



JONESBORO HOUSING AUTHORITY
Helping today for a better tomorrow

Jonesboro Housing Authority
P.O. Box 458 Jonesboro, Georgia 30237



Attention: Landlord/Owners

If you are a new landlord/existing landlord on the HCV Section 8 program, or have changes in Management Companies please submit the following documentation.

- 1. New Management Company Agreement or Authorization to Transact w/ JHA Form**
- 2. W-9** (New Landlords or Changes in Account Information)
- 3. Warranty Deed or Settlement Statement** (Private Landlords or New Complexes)
- 4. Owner Information Sheet**
- 5. Direct Deposit Form** (attach a voided check) (New Landlords or Changes in Accts)
- 6. Copy of Tax ID# or Social Security Card** (New Landlords or Changes in Ownership)

If this information is not provided to the office, payments may be delayed or stopped.

- ❖ If you have purchased a property and a HAP Payment was issued to the previous owner's account, you will need to contact the previous owner to reimburse you for that payment.
- ❖ Please don't ask your tenant to contact us to inquire about your payments

If you have any question concerning the families, please contact the caseworker for that individual family.

THANK YOU FOR YOUR ADHERENCE TO THE ABOVE, AND WELCOME TO THE JONESBORO HOUSING AUTHORITY



Jonesboro Housing Authority
P.O. Box 458 Jonesboro, Georgia 30237



Telephone: 770-478-7282
FAX: 770-478-2528
TDD: 770-478-4805

LANDLORD GUIDE THINGS YOU SHOULD KNOW

Thank you for your participation in the Section 8 Housing Choice Voucher Program. Landlords and Property Managers **are required to:**

1. Provide our office with copies of all correspondence sent to the tenant regarding eviction, court proceedings, etc.
2. Requests for rental increases must be sent in writing to JHA 60 days prior to the lease renewal date. Please direct correspondence regarding rental increases to the tenant's caseworker. You may pick up the necessary forms for requesting an increase at the front desk.
3. Notify the tenant at least 24 to 48 hours before entering the unit for repairs or inspection unless an emergency occurs
4. Notify JHA immediately when a tenant vacates/skips moves, or fails to occupy the unit. Any monies received after that date your tenant vacates must be returned to JHA.

CONTRACTS

Contracts must be signed within sixty (60) days from the first day of the lease to avoid any disqualification for payment; however, we cannot sign a contract until the unit passes the Housing Quality Standards inspection required by HUD. Owners and tenants are the first to know that their unit has passed inspection and therefore we request that you contact us as soon as you know, so that we can prepare the contract for your signature. The best way to inform us of the passing inspection is to send an email to the Inspection Specialist, Angie Martinez at amartinez@jonesborohousing.com. If you do not hear from her within twenty-four hours, you may forward your notification to the Executive Director at jonesborohousing@earthlink.net.

OWNERS MAY NOT:

1. Accept side rental payments from their tenant. This is illegal and will cause the tenant and landlord to be terminated from the Section 8 Program.
2. Charge tenant late fees based on a late Housing Authority payment. Tenants are only responsible for their portion of rent and to pay it on time in accordance with the lease.

HAP PAYMENTS

1. JHA only process check runs for payments to owners on the 1st and 15th of each month. Landlords are required to set up direct deposit. Landlords must complete the direct deposit form and submit a voided check.

CHANGE OF OWNERSHIP

1. **Change of Ownership** or management company information must be directed to J. Wiggins Ext. #20. You may also email to jwiggins@jonesborohousing.com.
2. Landlords are required to submit and complete an **Authorization to transact** form when they authorize someone else to handle their financial affairs and correspondence with JHA.

INSPECTION

1. If your unit has two (2) failed inspections, you must fax a statement to JHA that all repairs have been completed and that you are requesting a third (3rd) inspection. Your request must be approved by JHA. JHA will begin payment on the same day that the unit passes inspection for new move-ins, but not before the beginning date of the lease or before the contract is signed.
2. Renewal units that fail the first inspection have 28 days to correct the deficiencies before HAP payments are interrupted. At the second fail, the HAP payment will go into abatement and no payment will be made until the unit passes inspection.
3. All utilities must be turned on by the owner until there is a passed inspecting for the unit before the tenant moves in.
4. Tenants can move-in the unit on the day of passed inspection
5. For tenants moving to Georgia from another state, the initial inspection must be set up within ten (10) days of McCright calling you to set up the inspection. If you do not schedule an inspection within ten (10) business days the tenant will be instructed to obtain another RTA Moving Packet to find another unit.

JONESBORO HOUSING AUTHORITY

**LANDLORD/OWNER
INFORMATION SHEET**

To Be Completed By Owner/Landlord:

Tenant's Name:		
Address:		
City:	State:	Zip Code:
Tenant Contact Number:		
Move-In Date:		

Owner/Landlord Name:

Business Name: (If using FEIN #):

Owners Mailing Address: _____
_____ (City) (State) (Zip)

Owner's Physical Address: _____

(If P.O. Box is used for Check) _____
_____ (City) (State) (Zip)

Phone Number:	Fax Number:
Email Address:	Social Security No/ FEIN No:

- Signed W-9 Tax Form Submitted
- Signed Warranty Deed Submitted

Owner/Landlord Signature

Date

JHA USE ONLY:

OWNER #:
DATE SETUP:
JHA STAFF INITIALS:
OWNER NAME ALPHABETIZED:



**Authorization to Transact with JHA
Housing Choice Voucher Program
Jonesboro Housing Authority**



The Authorization to Transact with the Jonesboro Housing Authority (JHA) Form is designed to permit a third party to receive information or transact business with the JHA, on behalf of the owner or property manager for the designated properties listed herein. This form must specify what information the third party is entitled to receive, what if any acts they may transact, and the duration of the authorization. This form must be signed by the property owner or an agent or property management company who has authority to financially and legally bind the property owner.

I, (NAME) (TITLE)

of (LEGAL NAME)

at (Contact Number), or alternatively, at (Alternative Contact Number) and

having a mailing address of (Street Address) (City) (State) (Zip)

(Email Address), and being authorized to execute this

Authorization to transact with JHA for the properties listed below as the (Relationship to owner/property MGMT/ Authorized agent)

of the property, do hereby authorize and appoint a third party to act on my behalf as it relates to JHA's Housing Choice Voucher Program as designated below:

A. Persons Authorized to transact business with JHA (Attach additional sheets, if necessary)

1. Name _____	1. Name _____
Mailing Address _____	Mailing Address _____
City State Zip Code _____	City State Zip Code _____
Email Address Telephone Number _____	Email Address Telephone Number _____

B. Property included in the authorization (Please check one box only)

- All property currently in the owner's name and future property
- Specified property only. (List applicable property below. Attach additional sheets.)

Property Name

Property Address

1.	
2.	
3.	

C. Duration of Authorization

This authorization shall continue on the following basis **(Please check one box only)**:

- One Time. (Limited to a one-time request for information and/or acts or functions specified at the time of the receipt of this authorization.)
- Expiration date of _____ (Requests for information and/or for acts or functions specified will be accepted and process each time requested within the date of signing of their authorization and/or the specified period.)
- No expiration date. (Request for information and/or for acts or functions specified will be accepted and processed each time requested)

I further understand that in connection with listing, rental or Housing Assistance Payments Contract related matters regarding the property identified above, the above-named persons are authorized to transact business, execute agreements, provide information, or otherwise provide direction or decisions to JHA regarding the management, suitability, maintenance, repair and rental of the property. This listing and authorization shall be valid unless revoked in a writing signed by the property owner or management agent and delivered to JHA. This authorization shall continue in effect until the date specified, unless earlier terminated by the owner, property Management Company or authorized agent for the owner.

I hereby release JHA, it's Commissioners, employees, agents and/or assigns from any liability, claims, demand, causes of action, damages, or expenses, without limitation, resulting from or associated with this authorization.

I further hereby acknowledge and confirm that I am responsible for informing JHA of any changes related to this form. I understand that changes to this form require that: (I) I complete another form that replaces this form in its entirety; or (ii) I provide a signed written document indicating that I am withdrawing all authorization to transact with JHA as provided herein.

Sworn to and subscribed before me this day of
(DAY) (MONTH) (YEAR)

(Written Signature of Property Manager)

(DATE)

(Name of Notary Public)

(Written Signature of Notary Public)

(Date)

Notary Public Seal



(Title)

(My Commission Expires)



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Jonesboro Housing Authority

P.O. Box 458
 Jonesboro, Georgia 30237

Section 8 Housing Choice Voucher Program ACH / Direct Deposit Authorization

Note: Please type or clearly print all requested information

Part 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution	Change Account Number	Change Account Type
Effective Date _____			

Part 2: Payee Identification

Name:			Owner Tax ID (Social Security Number or Employer Identification Number):	
Street Address:			Work Phone Number:	Home Phone Number:
City:	State:	Zip Code:	E-mail Address:	

Part 3: Financial Institution Information

Financial Institution Name:		Account Number:											
Account Name:		Account Type:											
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings										
9-Digit Routing Number													
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Part 4: Authorization

<p>I hereby request and authorize the Jonesboro Housing Authority to deposit payments by electronic funds transfer into the account specified above and; if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.</p>		
<p>This authorization will remain in effect until written notice is received. The undersigned must allow a reasonable amount of time for initiating or termination of Direct Deposit and is responsible for notification of any change in financial institution information.</p>		
Authorized Signature:	Title:	Date:

*** NOTE: YOU MUST SUBMIT A VOIDED CHECK!**

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)		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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?** on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See **What is FATCA reporting?** on page 2 for further information.

Housing Quality Standards Self-Inspection Checklist

Major Areas of Unit		Questions to Ask	Yes or No	Repairs Needed
Mechanical Items	Electricity	1 Do all electrical fixtures, outlets, and GFCI's function properly (at least 2 outlets per room or 1 outlet and 1 light fixture per room)?	Y / N	
		2 Is there lighting in the common hallways and porches?	Y / N	
		3 Are all outlets, light switches, and fuse boxes properly covered with no cracks or breaks in the cover plates/doors/panels?	Y / N	
		4 Are light/electrical fixtures securely fastened without any hanging or exposed wires (anywhere the tenant has access)?	Y / N	
		5 Will all utilities be on the date of inspection?	Y / N	
	HVAC	6 Is there adequate heat in all living spaces?	Y / N	
		7 Does heating system work as designed with no leaks, missing panels, or excess vibration?	Y / N	
Plumbing	Bathroom	8 Is toilet securely fastened with no leaks or gaps? Does it flush properly?	Y / N	
		9 Sink – Is there hot and cold running water, proper drainage, and no leaks?	Y / N	
		10 Bathtub/shower – Is there hot and cold running water, proper drainage, and no leaks?	Y / N	
		11 Do all bathrooms have either an exterior window or exhaust fan?	Y / N	
	Kitchen	12 Sink – Is there hot and cold running water, proper drainage, and no leaks?	Y / N	
		13 Stove – Is there a hand-operated gas shut-off valve?	Y / N	
	Other	14 Does hot water heater work properly?	Y / N	
		15 Does hot water heater have a discharge pipe that extends to within 6" of floor?	Y / N	
16 Is bathroom free of any sewer odor or drainage problem?		Y / N		
Interior of Unit	Wall Condition	17 Are walls free of air and moisture leaks? Large holes and cracks?	Y / N	
	Ceiling Condition	18 Are ceilings free of air and moisture leaks? Large holes and cracks?	Y / N	
	Floor Condition	19 Are floors free of weak spots or missing floorboards?	Y / N	
		20 Are floors free of tripping hazards from loose flooring or covering?	Y / N	
	Cabinetry/ Interior Doors	21 Are cabinets securely fastened to the wall?	Y / N	
		22 Is there space for food preparation and storage?	Y / N	
		23 Are all doors securely hung?	Y / N	
	Security	24 Is there free and clear access to all exits?	Y / N	
		25 Are there deadbolt locks on entry doors to the unit? Do they open with a key from the outside and a knob/latch from the inside?	Y / N	
		26 Are entrance and exit solid core doors?	Y / N	
27 Do first floor windows and those opening to a stairway, fire escape, or landing have locks?		Y / N		

Major Areas of Unit		Questions to Ask	Yes or No	Repairs Needed	
Interior of Unit	Health and Safety	28	Is there at least one battery-operated carbon monoxide detector present and functioning within 15 feet of every room used for sleeping and every source of carbon monoxide, including furnaces and boilers? <i>IF REQUIRED BY LOCAL CODE</i>	Y / N	
		29	Is there a working smoke detector on each level of the unit?	Y / N	
		30	Are smoke detectors installed on walls at least 4" and not more than 12" from ceiling? Are smoke detectors installed on ceilings at least 4" from the wall? Are smoke detectors installed within 15 ft. of each sleeping area?	Y / N	
		31	Is unit free of any evidence of insect or rodent infestation?	Y / N	
		32	Is unit free of mold or mildew?	Y / N	
	Appliances	33	Do all burners or the stovetop ignite, does the oven work, and are all knobs present?	Y / N	
34		Does refrigerator/freezer cool properly?	Y / N		
35		Is refrigerator/freezer large enough for the family occupying the unit?	Y / N		
Exterior of Unit	Windows	36	Is there at least one exterior window in each bedroom and in the living room?	Y / N	
		37	Do windows open, close, and lock properly?	Y / N	
		38	Is unit free of any cracked, broken, or leaky windows?	Y / N	
	Other	39	Is roof free of leaks?	Y / N	
		40	Are gutters firmly attached?	Y / N	
		41	Are exterior surfaces in a condition to prevent moisture leakage and rodent infestation?	Y / N	
		42	Is chimney secure? Is flue tightly sealed with no gaps?	Y / N	
		43	Is foundation sound?	Y / N	
		44	Are openings around doors and windows weather-tight?	Y / N	
45	Are sidewalks free of tripping hazards?	Y / N			
Common Areas	Stairways: Interior and Exterior	46	Are all handrails properly secured?	Y / N	
		47	Is a handrail present where there are 4 or more consecutive steps?	Y / N	
		48	Are stairs free of any loose, broken, or missing steps?	Y / N	
		49	Are stairways free of any tripping hazards?	Y / N	
		50	Are there proper exit signs?	Y / N	
		51	Are there secure railings on porches, balconies, and landings 30" high or higher?	Y / N	
General		52	Is unit free of debris inside and outside?	Y / N	
		53	INTERIOR AND EXTERIOR of units rented to families with children under the age of six: Is unit free of any chipping, peeling, flaking, chalking or cracking painted surfaces, including windows, window wells, door frames, walls, ceilings, porches, garages, fences or play equipment?	Y / N	
		54	Are there covered receptacles for disposal of waste?	Y / N	
		55	Is unit clean and ready for move in?	Y / N	