PHA failure to pay the housing assistance payment to the owner is not a violation of the lease. The owner may not terminate the tenancy for nonpayment of the PHA housing assistance payment. e. The owner may not charge or accept, from the family or from any other source, any payment for rent of the unit in addition to the rent to owner. Rent to owner includes all housing services, maintenance, utilities and appliances to be provided and paid by the owner in accordance with the lease. f. The owner must immediately return any excess rent payment to the tenant.
3. Use of Contract Unit a. During the lease term, the family will reside in the contract unit with assistance under the voucher program. b. The composition of the household must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. Other persons may not be added to the household without prior written approval of the owner and the PHA. c. The contract unit may only be used for residence by the PHA-approved household members. The unit must be the family's only residence. Members of the household may engage in legal profit making activities incidental to primary use of the unit for residence by members of the family. d. The tenant may not sublease or let the unit. e. The tenant may not assign the lease or transfer the unit.		6. Other Fees and Charges a. Rent to owner does not include cost of any meals or supportive services or furniture which may be provided by the owner. b. The owner may not require the tenant or family members to pay charges for any meals or supportive services or furniture which may be provided by the owner. Nonpayment of any such charges is not grounds for termination of tenancy. c. The owner may not charge the tenant extra amounts for items customarily included in rent to owner in the locality, or provided at no additional cost to unsubsidized tenants in the premises.
4. Rent to Owner a. The initial rent to owner may not exceed the amount approved by the PHA in accordance with HUD requirements. b. Changes in the rent to owner shall be determined by the provisions of the lease. However, the owner may not raise the rent during the initial term of the lease.		7. Maintenance, Utilities, and Other Services a. Maintenance

Previous editions are obsolete

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form HUD-62841 (1/2007)
ref Handbook 7420.8

Security Deposit

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A property owner may request a security deposit from the proposed tenant provided:

The amount of the deposit is no more than that requested of private unassisted tenants
Not more than one month's contract rent
The security deposit is between the proposed tenant and the property owner



Collection of the Security Deposit is **Strictly** between the owner/agent and the prospective tenant. Deposit is to be paid in full prior to client move in



If the client fails to pay the security deposit it is between the client and the landlord...NOT the FWHS

Landlord Partner Portal

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After your first Housing Assistance Payment
Create an Account

- Visit <http://www.fwhs.org>
- Select Landlords
- Select Landlord Payment Status
- Select Create an Account
 - Create username
 - Create password
 - Enter active Social Security Number or TAX ID# to match Owner Name or Company Name
 - FWHS will email a confirmation notice
 - You may have multiple users to the account
 - Print monthly detail statements

Landlord Partner Portal

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- **Announcements**-important information from the FWHS
- **Upcoming Workshops/Seminars**
- **Online Detail Statements**
 - Import by Excel, Access, Word, Etc....
- **My Units**
 - Inspection reports- failed items only
 - Upcoming Annual Inspection
- **My Family**
 - Head of household and members listed
- 1099 available at the beginning of each year
- **REMEMBER.....**
 - If you are a new landlord please go to www.fwhs.org, click the landlord tab, on the left hand side of the screen under "Related Links" click the resources/forms link to find the documentation that needs to be submitted.

General Overview

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- All Housing Assistance Payments (HAP) will be paid via direct deposit.
- Tenant has the right to request reasonable accommodations for disability assistance.
- Lease violations must be provided in writing to the tenant and a copy must be sent to Fort Worth Housing Solutions.
- Homes constructed before 1978 may have lead-based paint. Units housing elderly or children under 6 are subject to regulations. Resources: www.epa.gov/lead.
- HAP payments will not be made on unit prior to passed inspection.
- All properties will be inspected on an annual or bi-annual basis based on housing program requirements. Failure to make needed repairs result in abatement (no payment)
- Lease dates, occupants and rent must match the contract.
- Rental increases can be requested once a year. Request must be made in writing 60 days prior to the expiration of the HAP contract.

Thank you!!
Have A Fabulous Day!