

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Dear Landlord/Property Owner/Property Manager:

This letter confirms that the following client: \_\_\_\_\_ has been approved to enter our long-term housing program. This client is approved for a \_\_\_\_\_ bedroom unit. The unit must be within HUD Fair Market rent and this amount must include the utility allowance. **Please fill out the Request for Unit Approval carefully so the Case Manager can determine if the unit meets these qualifications and can schedule an inspection.**

This HUD funded program assists tenants with subsidized rent on a long-term basis. The tenant pays a portion of their rent that is based on their income, and the program pays the remaining amount. The tenant must be recertified for the program once a year. The unit must be inspected and pass inspection before being approved for the program and re-inspected yearly while the client remains in the program. If funding is available, we may also assist with a deposit. A lease is required.

**Enclosed forms include:** Request for Unit Approval, Smoke Detector Checklist, Disclosure of Information on lead based paint and W-9. A **lease addendum** will also be included for you to review in case you have questions but is not to be filled out until a tenant/landlord agreement has been made.

**We request that you provide us with your taxpayer identification number on the IRS form W-9 as proof of ownership. If the owner is an individual, then the number is the owner's social security number. The number will be included on the 1099 form that you will receive from our agency for tax purposes.**

Please complete, sign and return the enclosed forms by fax at 713.526.4367 or email [ejohn@montrosecenter.org](mailto:ejohn@montrosecenter.org) . If you have any questions or concerns, please contact Liz John at 713.529.0037 x329.

**4.8.19 REQUEST FOR UNIT APPROVAL**

**HOUSING SERVICES. 401 Branard St., Houston, TX, 77096. Fax: 713-526-4367**

Tenant's Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Purpose of this form:** This form serves as a request by Tenant and Landlord for the Montrose Center Case Manager to inspect the rental unit selected for occupancy by Tenant. This form must be completed and signed by both Landlord and Tenant.

**Instructions to Tenant:** By signing this form, you are requesting the Montrose Center Case Manager to inspect the rental unit you selected in order to ensure that it complies with federal Housing Quality Standards (HQS).

**DO NOT SIGN A LEASE UNTIL ADMINISTRATOR HAS INSPECTED AND APPROVED THE SELECTED UNIT.**

**Instructions to Landlord:** By signing this form, you are consenting to inspection of your rental unit by the Montrose Center Case Manager to ensure its compliance with Housing Quality Standards. The Montrose Center is not responsible for payment of any portion of the rent prior to inspection and approval of the rental unit, and execution of the Rental Coupon Contract, Lease, Lease Addendum, and other forms as required by the City of Houston and the Montrose Center Housing Services. Please complete and sign Page 2 of this form, attach a copy of the proposed Lease, and return to the Montrose Center, Housing Services. You will be contacted by a Case Manager to arrange a time for inspection of the rental unit.

Type of Unit:  Single family dwelling  
 Multi-family (apartment community)  
 Manufactured Housing  
 Duplex

Year Constructed: \_\_\_\_\_ Most recent rent charged for unit: \$ \_\_\_\_\_

Did the most recent rent charged for this unit include the same utilities and/or appliances being provided to the proposed assisted Tenant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Fill out the following chart completely:

Description of Utility or Appliance	Fuel Type	Provided By
Heating		<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Electricity	N/A	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Hot Water		<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Water	N/A	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Refrigerator	N/A	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Stove/Range		<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant

**Landlord's Certification:** By signing below, Landlord authorizes the Montrose Center Case Manager to inspect the above-referenced rental unit selected by Tenant. Landlord has read, understands and accepts the terms of Montrose Center's Lease Addendum.. Landlord certifies that: (1) the information provided on this

form is accurate and true; and (2) this unit is made available, managed, and operated without regard to Tenant’s race, color, national origin, religion, gender, handicap, or familial status.

\_\_\_\_\_  
Signature of Landlord/Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Tenant’s Request for Approval:** By signing below, Tenant requests that Contract Administrator inspect Landlord’s rental unit to ensure its compliance with Housing Quality Standards. Tenant understands that no rental assistance will be provided by Contract Administrator until the rental unit is inspected and approved, and all required documentation is completed and signed in accordance with the Montrose Center policy.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.*

### 6.6.15 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.*

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### 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 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*.

#### Case Manager's Acknowledgement (initial)

e. \_\_\_ Case Manager has informed the Lessor of the Lessor's obligation under 42 U.S.C. 4852(d) and is aware of their 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Landlord's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Case Manager's Signature Date



U.S. Department of Housing and Urban Development • Office of Healthy Homes and Lead Hazard Control

# Lead



*“Despite progress, lead poisoning remains one of the top childhood environmental health problems today.”*

*President's Task Force on Environmental Health Risks and Safety Risks to Children*

## Did you know...

- Many homes built before 1978 have lead-based paint?
- 24 million homes in the United States have peeling or chipping lead-based paint or high levels of lead in dust?
- Infants, children under six, and pregnant women should have their blood tested for lead?
- In the United States, children from low-income families are eight times more likely to get lead poisoned?

## What is it?

Lead is a toxic metal used in a variety of products and materials. When lead is absorbed into the body, it can cause damage to the brain and other vital organs, like the kidneys, nerves, and blood. Some symptoms of lead poisoning may include headaches, stomachaches, nausea, tiredness, and irritability. Lead can also harm children without causing any obvious symptoms.

Both inside and outside the home, deteriorated lead-paint releases its lead, which then mixes with household dust and soil. Children can become lead poisoned by putting their hands or other lead-contaminated objects into their mouths, by eating paint chips found in homes with peeling or flaking lead-based paint, and from playing in lead-contaminated soil.

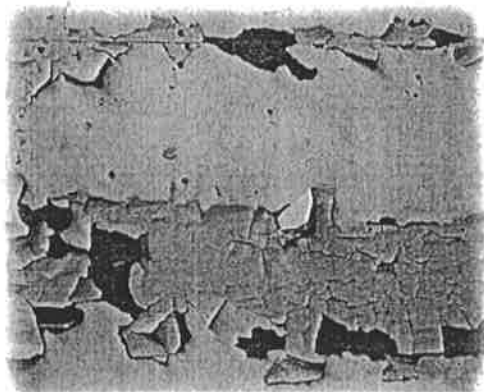
*continued on back*

[www.hud.gov/offices/lead](http://www.hud.gov/offices/lead)



# Lead

In homes built before 1978, treat peeling paint as a lead hazard unless proven otherwise.



## What can you do?

### 1. If your home was built before 1978:

- Mop smooth floors (using a damp mop) weekly to control dust.
- Vacuum carpets and upholstery to remove dust, preferably using a vacuum with a HEPA filter or a "higher efficiency" collection bag.
- Take off shoes when entering the house.
- Pick up loose paint chips carefully with a paper towel; wipe the surface clean with a wet paper towel.
- Take precautions to avoid creating lead dust when remodeling, renovating, or maintaining your home.
- Have it checked for lead hazards by a lead professional (including the soil).

### 2. For your child:

- Frequently wash your child's hands and toys to reduce exposure.
- Use cold tap water for drinking and cooking.
- Avoid using home remedies (such as *arzacón*, *greta*, *pay-loo-ah*, or *litargirio*) and cosmetics (such as *kohl* or *alkohl*) that contain lead.
- Have your child's blood lead level tested at age 1 and 2. Children from 3 to 6 years of age should have their blood tested, if they have not been tested before and:
  - They live in or regularly visit a house built before 1950;
  - They live in or regularly visit a house built before 1978 with on-going or recent renovations or remodeling; or
  - They have a sibling or playmate who has or did have lead poisoning.

## For more information...

Visit HUD's website at [www.hud.gov/offices/lead](http://www.hud.gov/offices/lead) for more information about addressing health hazards in homes or to learn if HUD has a Healthy Homes program in your community. From HUD's website, you can download a copy of "Help Yourself to A Healthy Home" for more practical steps you can take to make your home a lead-safe home.

## Other Federal Resources

U.S. Department of Housing and Urban Development,  
Office of Healthy Homes and Lead Hazard Control  
[www.hud.gov/offices/lead](http://www.hud.gov/offices/lead) or call (202) 755-1785

The National Lead Information Center  
(800) 424-LEAD (5323)  
[www.epa.gov/lead/pubs/nlic.htm](http://www.epa.gov/lead/pubs/nlic.htm)

Centers for Disease Control and Prevention (CDC)  
[www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead)

Environmental Protection Agency (EPA)  
[www.epa.gov/lead](http://www.epa.gov/lead)

U.S. Department of Labor,  
Occupational Safety & Health Administration  
[www.osha.gov/SLTC/lead](http://www.osha.gov/SLTC/lead)

U.S. Consumer Product Safety Commission (CSPC)  
[www.cpsc.gov](http://www.cpsc.gov) or call (800) 638-2772

Dust created by opening and closing windows is a common lead hazard.

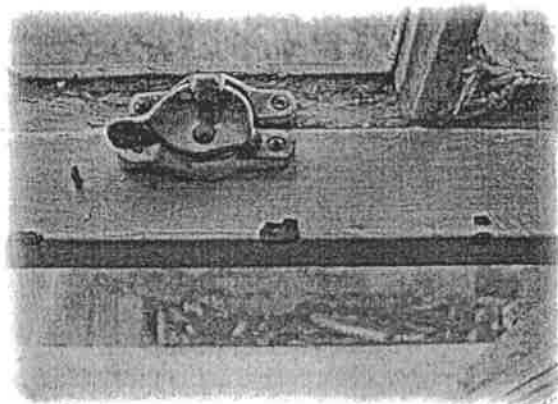


Photo by: January E. Jones,  
*Improving Kids' Environment*

**4.8.16 SMOKE DETECTOR CHECKLIST**

Client’s Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Lessor’s Disclosure (initial)**

- \_\_\_\_\_ Each unit has at least one battery-operated or hard wired smoke detector, in proper working condition, on each occupied level of the unit.
- \_\_\_\_\_ Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom.
- \_\_\_\_\_ If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons. Smoke detectors must have an alarm system designed for hearing impaired persons in each bedroom occupied by a hearing-impaired person.
- \_\_\_\_\_ The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care center, hallways, stairwells, and, other common areas.

**Lessee’s Acknowledgement (initial)**

- \_\_\_\_\_ Each unit has at least one battery-operated or hard wired smoke detector, in proper working condition, on each occupied level of the unit.
- \_\_\_\_\_ Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom.
- \_\_\_\_\_ If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons. Smoke detectors must have an alarm system designed for hearing impaired persons in each bedroom occupied by a hearing-impaired person.
- \_\_\_\_\_ The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care center, hallways, stairwells, and, other common areas.

**Case Manager’s Acknowledgement (initial)**

- \_\_\_\_\_ Case Manager has informed the Lessor of the Lessor’s obligation under the requirements of the National Fire Protection Association Standards (NFPA) 74 or its successor standards and is aware of their responsibility to ensure compliance.

**Certification of Accuracy**

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

_____	____/____/____
Landlord/Landlord’s Representative Signature	Date
_____	____/____/____
Client’s Signature	Date
_____	____/____/____
Case Manager’s Signature	Date

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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 <b>one</b> 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.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	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](http://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:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - 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
  - 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.



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Montrose Center has had problems with rent checks being lost through the US Postal Services. In order to ensure that vendors receive their payments on time and to reduce the expense of reissuing checks, the Center is moving to direct deposit.

If you would like to move forward with direct deposits, please complete the following and return to ATTN:

Elizabeth John at fax number 713.526-4367 or [ejohn@montrosecenter.org](mailto:ejohn@montrosecenter.org).

Bank: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Signature of Account Holder: \_\_\_\_\_