

# LANDLORD REQUIRED DOCUMENTATION PACKET

Please return documents to the following email: <u>LaRentHelpMyDocs@lhc.la.gov</u> Insert your name and application number in the subject box.

Or

Louisiana Housing Corporation Louisiana Emergency Rental Assistance Program 2415 Quail Drive Baton Rouge, LA 70808

Or

Return documents to the following fax number: (225) 763-8705 Please include your name and application number on a cover page.



## **Required Documentation Checklist**

	DOCUMENT	COMPLETED BY
Part 1: Eligibi	lity & Benefits Determination	
1.	Program Application	Tenant
2.	Authorization for Release of Information	Tenant
3.	Louisiana Services Network Data Consortium Release of Information	Tenant
4.	Annual Income Self Certification	Tenant
5.	Disclosure of Identity of Interest	Tenant
6.	Tenant Acknowledgement Form	Tenant
7.	Lease*	Tenant and Landlord
Part 2: Rental	Assistance Confirmation	
8.	Rental Assistance Contract	Landlord
9.	Owner's Breach of Rental Assistance Contract	Landlord
10	). HUD HOME Tenant Based Rental Assistance Owner's Certification	Landlord
11	. Duplication of Benefits	Landlord
12	2. W9	Landlord
13	3. Direct Deposit	Landlord
14	L Landlord Acknowledgement Form	Landlord
15	5. HQS Inspection (Owner's Self Certification or Waiver)	LHC

**NOTE:** Lease agreement will be provided by Landlord and signed by Tenant.

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## **Rental Assistance Contract**

### SECTION I: APPLICATION INFORMATION

Landlord Name:	Telephone No
Unit Address:	
Tenant Name:	

This Rental Assistance Contract ("Contract") is entered into between the "Louisiana Housing Corporation" and the Landlord identified above. This Contract applies only to the Tenant family and the unit identified above.

### 1. CONTRACT TERM

The term of this Contract shall begin on \_\_\_\_\_\_ and end no later than \_\_\_\_\_\_.

### 2. RENT AND AMOUNTS PAYABLE BY TENANT AND LOUISIANA HOUSING CORPORATION

- Monthly Rent. The monthly rent payable to the Landlord for the duration of this Contract is \$\_\_\_\_\_.
- B. Tenant Share of the Rent. Initially, and until such time as both the Landlord and the Tenant are notified by the Louisiana Housing Corporation, the Tenant's share of the rent shall be
   \$ .
- C. Program Administrator Share of the Rent. Initially, and until such time as both the Landlord and Tenant are notified by the Louisiana Housing Corporation, the Louisiana Housing Corporation's share of the rent shall be \$\_\_\_\_\_\_. Neither the Louisiana Housing Corporation nor HUD assumes any obligation for the Tenant's rent, or for payment of any claim by the Owner against the Tenant. The Louisiana Housing Corporation's obligation is limited to making rental payments on behalf of the Tenant in accordance with this Contract.
- A. *Payment Conditions.* The right of the owner to receive payments under this Contract shall be subject to compliance with all of the provisions of the Contract. The Landlord shall be paid under this Contract on or about the first day of the month for which the payment is due. The Landlord agrees that the

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endorsement on the check shall be conclusive evidence that the Landlord received the full amount due for the month, and shall be a certification that:

- a. the Contract unit is in decent, safe and sanitary condition, and that the Landlord is providing the services, maintenance and utilities agreed to in the Lease.
- b. the Contract unit is leased to and occupied by the Tenant named above in this Contract.
- c. the Landlord has not received and will not receive any payments as rent for the Contract unit other than those identified in this Contract.
- d. to the best of the Landlord's knowledge, the unit is used solely as the Tenant's principal place of residence.
- B. Overpayments. If the Louisiana Housing Corporation determines that the Landlord is not entitled to any payments received, in addition to other remedies, the Louisiana Housing Corporation may deduct the amount of the overpayment from any amounts due the Landlord, including the amounts due under any other Rental Assistance Coupon Contract.

### 3. HOUSING QUALITY STANDARDS AND LANDLORD-PROVIDED SERVICES

- A. The Landlord agrees to maintain and operate the Contract unit and related facilities to provide decent, safe and sanitary housing in accordance with 24 CFR Section 882.109, including all of the services, maintenance and utilities agreed to in the Lease.
- B. The Louisiana Housing Corporation shall have the right to inspect the Contract unit and related facilities at least annually, and at such other times as may be necessary to assure that the unit is in decent, safe, and sanitary condition, and that required maintenance, services and utilities are provided.
- C. If the Louisiana Housing Corporation determines that the Landlord is not meeting these obligations, the program administrator shall have the right, even if the Tenant continues in occupancy, to terminate payment of the Louisiana Housing Corporation's share of the rent and/or terminate the Contract.

### 4. TERMINATION OF TENANCY

The Landlord may evict the Tenant following applicable state and local laws. The Landlord must give the Tenant at least 30 days' written notice of the termination and notify the Louisiana Housing Corporation in writing when eviction proceedings are begun. This may be done by providing the Louisiana Housing Corporation with a copy of the required notice to the tenant.

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### 5. FAIR HOUSING REQUIREMENTS

- A. Nondiscrimination. The Landlord shall not, in the provision of services or in any other manner, discriminate against any person on the grounds of age, race, color, creed, religion, sex, handicap, national origin, or familial status. The obligation of the Landlord to comply with Fair Housing Requirements insures to the benefit of the United States of America, the Department of Housing and Urban Development, and the Louisiana Housing Corporation, any of which shall be entitled to involve any of the remedies available by law to redress any breach or to compel compliance by the Landlord.
- B. Cooperation in Quality Opportunity Compliance Reviews. The Landlord shall comply with the Louisiana Housing Corporation and with HUD in conducting compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders and all related rules and regulations.

### 6. LOUISIANA HOUSING CORPORATION AND HUD ACCESS TO LANDLORD RECORDS

- A. The Landlord shall provide any information pertinent to this Contract which the Louisiana Housing Corporation or HUD may reasonably require.
- B. The Landlord shall permit the Louisiana Housing Corporation, HUD, or any of their authorized representatives, to have access to the premises and, for the purposes of audit and examination, to have access to any books, documents, papers, and records of the Landlord to the extent necessary to determine compliance with this Contract.

### 7. RIGHTS OF LOUISIANA HOUSING CORPORATION IF LANDLORD BREACHES THE CONTRACT

- A. Any of the following shall constitute a breach of the Contract:
  - a. If the Landlord has violated any obligation under this Contract; or
  - b. If the Landlord has demonstrated any intention to violate obligation under this Contract; or
  - c. If the Landlord has committed any fraud or made any false statement in connection with the Contract, or has committed fraud or made any false statement in connection with any Federal housing assistance program.

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- B. The PHA's right and remedies under the Contract include recovery of overpayments, termination or reduction of payments, and termination of the Contract. If the Louisiana Housing Corporation determines that a breach has occurred, the program administrator may exercise any of its rights or remedies under the Contract. The Louisiana Housing Corporation shall notify the Landlord in writing of such determination, including a brief statement of the reasons for the determination. The notice by the PHA to the landlord may require the Landlord to take corrective action by a time prescribed in the notice.
- C. Any remedies employed by the Louisiana Housing Corporation in accordance with this Contract shall be effective as provided in a written notice by the Louisiana Housing Corporation to the Landlord. The Louisiana Housing Corporation's exercise or non-exercise of any remedy shall not constitute a waiver of the right to exercise that or any other right or remedy at any time.

### 8. PHA RELATION TO THIRD PARTIES

- A. The Louisiana Housing Corporation does not assume any responsibility for, or liability to, any person injured as a result of the Landlord's action or failure to act in connection with the implementation of this Contract, or as a result of any other action or failure to act by the Landlord.
- B. The Landlord is not the agent of the Louisiana Housing Corporation and this Contract does not create or affect any relationship between the Louisiana Housing Corporation and any lender to the Landlord, or any suppliers, employees, contractors or subcontractors used by the Landlord in connection with this Contract.
- C. Nothing in this Contract shall be construed as creating any right of the Tenant or a third party (other than HUD) to enforce any provision of this Contract or to asses any claim against HUD, the Louisiana Housing Corporation or the Landlord under this Contract.

### 9. CONFLICT OF INTEREST PROVISIONS

No employee of the Louisiana Housing Corporation who formulates policy or influences decisions with respect to the Rental Assistance Program, and no public official or member of a governing body or state of local legislator who exercise his functions or responsibilities with respect to the program shall have any direct or indirect interest during this person's tenure, or for one year thereafter, in this contract or in any proceeds or benefits arising from the Contract or to any benefits which may arise from it.

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### **10. TRANSFER OF THE CONTRACT**

The Landlord shall not transfer in any form this Contract without the prior written consent of the Louisiana Housing Corporation. The Louisiana Housing Corporation shall give its consent to a transfer if the transferee agrees in writing (in a form acceptable to the Louisiana Housing Corporation) to comply with all terms and conditions of this Contract.

### **11. ENTIRE AGREEMENT: INTERPRETATION**

- A. This Contract contains the entire agreement between the Landlord and the program administrator. No changes in this Contract shall be made except in writing signed by both the Landlord and the Louisiana Housing Corporation.
- B. The Contract shall be interpreted and implemented in accordance with HUD requirements.

### 12. WARRANTY OF LEGAL CAPACITY AND CONDITION OF UNIT

- A. The Landlord warrants the unit is in decent, safe, and sanitary condition as defined in 24 CFR Section 882.109, and that the Landlord has the legal right to lease the dwelling unit covered by this Contract during the Contract term.
- B. The party, if any, executing this Contract on behalf of the Landlord hereby warrants that authorization has been given by the Landlord to execute it on behalf of the Landlord.

Landlord Name:

Signature: \_\_\_\_\_

### **Louisiana Housing Corporation**

Housing Finance Manager Name: \_\_\_\_\_

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

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Date:

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Owner's Breach of Rental Assistance Contract (RAC)

**Tenant Based Component** 

Any of the following actions by the owner (including a principal or other interested part) is a breach of the Emergency Rental Assistance Payment contract by the owner:

- 1. If the owner has violated any obligation under the RAC contract, including the owner's obligation to maintain the unit in accordance with the HQS.
- 2. If the owner has violated any obligation under any other housing assistance payments contract under Section 8
- 3. If the owner has committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing assistance program
- 4. If the owner has engaged in any drug related criminal activity or any violent criminal activity
- 5. Family payment to the owner:
  - a. The owner may not charge or accept, from the family or from any source, any payment for rent of the unit in addition to the rent agreed by the LHC and owner.
  - b. The owner must immediately return any excess rent payment to the Tenant.

## Acceptable Remedies for Owner's Breach of Contract:

The Louisiana Housing Corporation right and remedies for owner breach of the RAC contract include recovery of overpayments, suspension of housing assistance payments, abatement of other reduction of housing assistance payments, termination of housing assistance payment, and termination of the RAC contract.

The Louisiana Housing Corporation may seek and obtain additional relief by judicial order or action, including specific performance, other injunctive relief or order for damages.

Owner Signature:	Date:	
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HUD HOME Tenant Based Rental Assistance (TBRA) Owner's Certification

Unit A	ddress:			
Year	Constructed:		Number of Bedrooms:	
🗌 Sir	<b>ing Type:</b> ngle Family w Rise	<ul><li>Duplex</li><li>High Rise</li></ul>	<ul> <li>Row House</li> <li>Manufactured Home</li> </ul>	
	I certify that this Ur building codes.	nit is suitable for occupar	ncy, considering local health,	safety and
	I certify that this unit meets HUD Housing Quality Standards and this unit is not unsuitable for occupancy because of fire, flood or mold.			
	I certify that a smoke detector is installed according to manufacturer's instructions in all sleeping areas & area immediately adjacent to the sleeping areas.			
Gas F	ired Appliances:	Yes No		
If yes	, check box below:			
	I certify that a carb manufacturer's inst		installed on each level accor	ding to
Signa	ture:		Date	ə:
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**Duplication of Benefits Information** 

LERAP is funded under several different federal funding sources: HOME, ESG, CDBG, etc. The grant guidelines for these programs do not allow households to receive multiple rental assistance payments regardless if the funding was received from another agency or program. Recipients must report any and all sources of funding received and the source of the funding. Failure to report can lead to denial of assistance, recoupment of any assistance paid, and any and all other remedies under the Program guidelines, HUD guidelines, or under the law.

Have you, as the owner, received any rental assistance payment from any other agency or source? (This includes city, parish, non-profit organization, or any other source outside of your Yes No tenant.)

If yes, who and what agency/source?

If yes, please explain how much assistance was received and when it was received.

I certify that the above information is true and correct and, if any of this information changes, I will report the change to the LHC within 10 days from the date of the change.

Landlord: Date:

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W9 Form

In order to process the emergency rental assistance payment, landlords and property owners will need to submit a copy of their W9 form.

Landlords and property owners should submit a completed copy of their W9. If you do not have access to a completed W9, <u>click here</u> to download the fillable PDF version.

Please complete and sign this document prior to submitting the Required Documentation Packet.

Thank you,

Louisiana Emergency Rental Assistance Team

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# DIRECT DEPOSIT SIGN-UP FORM

#### DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain gualified for payments.

#### SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS		
ADDRESS (street, route, P.O. Box, APO/FPO)				
CITY STATE	ZIP CODE	F       TYPE OF PAYMENT (Check only one)         □       Social Security         □       Fed Salary/Mil. Civilian Pay		
TELEPHONE NUMBER		🗆 Supplemental Security Income 🛛 🗆 Mil. Active		
AREA CODE		Railroad Retirement Mil. Retire		
B NAME OF PERSON(S) ENTITLED TO PAYMENT		Civil Service Retirement (OPM)		
		□ VA Compensation or Pension □ Other(specify)		
C CLAIM OR PAYROLL ID NUMBER				
		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )		
		TYPE AMOUNT		
Prefix Su	uffix			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)		
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE	DATE	SIGNATURE DATE		
SIGNATURE	DATE	SIGNATURE DATE		

### **SECTION 2** (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

	,
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

### **SECTION 3** (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION					
	DEPOSITOR ACCOUNT	T TITLE			
FINANCIAL INSTITUTION CERTIFICATION					
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I cer- tify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.					
PRINT OR TYPE REPRESENRATIVE'S NAME SIGNATURE OF REPRESEN	TATIVE	TELEPHONE NUMBER	DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

### BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

## INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- © Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

## SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

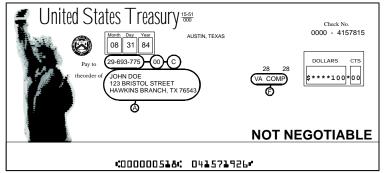
The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

## CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

## FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.







## Landlord Acknowledgement Form

**Instructions:** Landlord must sign their respective spaces. Must be kept in LERAP file. Copies can be given to the landlord.

The LERAP program will provide emergency assistance to renters who are at imminent risk of eviction because of shutdowns, closures, layoffs, reduced work hours, or unpaid leave due to the COVID-19 health crisis. Eligible tenants will receive assistance for rent in a one-time, lump-sum payment made directly to property owners or management companies. Landlords and tenants who agree to participate in the LERAP program must sign this document acknowledging their responsibilities and the acceptance of the requirements of the program. Signing this document constitutes acceptance of the LERAP program's policies and procedures and serves as an acknowledgment that those policies and procedures have been received by the landlord and tenant. This master form will serve as the final signature on the individual policies and procedures.

## Landlord Acknowledgments and Assertions

- I acknowledge that I am entering into the LERAP program willfully and willingly.
- I acknowledge that this Program will provide rental assistance for a tenant at my property or a property for which I serve as an agent.
- If I serve as an agent, I acknowledge that I have full authority to enter into contracts and agreements on behalf of the property owner.
- I acknowledge that I must release personal identifying information to the LHC such as: photo ID, tax ID, prior tax returns, etc., and I understand that this information will be kept on file and may be shared with other agencies or funding sources for grant reporting purposes.
- I acknowledge that the rent paid for this program comes from federal grant funding and that the funding is limited to the Fair Market Rate (FMR) for rent in my parish in the State of Louisiana.
- I acknowledge that the rent paid by LERAP and LHC is the total amount of monthly rent I will receive for the duration of the contract period listed in the approval documents.

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- I acknowledge that I cannot hold the tenant responsible for any monthly rent outside of the amount I receive from LERAP and LHC, for the period listed in the approval documents.
- I acknowledge that, upon acceptance of monthly rent from LERAP and LHC, I may not seek to evict the tenant for non-payment of rent for the months contained in the contract.
- I acknowledge that my property may be inspected as required by HUD guidelines to ensure that my property is habitable and meets all occupancy guidelines.
- I acknowledge that participation in the LERAP program binds me to all HUD guidelines and Fair Housing guidelines.
- I acknowledge that LERAP, LHC, and the State of Louisiana are not responsible for any actions or inactions by the tenant or any damages that may occur during the tenancy to the property, the landlord, agent, or any guests of the property.
- I acknowledge that, if there are any conflicts between the LERAP programs policies and procedures and my lease agreement, the LERAP policies and procedures will prevail.
- I acknowledge that any breaches of the LERAP policies and procedures can be remedied by the LHC by seeking recoupment of monies paid, termination of the contract, suspension of contract payments, and any and all other remedies allowed under the Program or the law.
- I acknowledge that I cannot receive rental assistance payments from multiple government assisted programs or sources. I assert that I will report any other assistance I have received for this property to the LHC as part of my duty to report.
- I assert that, to my knowledge, I have no conflict of interests or identity of interest in receiving Federal funds by way of a financial OR familial relationship to any LERAP personnel, LHC staff or member of the Board of Directors, Congress person or staff, or any other interested party connected to the funding of LERAP.

Landlord:

[Signature] [Print Name of Landlord] [Date]

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