



INDEPENDENCE
HOUSING AUTHORITY

providing affordable and safe housing

Section 8 / HCV Program Information and Rules

Section 8 / Housing Choice Voucher Program


- The Section 8/HCV program is designed to provide rental assistance to low income families from private landlords with homes that are affordable, decent, safe, and sanitary.
- HUD (US Department of Housing and Urban Development) provides the funding for this program and makes the rules and regulations that governs the Housing Authority.
- The Housing Authority uses these funds received by HUD to assist in rent payments.

How the Program Works

Section 8 is based on a 3-way partnership between the Landlord, the Tenant, and the Housing Authority.

All 3 parties must work together to provide the most decent, affordable, safe, sanitary housing available.





HOW THE PROGRAM WORKS.....

PART 2

Applicants are approved based on the following:

- Tenant screening
- Criminal background checks
- Sex offender checks
- Money owed to any Housing Authority
- Income limitations and guidelines

APPLICANTS AND TENANTS WITH A DISABILITY

We are committed to ensuring full access to participation. If you need an accommodation for a disability in order to have full access to our services, please let us know.



Families with disabilities may request a list of known handicap accessible units from the Housing Authority at any time during the voucher term dates.

Non-Discrimination Laws

Non-discrimination laws prohibit any PHA or landlord from treating you differently than other applicants and tenants based on the following:

- Age
- Religion
- Gender
- Disability
- Race
- Color
- Sexual orientation
- Religious beliefs
- Or because you have children

VAWA (Violence Against Women Act)

VAWA offers protection, regardless of gender, to anyone who has been a victim of domestic violence, dating violence, sexual assault, or stalking.

It prevents PHA's and landlords from considering actual or threatened domestic violence, dating violence, sexual assault, or stalking as a cause for terminating the tenancy, occupancy, or program assistance to the victim.

These protections do not extend to the perpetrator of the domestic violence, dating violence, sexual assault, or stalking.

Section 8 Packet

Your packet includes the following information:



Important Information Pertaining to the Program



Landlord List



Portability Information



Information on Reporting Income and Family Changes



Housing Rights of Disabled Tenants



Housing Discrimination Pamphlet

Section 8 Packet (Continued)



IHA Grievance Procedure

(explains the process of termination and how to file for an informal hearing)



Area Map



Fair Housing Pamphlet



VAWA Pamphlet



Lead Based Paint Pamphlet



A Good Place to Live Pamphlet



Tenancy Addendum

(agreement between the landlord and the tenant)



Utility Allowances

You Will Also Receive...



Family Obligations Form to Sign



Providing Information to Owners Form to Sign



Voucher

(agreement between the tenant and the Housing Authority)



RAFTA (Request for Tenancy Approval) Form



Lead Agreement

WHEN CHOOSING A HOME

Look at the neighborhood:

- Is it safe for children?
- Is the area clean?
- What are the crime rates in that area?
- What school will your child go to?
- Are you within a close distance to grocery stores?
- Are you within a close distance to transportation lines?

The Landlord list provided in your packet is just a list of IHA known landlords. Make sure to check Craigslist, local newspaper, bulletin postings at the grocery store and drive around and look for rent signs.



Landlords

While viewing homes ask the landlord about:

- Maintenance policies
- Security deposit
 - Amounts and refunds at move out are between you and the Landlord. IHA cannot make the landlord refund your money!
- Pets
- What utilities are included?
- Do they provide a stove and a fridge?
- Ask for a copy of their lease and READ IT before you decide

Pick your landlord carefully. The lease you will sign is a one-year legal document and you will be unable to transfer to a new unit until the entire lease has been completed.



Obligations of the Family

- ↴ Provide all information IHA requests
- ↴ Find suitable housing and take care of the unit
- ↴ Abide by the terms of the lease
- ↴ Sign all required documents
- ↴ Comply with family obligations
- ↴ Comply with the Housing Authority's local policies and procedures
- ↴ Notify IHA of any income or family changes
- ↴ Allow inspection of the unit at anytime with notice from IHA

Obligations of the Landlord

- ↴ Screen families and determine suitability
- ↴ Comply with Fair Housing Laws
- ↴ Make repairs to the unit
- ↴ Comply with the HAP contract
- ↴ Landlord cannot change the amount of rent or terms of the lease within the 1st year
- ↴ Collect rent
- ↴ Enforce the lease
- ↴ Notify IHA of any tenant violations of the lease
- ↴ Rent reasonableness: landlord cannot charge a different amount for a similar unit because the unit is on the Section 8 program

Voucher and Home Searching

- You may look for a home and lease up anywhere in Jackson County.
- If you would like to move elsewhere with your voucher, this is called Portability.
- Your Voucher...
 - Is an agreement between you and the Housing Authority that lists all your responsibilities as a tenant.
 - Is good for 120 days (No Extensions) except with a Reasonable Accommodation request, which would be approved/denied by the Deputy or Executive Director.
 - Once expired, you will have to reapply once the waiting list is in OPEN Status.
- You may choose a home that is a smaller or larger bedroom size than what your voucher states you are qualified for but...
 - * Your rent amount could be significantly be higher.
 - * There can be no more than 2 people (heartbeats) per bedroom.

Portability

Portability is the process through which your family can transfer or “port” your rental subsidy to a different location outside of the Independence Housing Authority jurisdiction.

New families that have been issued vouchers may be allowed to “port” once they receive their voucher ONLY if their original application with IHA showed a Jackson County address. If you applied at IHA from another county, you will be required to live in this jurisdiction for a year and complete a lease before you will be allowed to port.

Once I Find a Unit...

- 30-day notice and a \$0.00 balance due to IHA if you are a current Public Housing tenant
- Once you find a unit, the landlord must fill out and sign the forms in the RFTA (Request for Tenancy Agreement) Packet.
- Once that is complete, bring the following forms to the IHA office to schedule the inspection and to confirm that you financially qualify for this unit:
 - RFTA (Request for Tenancy Approval) Packet (Includes RFTA, Rent Reasonable, Contract and Lease Start Date)
 - Lead Based Paint Form
 - Updated income information for everyone in the household, including bank statements, child support, etc.

THE UNIT WILL NOT BE INSPECTED UNTIL
ALL THE ABOVE ITEMS ARE RECEIVED

Request for Tenancy Approval Housing Choice Voucher Program			U.S. Department of Housing and Urban Development Office of Public and Indian Housing			OMB Approval No. 2577-0169 exp. 7/31/2022			
The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use, maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.									
When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.									
1. Name of Public Housing Authority (PHA) Independence Housing Authority 4215 S. Hocker Dr., Bldg 5, Independence, MO, 64055					2. Address of Unit (street address, unit #, city, state, zip code)				
3. Requested Lease Start Date		4. Number of Bedrooms		5. Year Constructed		6. Proposed Rent		7. Security Deposit Amt	
8. Date Unit Available for Inspection									
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)					10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____				
11. Utilities and Appliances The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.									
Item	Specify fuel type							Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other								
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other								
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other								
Other Electric									
Water									
Sewer									
Trash Collection									
Air Conditioning									
Other (specify)									
Refrigerator								Provided by	
Range/Microwave									
Previous editions are obsolete									

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

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

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

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

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

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(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 they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

Rent Reasonableness Survey Form



INDEPENDENCE
HOUSING AUTHORITY
providing affordable and safe housing

Rent Reasonableness Survey

Address: _____, Apt. # _____

City/State/Zip: _____

This property is currently: _____ Section 8 or Open Market(non-section8) _____

Number of Bedrooms _____ Total rooms excluding Kitchen, bath/s & basement _____

Type of unit: check one

_____ Single Family (House) _____ Apartment _____ High-rise _____ Duplex

_____ Mobile Home _____ Townhouse

Square Feet: _____ 500 or less _____ 501-750 _____ 751-1200 _____ 1200 or more

Year unit was built: _____

Amenities: Circle all that apply:

High Quality Carpet	Ceiling Fan	Breakfast nook
Parquet floor/Hardwood	Refrigerator	Pantry
Drapes	Range	Washer/dryer hookups
Mini Blinds	Range vent hood	Washer
Working fireplace/stove	Double Oven	Dryer
Patio/deck/balcony/porch	Self-cleaning oven	Additional bathrooms
Unfinished basement	Dishwasher	Extra bathroom cabinets
Finished basement	Garbage Disposal	Special windows
Central air	Microwave	Special doors
Window A-C	High quality cabinets	
Attic/whole house fan	Abundant counter top space	

Facilities: Circle all that apply

Large Yard	Off street parking	Swimming pool
Security system	Carport/garage	Community room
Cable TV hookups	Storage	Playground
Exercise facilities	Fenced yard	Other
Laundry facilities	Wheelchair accessible	

Type of Neighborhood: Check one

Please complete the back side of form

Section 8 Office

4215 S. Hocker Dr., Bldg. 5, Independence, MO 64055
Phone 816-836-9200 Fax 816-833-2377 TTY 711

1/15/2021

_____ Residential Neighborhood _____ Industrial Neighborhood

_____ Mixed Commercial/Residential Neighborhood _____ Rural

Distance to services (in miles):

Grocery stores _____ Gas station/convenient store _____

Public transportation _____ Pharmacy's _____

Hospital _____

Management and Maintenance: Check all that apply

_____ On-site Manager/Owner _____ On-Site Maintenance

_____ Off-site Contracted Maintenance _____ Lawn Maintenance

_____ Maintenance performed as needed _____ Snow removal

_____ Other _____

_____ Meets/Exceeds Housing Quality Standards

Utilities paid by: O = Owner, T = Tenant

Gas _____ Electric _____ Water _____ Sewer _____ Trash _____ Other _____

Specify type: E = Electric, G = Gas

Heating Source (Furnace) _____ Range _____ Water Heater _____

Rent Charged:

Amount charged last tenant _____ Date _____

Amount requesting for this tenant _____

Landlord/Agent/Owner Signature

Date

New Contract and Lease Start Date:

All of the following conditions must be met in order for a Housing Assistance Payment (HAP) contract to begin:

1. The unit must pass a Housing Quality Standard (HQS) inspection; and
2. The rent must be comparable to other unassisted units in the area of similar type and bedroom size; and
3. The owner and family/tenant must sign the lease for the unit in the office and the HUD-required Lease Addendum **must be attached** to the lease. The contract will also be signed at this time; and
4. If the family/tenant is currently receiving Section 8 assistance, the new contract cannot start until the family/tenant has completely vacated the previous assisted unit and returned the keys to the previous landlord/owner. (If the family/tenant moves into the new unit before the date authorized by the Housing Authority, the family/tenant is responsible for the entire amount of rent until the date approved by the Housing Authority): and
5. The unit must pass inspection and the family will need to be living in the unit effective when the lease starts. The lease will start on the 1st of month following a passed inspection.
6. The lease must include the following 1.) Initial term of the lease needs to be one year with a provision for terms after first year (ie: month to month or year to year). If a new lease is signed for the unit after the first year, the landlord must furnish the housing authority a copy and sign a new contract. 2.) A list of who is responsible for the utilities in the unit, and who will furnish the appliances. 3.) Name of tenant and landlord with the address of the unit. 4.) The following statement needs to be included in all leases. *This lease includes the attached tenancy addendum as prescribed by HUD.* A copy will be provided for you when you fill out the request for lease approval for the tenant. 5.) The lease must meet all state and local laws.

I have read and understand the above information about Contract and lease start dates.

Signature of Owner / Authorized Representative: _____

Date: _____

Signature of Family / Tenant Representative: _____

Date: _____

1/15/2021

New Contract and Lease Start Date Form

Section 8 Office

4215 S. Hocker Dr., Bldg. 5, Independence, MO 64055
Phone 816-836-9200 Fax 816-833-2377 TTY 711

1/15/2021

Can I use my Section 8 for the home I currently live in?

Yes, you may but...



The landlord must agree to accept Section 8 and if so he must be approved by the Housing Authority



The rent price on the unit must be within reasonable rent and you must qualify financially for the unit



The unit must pass the HQS (Housing Quality Standard) inspection

Once a RFTA is received

- IHA will make sure the home is within the Rent Reasonableness guidelines
- The unit will then be scheduled a HQS (Housing Quality Standard) inspection. **YOU CANNOT MOVE INTO THE HOME UNTIL THE INSPECTION HAS PASSED!** We also suggest not *paying a deposit* or *signing a lease* until the home has passed the inspection and your income has been approved.
- IHA will look at your income and background to make sure that you still qualify for the program and that the rent is affordable based on your current income.

HQS

(HOUSING QUALITY STANDARDS INSPECTION)

What do we look for?

- Leaks
- Peeling Paint
- Trip hazards
- Door security
- Smoke alarms
- Fire hazards
- Housekeeping / pest control issues
- Maintenance of furnace, hot water heater, AC unit
- Electrical hazards
- Stove and refrigerator in good working condition
- Other Misc. items

Payment Standards

Payment Standards are amounts calculated each year based from 90-110% of the Fair Market Rent rates in Jackson County.

The Housing Authority uses Payment Standards to calculate our payment to the owner and what your portion of the rent and utilities will be for the home you selected: With Special HUD permission, Payment Standards are 120% of FMR until 12/31/2022.

- ▶ SRO - \$686
- ▶ 0 Bedroom (Efficiency) - \$914
- ▶ 1 Bedroom - \$1,050
- ▶ 2 Bedroom - \$1,236
- ▶ 3 Bedroom - \$1,638
- ▶ 4 Bedroom - \$1,883
- ▶ 5 Bedroom - \$2,165
- ▶ 6 Bedroom - \$2,448

If you choose a home where the rent is close to or higher than the Payment Standard, your share of the rent will be higher and you may not qualify for that home if your income is extremely low.

Utility Allowances

Utility Allowances are amounts calculated each year based on the type of unit and utility rates on average with the various utility districts across Jackson County. The Housing Authority uses third-party calculated allowances each year to figure Adjusted Gross Rent for each unit.

Make sure you choose a home where the contract rent plus the anticipated Utility Allowance does not exceed the Payment Standard for your voucher issued.

INDEPENDENCE HOUSING AUTHORITY							
SECTION 8 MONTHLY ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS							
LOCALITY: Kansas City Metropolitan Area					UNIT TYPE: Single Family House		
Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
HEATING							
Gas	20	27	33	38	48	59	
Electric	66	84	101	125	146	156	
Electric - Heat Pump	63	80	96	119	139	148	
COOKING							
Gas	5	6	7	8	8	8	
Electric	11	12	14	16	17	19	
WATER HEATING							
Gas	10	10	12	15	18	20	
Electric	19	19	27	35	44	51	
OTHER ELECTRIC							
LIGHTS AND MISCELLANEOUS	34	44	51	58	67	77	
AIR CONDITIONING	21	22	26	32	37	40	
OTHER SERVICES							
WATER and SEWER	52	53	67	78	90	102	
TRASH	43	43	43	43	43	43	
RANGE	5	5	5	5	5	5	
REFRIGERATOR	6	6	6	6	6	6	
TOTAL UTILITY ALLOWANCE							
<p>For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.</p>							
FOR HOUSING AUTHORITY USE ONLY							
Name of Family: _____			Effective Date of Certification: _____				
Address of Unit: _____			Number of Bedrooms: _____				
			HCV Program Specialist Signature				
Effective April 1, 2022							

INDEPENDENCE HOUSING AUTHORITY						
SECTION 8 MONTHLY ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS						
LOCALITY: Kansas City Metropolitan Area				UNIT TYPE: Mobile Home		
Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
HEATING						
Gas	19	25	31	36	44	55
Electric	62	78	94	116	136	145
Electric - Heat Pump	59	74	89	111	129	138
COOKING						
Gas	5	6	7	8	8	8
Electric	11	12	14	16	17	19
WATER HEATING						
Gas	10	10	12	15	18	20
Electric	19	19	27	35	44	51
OTHER ELECTRIC						
LIGHTS AND MISCELLANEOUS	34	44	51	58	67	77
AIR CONDITIONING	19	20	24	30	35	37
OTHER SERVICES						
WATER and SEWER	52	53	67	78	90	102
TRASH	43	43	43	43	43	43
RANGE	5	5	5	5	5	5
REFRIGERATOR	6	6	6	6	6	6
TOTAL UTILITY ALLOWANCE						
<p>For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.</p>						
FOR HOUSING AUTHORITY USE ONLY						
Name of Family: _____			Effective Date of Certification: _____			
Address of Unit: _____			Number of Bedrooms: _____			
			HCV Program Specialist Signature			
Effective April 1, 2022						

INDEPENDENCE HOUSING AUTHORITY						
SECTION 8 ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS						
LOCALITY: Kansas City Metropolitan Area				UNIT TYPE: Flat/Garden/Multifamily Apt / Low Rise / Highrise		
Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
HEATING						
Gas	16	21	26	30	38	47
Electric	53	67	80	100	116	124
Electric - Heat Pump	50	63	76	95	110	118
COOKING						
Gas	5	5	6	7	8	8
Electric	10	12	14	15	17	19
WATER HEATING						
Gas	10	10	12	15	18	20
Electric	19	19	27	35	44	51
OTHER ELECTRIC						
LIGHTS AND MISCELLANEOUS	34	44	51	58	67	77
AIR CONDITIONING	17	17	21	26	30	32
OTHER SERVICES						
WATER and SEWER	52	53	67	78	90	102
TRASH	43	43	43	43	43	43
RANGE	5	5	5	5	5	5
REFRIGERATOR	6	6	6	6	6	6
TOTAL UTILITY ALLOWANCE						
<p>For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.</p>						
FOR HOUSING AUTHORITY USE ONLY						
Name of Family: _____			Effective Date of Certification: _____			
Address of Unit: _____			Number of Bedrooms: _____			
			_____ HCV Program Specialist Signature			

INDEPENDENCE HOUSING AUTHORITY						
SECTION 8 ALLOWANCES FOR TENANT FURNISHED						
UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS						
LOCALITY: Kansas City Metropolitan Area				UNIT TYPE: Duplex/Row/Townhouse/Semi-Detached		
Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
HEATING						
Gas	17	23	28	32	40	50
Electric	56	71	85	106	124	132
Electric - Heat Pump	53	67	81	101	117	126
COOKING						
Gas	5	5	6	7	8	8
Electric	10	12	14	15	17	19
WATER HEATING						
Gas	10	10	12	15	18	20
Electric	19	19	27	35	44	51
OTHER ELECTRIC						
LIGHTS AND MISCELLANEOUS	34	44	51	58	67	77
AIR CONDITIONING	18	18	22	27	32	34
OTHER SERVICES						
WATER and SEWER	52	53	67	78	90	102
TRASH	43	43	43	43	43	43
RANGE	5	5	5	5	5	5
REFRIGERATOR	6	6	6	6	6	6
TOTAL UTILITY ALLOWANCE						
<p>For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.</p> <p>FOR HOUSING AUTHORITY USE ONLY</p>						
Name of Family: _____			Effective Date of Certification: _____			
Address of Unit: _____			Number of Bedrooms: _____			
			_____ HCV Program Specialist Signature			

Rent Amounts

Your portion of the rent will be based on a percentage of your current income as well as any deductions you may have.

Income is (not all-inclusive):

- Employment
- Child Support
- Unemployment
- Social Security/SSI
- Misc./Gift Income
- TANF
- Pensions
- Income from Assets

Deductions

Some families may receive deductions from their annual income for the following reasons:

- Medical expenses (3% of annual income deduction for elderly and/or disabled HOH, Spouse or Co-Head)
- Elderly/or Disabled (one time \$400 deduction for elderly and/or disabled)
- Childcare Expenses (with children under age 13) for employment and schooling as long as it does not exceed annual income
- Dependent Children (one time \$480 deduction per child under 18) or for a disabled adult other than the Head, Spouse or Co-Head.

Examples of Annual Income Calculations

Mary received \$733.00 in Social Security each month.

$\$733 \times 12 \text{ months} = \$8,796$ gross annual income

Since she is disabled, she will get the \$400 deduction off this.

$\$8,796 - \$400 = \$8,396$

\$8,396 is the adjusted gross annual amount of income we will use to calculate what her rent amount will be

$\$8,396 / 12 \text{ months} \times 30\% = \210 per month in rent

Utility Allowance may be subtracted off the \$210 if the tenant is required to pay any utilities to get to the Family Portion of Rent

Jane has 2 children, ages 3 & 8. Jane works 20 hours a week making \$10.00 per hour and she pays \$1,000 a year in childcare

$20 \text{ hrs} \times \$10.00/\text{hr} = \$200.00 \times 52 \text{ weeks} = \$10,400$ gross annual income

$\$10,400 - \$1,000$ (child care annually) = \$9,400

$\$9,400 - \480 (child 1) - \$480 (child 2) = \$8,440 adjusted gross annual income

\$8,440 is the adjusted gross annual amount of income we will use to calculate what her rent amount will be.

$\$8,440 / 12 \text{ months} \times 30\% = \211 per month in rent

Utility Allowances may be subtracted off the \$211 rent if the tenant is required to pay any utilities to get to the Family Portion of Rent

After Move In

Once you are moved into your new home you can expect to be sent a notification by mail in approximately 9 months for an Annual HQS Inspection of your home and an Annual Recertification of your income and household composition.

In order to continue to receive assistance these must both be completed in a timely manner and all necessary information required must be received. If you fail to perform your Annual Recertification in the timeline specified per your letter, your assistance may be terminated.

Income Changes

All income changes(increases or decreases) or household changes must be reported to the IHA office within 10 business days of the change.

Failure to report these changes may result in:

- ▶ Your family owing money to the Housing Authority
- ▶ Possible termination of assistance
- ▶ Federal fraud charges

Moving (Transfer) to a New Unit

You **WILL NOT** be allowed to break the lease and transfer/port to a new unit during the 1st Initial year of the lease or anytime a new full year lease has been signed.

If your lease is close to being completed, you must notify IHA if you would like to transfer and come to the office to sign the required paperwork.

A notice to the landlord must also be given (generally 30 days) but **READ YOUR LEASE**. All leases have different requirements.

Exiting the Program

You may choose to leave the program at any time.

IHA requests that written notice of the date of the move out from your unit or the date you wish to come off the program be received.

Failure to provide this could result in the denial of your application with our programs in the future.

Best
wishes
to you

Family Obligations

You Must NOT...



Violate your lease



Sublet your unit to another family



Use of drugs (Federal Subsidized Assistance restrictions on drugs overrides the State of Missouri Medical Marijuana provision)



Commit crimes



Abuse alcohol



Withhold information



Have any unauthorized guest live with you

Termination/ Removal from the Program

Examples of violations and/or reasons you could possibly be terminated from the program are:



Over Income

Once your income becomes high enough that your rent payment is being covered entirely by you, IHA will hold you on the program for 6 months (180 days). After this time if your income remains high, you will be removed from the program. You are still required during the 180 days to complete all requirements of the program.



Failure to report income



Making false statements or providing false information



Moving without notice



Any violations of the lease



Any violations of Family Obligations or Tenancy Addendum



Failure to pay rent

HUD RULES

The Housing Authority is required to terminate your assistance if any member of your household is or has been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing or if any member of your household is subject to a lifetime registration requirement under a state sex offender registration program.



Informal Hearing

Any family terminated from the program has 10 business days from the date of the “Termination of Assistance Letter” to request an Informal Hearing in writing.



Questions?



If you have any questions, you may contact the Independence Housing Authority HCV Program Specialist assigned based upon your Last Name Alphabet. Please see list on our website @ www.ih1.org under the HCV/Section 8 Staff List.



Or email: HCV Program Specialist assigned based upon your Last Name alphabet that is listed @ www.ih1.org under the HCV/Section 8 Staff List.