



## HOUSING AUTHORITY OF BERGEN COUNTY

ONE BERGEN COUNTY PLAZA, 2<sup>ND</sup> FLOOR

HACKENSACK, N.J. 07601

**PHONE:** 201-336-7600

**FAX:** 201-336-7630

[WWW.HABCNJ.ORG](http://WWW.HABCNJ.ORG)

Dear Potential Landlord:

Please be advised that \_\_\_\_\_ has been issued a \_\_\_\_\_ bedroom Section 8 Housing Choice Voucher.

**For the Housing Authority of Bergen County (HABC) to approve the unit for rent subsidy the following steps must be completed. PLEASE READ CAREFULLY.**

1. Complete the attached **Request for Tenancy Approval packet (RFTA)**; five documents which require information about the unit, you and/or your company. The direct deposit form is optional however, should you choose to receive payment by check you will be required to pick up the check in our main office. All other forms are required.

Please complete, sign and return the documents to our office along with the following additional documents:

- a. A copy of the **current and valid** Certificate of Occupancy, Certificate of Continued Occupancy, State Inspection card and/or Fire Inspection Certificate as required by local ordinances and the U.S. Department of Housing and Urban Development (HUD). Please note that if a CO is not provided by the town (for buildings) a current and valid State Inspection will be required. Condos/ Co –ops, etc. are included in the above requirements.
  - b. A copy of the **proposed** lease agreement.
2. Should the unit be eligible based on the preliminary affordability calculation a Housing Quality Standards (HQS) inspection of the unit will be scheduled. Please allow time for processing of your RFTA and two weeks to schedule inspection.

HQS inspections will not be completed or pass if the unit is occupied by other tenants, electric and gas are not on, stove and fridge are not present (except in the case of tenant provided appliances), and/or repairs are in progress. The unit must be ready for occupancy to be inspected. Please see the attached listing of some of the other basic requirements for HQS.

3. We will require an executed lease agreement after the unit passes HQS inspection.
4. The HABC cannot enter into a Housing Assistance Payment (HAP) Contract prior to the unit passing HQS inspection. Our HAP Contract will be issued in a timely manner after all the required documentation is received in our office from both the landlord and tenant.

**Payments will not be released until a signed HAP Contract is received from the landlord. Please allow 15 days for processing the first month's payment after receipt of the signed HAP Contract.**



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The HAP contract will state the **Tenant Rent** and **HAP** amount payable by the tenant and the HABC respectively, which will equal the approved contract rent. The HABC portion is stated as HAP, which is the responsibility of the Housing Authority and **NOT** the Tenant. The Tenant portion is stated as Tenant Rent, which is the responsibility of the tenant.

The portions may change in the future, however any such changes will be reflected in a lease amendment sent from the HABC. The full contract rent will not be changed except after a rent increase request submitted by the landlord and approval by the HABC.

Should you have any questions or require further information, please contact me by phone at 201-366- \_\_ or email \_\_\_\_\_@habcnj.org.

Respectfully,

Assisted Housing Specialist

# Request for Tenancy Approval Housing Choice Voucher Program

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

OMB Approval No. 2577-0169  
(exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 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 that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant 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 assistance.

1. Name of Public Housing Agency (PHA) <b>HOUSING AUTHORITY OF BERGEN COUNTY</b> <b>ONE BERGEN COUNTY PLAZA, 2ND FL.</b> <b>HACKENSACK, NJ 07601</b>			2. Address of Unit (street address, apartment number, city, State & zip code)				
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection		

9. Type of House/Apartment

Single Family Detached  
  Semi-Detached / Row House  
  Manufactured Home  
  Garden / Walkup  
  Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 515 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

### 11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

\_\_\_\_ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

\_\_\_\_ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

\_\_\_\_ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. **The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

# Rent Reasonableness Survey

## Landlord Contact Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

## Property Location

Address: \_\_\_\_\_  
 Unit Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Property Information

Date Available: \_\_\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
 Number of Bathrooms: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 Wheelchair accessible:  yes  no

### Property Type- Please check one.

<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex/Two Family/Three Family	<input type="checkbox"/> Rowhouse/Townhouse
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Low Rise: Garden Apt/Three/Four Stories	<input type="checkbox"/> Single Room Occupancy
	<input type="checkbox"/> High Rise: Five+ Stories	<input type="checkbox"/> Shared Housing

### Amenities and Accessibility- Please check all that apply.

<input type="checkbox"/> Stove	<input type="checkbox"/> W/D Connection	<input type="checkbox"/> A/C Wall Unit	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Garage
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Washer & Dryer	<input type="checkbox"/> A/C Central	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Street parking
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Onsite Laundry	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Security System	<input type="checkbox"/> Driveway
<input type="checkbox"/> Microwave		<input type="checkbox"/> Elevator	<input type="checkbox"/> Playground	<input type="checkbox"/> Assigned parking
<input type="checkbox"/> Garbage Disposal				<input type="checkbox"/> Unassigned parking

Carpet     Storm Windows     Screens     Wood Stove

Patio     Deck     Porch     Balcony

### Utilities- Please check all that apply.

<b>Owner Supplied:</b>	<input type="checkbox"/> Heat	<input type="checkbox"/> Cold Water	<input type="checkbox"/> Hot Water Fuel	<input type="checkbox"/> Cooking Fuel	<input type="checkbox"/> Electric
<b>Tenant Supplied:</b>	<input type="checkbox"/> Heat	<input type="checkbox"/> Cold Water	<input type="checkbox"/> Hot Water Fuel	<input type="checkbox"/> Cooking Fuel	<input type="checkbox"/> Electric
<b>Heat Fuel:</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<b>Cooking Fuel:</b>	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric
<b>Heat Type:</b>	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Boiler	<input type="checkbox"/> Radiator	<input type="checkbox"/> Central	<input type="checkbox"/> Window/Wall Unit

**Important Notice:** All units to be assisted by the HABC require a copy of the **current Certificate of Occupancy, Continued Certificate of Occupancy, State Inspection card and/or Fire Inspection Certificate**. If you do not have them, you must make arrangements to obtain the required documents through the Building Department or Fire Department in the municipality of the property.

Landlord/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Authority of Bergen County  
One Bergen County Plaza 2<sup>nd</sup>. fl.  
Hackensack, NJ 07601  
(201)336-7600

**Disclosure of Information on Lead-based Paint and 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 taken care of 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 lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

**Lessor's Disclosure (initial):**

\_\_\_\_(a) Presence of lead-based paint or lead-based paint hazards (check one below):

G Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

G 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 one below).

G 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):

\_\_\_\_\_

G Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgement (initial):**

\_\_\_\_(c) Lessee has received copies of all information listed above.

\_\_\_\_(d) Lessee has received the pamphlet "Protect your Family from Lead in Your Home".

**Agent's Acknowledgement (initial):**

\_\_\_\_(e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy:**

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

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

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

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

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

\_\_\_\_\_  
Address

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



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**DEAR LANDLORD:**

In compliance with Internal Revenue Service regulations, the Housing Authority of Bergen County must file an information Form 1099 for each landlord who receives rental payments during any fiscal year.

In order to facilitate compliance with IRS regulations, the Housing Authority requires additional information. Please fill out this form and return it to the Housing Authority as soon as possible.

Your cooperation and prompt response to this request is appreciated.

Very truly yours,

\_\_\_\_\_  
Assisted Housing Specialist

Owner's Name \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agent/Manager's Name \_\_\_\_\_

Agent/Manager's Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Location of Property \_\_\_\_\_

Type of Organization: (check one)

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Sole Proprietor \_\_\_\_\_

Other (explain) \_\_\_\_\_

Statistical Information Only: (check one)

White \_\_\_\_\_ Hispanic \_\_\_\_\_

Black \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

American Indian \_\_\_\_\_ Other \_\_\_\_\_

Asian \_\_\_\_\_

Social Security No. or Tax Identification No. to be used for IRS purposes \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
landlord initials

**Please note that payment CANNOT be made without a copy of the current Certificate of Occupancy, Continued Certificate of Occupancy, State Inspection card and/or Fire Inspection Certificate as required by town. These documents may be obtained from the Building Department or Fire Department of the town in which the unit is located.**



## HOUSING AUTHORITY OF BERGEN COUNTY

ONE BERGEN COUNTY PLAZA, 2ND FLOOR

HACKENSACK, N.J. 07601

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**FAX:** 201-336-7660

**WWW.HABCNJ.ORG**

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### Notice to Landlords:

The Housing Authority of Bergen utilizes Direct Deposit for payment to Section 8 Housing Choice Voucher (HCV) participant Landlords. Checks will **not** be mailed to participating landlords. If you do not wish to sign up for Direct Deposit you must make arrangements to pick up your check each month at 1 Bergen County Plaza, Hackensack, NJ 07601 2<sup>nd</sup> Floor.

In order to participate in Direct Deposit the enclosed Section 8 Landlords Direct Deposit Agreement Form must be filled out in its entirety and sent back to us. You also need to include a copy of a voided check of the bank account you intend to use. This is needed to verify your banking information.

Funds will be direct deposited to your bank account by the third business day of the month. **Note: We will only be able to electronically deposit funds to one Bank Account per Landlord. If you make changes to your banking information you are responsible to notify us of the changes.**

Once you sign up for Direct Deposit you will receive information from us on how to utilize our "Landlord Access" portal, which will enable you to view and print your statements.

For questions or concerns please contact Gail Carnevale at 201-336-7615.

Regards,

The Housing Authority of Bergen County





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**ONE BERGEN COUNTY PLAZA 2<sup>ND</sup> FLOOR**  
**HACKENSACK, NJ 07601**  
**PHONE: 201 336-7600**

## Section 8 Landlords Direct Deposit Agreement Form

### Authorization Agreement

I \_\_\_\_\_ (print name), hereby authorize the Housing Authority of Bergen County to initiate automatic deposits to my account at the financial institution named below. I also authorize the Housing Authority of Bergen County to initiate withdrawals from this account in the event that a deposit is made in error.

Further, I agree not to hold the Housing Authority of Bergen County responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until revoked by me in writing or by termination of my Housing Assistance Payments (HAP) contract with the Housing Authority of Bergen County. Furthermore, it is my responsibility to notify the Housing Authority of Bergen County in writing in the event of a change in Bank Accounts.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Title/Name on Account: \_\_\_\_\_

Transit/ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

### Signature

Landlord Signature: \_\_\_\_\_ Date \_\_\_\_\_

Landlord Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* In order for this agreement to be processed you must attach a copy of a voided check.**

## HOUSING QUALITY STANDARDS INSPECTION GUIDANCE FOR LANDLORDS/OWNERS

The following information is intended to assist the landlord to prepare an apartment for the housing quality standards inspection. It is not intended to cover, in detail, each item/area to be inspected but to provide more general guidance. Additionally, the apartment must satisfy all building code requirements of the local government and the State of New Jersey, including the need for the landlord to obtain a certificate of occupancy, State of New Jersey Multiple Family Registration and/or Tenant Registration.

The word "apartment" as used herein shall be interpreted to mean the interior areas assigned to the subsidized client and all other areas of the property to which access is permitted. Cold water flats will not be accepted for subsidy. The landlord will be required to submit a certificate of occupancy, State of New Jersey Multiple Family Registration and/or Tenant Registration.

- Must comply with all local and State of New Jersey code requirements.
- Must be in move-in condition; no work in progress.
- Must be vacant, unless occupant is going to be the subsidized client.
- Landlord must not be related to subsidized client, as defined by HUD regulations.
- If subsidized client is responsible to pay for utilities (gas, electricity, oil, water, etc.) said client must have complete control over those utilities. Those utilities may not be used by the landlord or any other tenant residing in the building.
- All utilities must be in service.
- All repairs, cleaning, etc., must be completed.
- All walls, ceilings and floors must be in good repair and free of holes, damage, peeling or flaking paint and/or unsuitable materials.
- All floors in habitable spaces, including closets, bathrooms, etc., must be covered with an acceptable floor covering in good condition, such as carpet, vinyl, linoleum, wood, parquet, solid hard wood, etc.
- Each bedroom and living room must have at least one operable window of appropriate size. The use of storm windows as the sole window of any habitable room is not acceptable.
- Each bedroom must provide for adequate privacy. No railroad style bedroom.
- Each living room and bedroom should be provided with at least two duplex receptacles. Receptacles must be of three-pin grounded type.
- All bedrooms and other living areas must be provided with a permanent heat source. Space heating radiators and associated piping must be protected.

- All windows must be in good repair. Operable windows must have properly fitting screens and be secure.
- Window in bathroom must properly open and close. In no window is present, a properly sized exhaust vent system is required. All bathroom fixtures must be in good repair and the bathroom must have at least one duplex receptacle on a GFCI circuit.
- All kitchen cabinets, drawers and countertops must be in good repair. The use of paint to repair a damaged counter top is unacceptable. Kitchen must have adequate storage cabinets and provide adequate counter space for food preparation.
- All appliances must be in good working condition. On/off markings on the knobs of ovens and stoves must be visible, splash pans must be in place, refrigerator gaskets must provide a proper seal, etc.
- All plumbing fixtures must be in good repair. "S" traps are not permitted on waste lines.
- All electrical switch plates and outlet plates must be in place. Exposed or bare wires are not permitted. Receptacle in bathroom and those within six feet of kitchen sink to be on GFCI circuit.
- All interior doors must be properly hung. Doors and frames must be in good repair. All locks must properly work and must not present an entrapment hazard. Safety door chains must be provided on exterior doors of multi-family units.
- All hot water heaters and boilers must be clearly marked and installed to comply with applicable codes.
- At least one smoke detector, in good operating condition, must be installed on each floor level of the apartments. They must be installed in close proximity to each area to be used for sleeping, in basements, attics and the top of stairwells.
- Exterior doors must provide adequate security and be reasonably weather tight.
- Roof must be sound, gutter/leaders intact, foundation free of cracks and must not allow the infiltration of moisture or rodents. The exterior surfaces must be in good repair.
- Porches, balconies, patios, decks and handrails which are 30" or more above the finished grade must have 36" inch high guardrails with spaces no wider than 4".
- Exterior steps with more than three risers require handrails.
- The apartment must be clearly identified such as with Street" and/or Apartment #, etc.
- The subsidized client must have a secure place for the delivery and receipt of mail.
- Emergency exits must be maintained, properly marked and illuminated.

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date