

To all Landlords please see information listed below. If there is any part listed below that you do not understand feel free to contact our office. **This form must be completed and signed before our office can proceed with inspection.**

I understand that all forms must be signed and completed by both the landlord and the tenant before the packet will be accepted.

I understand that the **inspection** can take up to **15 business days** from the day the Housing Authority "Approves" the Request for Tenancy Packet the tenant or landlord presents. (**Please note:** Turning in a packet does not mean it is "APPROVED")

I understand that the Housing Assistant Payment Contract (HAP) must be signed and returned to the office before payment can be processed.

I understand that if the HAP has not been executed within 30 days the HACFL will advise the client to move from the unit and payment will not be issued. HAP becomes null and void 60 days after inspection, If the contract has not been fully executed prior to 60 days from the beginning of the lease it will become null and void and the client will be responsible for the entire amount of the rent if he/she has already moved in.

The HACFL will diligently work towards processing the first payment for the unit, however, I understand, that if documentation is missing which is essential to the issuance of the payment or if the Housing Authority discovers discrepancies between information provided to the HACFL and third party verification sources, payment can take a **maximum** of 60 days to receive after the contract and the completed executed lease is signed and returned to the Section 8 Office.

I understand that the Housing Authority is not responsible for any security deposit payment.

I understand that I cannot make any side deals with the tenant in reference with the rental amount. The dollar amount that is on the approved lease is the full amount of rent the landlord is receiving resulting from payment from the Housing Authority and/or the tenant. I understand that such an arrangement will be reported to the HUD's Office of the Inspector General for further investigation and possible criminal prosecution.

I understand that all utilities paid by the tenant must be separately metered and in the tenant's name only.

I understand that a passed inspection does not clear a client to move in. Clearance must come from the Housing Specialist. Inspectors cannot clear a client to move in.

I understand that the tenant cannot move in prior to an inspection.

I understand the **Housing Specialist** may provide verbal and/or written occupancy clearance to the landlord and tenant for move-in, within **2 business days** after a passed inspection.

Landlord's Signature

Date



REQUEST FOR TENANCY APPROVAL

The property owner and tenant must complete the attached Request for Tenancy Approval (**RFTA**) packet. The **RFTA** must be completed, signed, and dated in all areas. You must furnish the following information with the RFTA packet:

- **Proof of Ownership** Ex: Warranty Deed, Settlement Statement, Mortgage Statement (The unit address must be indicated on document provided)
- **Management Contract** (anyone acting and/or signing documents on behalf of owner)
- **SSN CARD or IRS TAX ID LETTER:** *To assure that there are no discrepancies with the IRS when the 1099's are issued; we need the **TAX-PAYER IDENTIFICATION NUMBER** of the person and/or entity who will report the rental income on their tax return. This is not necessarily the person and/or entity that will receive the HAP check.
- **Government issued ID** is required.
- **LEASE** indicates utilities to be paid by tenant and fill in all other areas **BUT DO NOT SIGN OR DATE.** (A signed lease will be required once unit has passed inspection and an Occupancy Clearance has been given.)
- **Property taxes will be verified and cannot be delinquent.**

PLEASE NOTE THE FOLLOWING PROCEDURES

- **RFTA** (attached) complete, sign date and turn into Section 8 office
Reminder: Fill in page 2 part 12 (a) with information on comparable unassisted units.
If the RFTA is incomplete and /or the above information is not turned in, an inspection will not be scheduled.
- **UNIT** must pass inspection before tenant can move in
- **THE TENANT** should only move in on the first of the month and only after the landlord receives the **OCCUPANCY CLEARANCE** from the **HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE (HACFL)**
- **HOUSING ASSISTANCE PAYMENTS (HAP)** will not be issued before the client moves into the unit.
- **The HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE (HACFL)** does not pay any type of deposits.

THE FIRST HOUSING ASSISTED PAYMENT CAN TAKE UP TO SIXTY (60) DAYS TO RECEIVE, AFTER THE CLIENT HAS MOVED IN THE UNIT, PROVIDED THE LEASE HAS BEEN SUBMITTED

Assignment of the HAP Contract

- a. The owner may not assign the HAP contact to a new owner without the prior written consent of the PHA.
- b. If the owner requests PHA consent to assign the HAP contract to a new owner, the owner shall supply any information as required by the PHA pertinent to the probed assignment.
- c. The HAP contract may not be assigned to a new owner that is debarred, suspended or subject to limited denial of participation under HUD regulations (see 24CFR Cod of Federal Regulations Part 24).

HUD Code of Federal Regulations §982.452 states it is the owner's responsibility to prepare and furnish Housing with the information required under the HAP contract. By signing below, I certify that I have read and fully understand the above information, and I agree to abide by the Rules & Regulations as set forth by HUD and the Section 8 program.

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. 04/30/2026

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.

1. Name of Public Housing Agency (PHA)			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			

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 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 if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

**THE HOUSING AUTHORITY Of the
CITY OF FORT LAUDERDALE, FLORIDA**

Section 8 Amenities Form

ADDRESS OF PROPERTY _____

How Many Bedrooms? ____ Bath? ____ Year Built? _____ What is the square footage? _____

PLEASE CHECK THE BOX (ES) BELOW THAT APPLY TO THE PROPERTY

- | | |
|---|---|
| <input type="checkbox"/> washer (inside unit ___Yes ___No) | <input type="checkbox"/> pest control |
| <input type="checkbox"/> dryer (inside unit ___Yes ___No) | <input type="checkbox"/> garbage disposal |
| <input type="checkbox"/> washer/dryer hook-ups | <input type="checkbox"/> pool |
| <input type="checkbox"/> stove | <input type="checkbox"/> porch |
| <input type="checkbox"/> dishwasher | <input type="checkbox"/> balcony |
| <input type="checkbox"/> microwave | <input type="checkbox"/> deck |
| <input type="checkbox"/> refrigerator | <input type="checkbox"/> patio |
| <input type="checkbox"/> ceiling fan | <input type="checkbox"/> gated community |
| <input type="checkbox"/> Furnished (inside unit ___Yes ___No) | |

Air Conditioning?	<input type="checkbox"/> Central	<input type="checkbox"/> Wall Unit/Window Unit
Heat?	<input type="checkbox"/> Central	<input type="checkbox"/> Wall Unit/Window Unit <input type="checkbox"/> Furnace/Floor

Parking?	<input type="checkbox"/> Assigned Parking, If Yes, How many spaces? _____
	<input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> Carport <input type="checkbox"/> Garage <input type="checkbox"/> Street
	<input type="checkbox"/> Other _____

Owner Paid Utilities

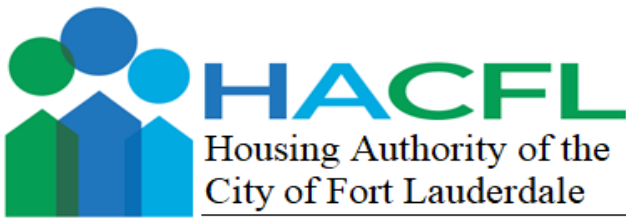
- electric
- water
- sewer
- trash collection
- lawn maintenance
- gas
- septic

Tenant Paid Utilities

- electric
- water
- sewer
- trash collection
- lawn maintenance
- gas
- septic

Landlord Signature

Date



ASSURANCE OF ACCURACY

As participant in the Section 8 Existing Housing Program, I assure that the following are true statements and are accurate to the best of my knowledge:

- 1. I have inspected the dwelling unit located at:**

ADDRESS OF UNIT: _____

CITY, STATE, ZIP: _____

Landlord Name: _____

I CERTIFY that I found the unit free of hazards and in good repair and am satisfied with the condition of the unit.

- 2. Housing Authority of the City of Fort Lauderdale, Florida. I agree to promptly and accurately report changes in household income or composition to the Housing Authority of the City of Fort Lauderdale.**
- 3. I have not made and will not make any financial arrangement or agreement with the owner of the unit, which I am leasing without notifying and receiving the approval of the Housing Authority of the City of Fort Lauderdale, Florida. The total rent to be paid to owner is and will be as stated in the approved "Lease Agreement."**
- 4. I agree to report to the owner any damages to the unit as soon as possible after they occur. I will also accept financial responsibility for damages caused by household members and visitors.**
- 5. I certify that the above address is my principal domicile, and understand that if I move from that location for more than thirty (30) days in a single year, I will no longer be entitled to Section 8 Housing Assistance Payments unless the move has received prior approval of the Housing Authority of the City of Fort Lauderdale, Florida.**

Signature of Head of Household/Tenant

Date

LEASE ADDENDUM FOR DRUG-FREE HOUSING

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Tenant agree as follows:

1. Tenant, any member of the tenant's household, or a guest or other person under tenant's control shall not engage in criminal activity, including drug-related criminal activity on or near the premises. "Drug-related criminal activity" means the illegal manufacture of, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in §102 of the Controlled Substance Act 21 U.S.C. 802).
2. Tenant, any member of the tenant's household, or a guest or other person under tenant's control shall not engage in any act intended to facilitate criminal activity, including related criminal activity, on or near the premises.
3. Tenant or members of household will not permit the dwelling unit to be used or to facilitate criminal activity, including drug related criminal activity, regardless of where, if the individual engaging in such activity is a member of the household or a guest.
4. Tenant or members of household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near the premises or otherwise.
5. Tenant, any member of the tenant's household, or a guest or other person under tenant's control shall not engage in acts of violence or threats of violence, including, but not limited to, the unlawful discharge of firearms, on or near the premises.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any provisions of this added addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of evidence.
7. In case of conflict between the provisions of this addendum and any other provision of the lease, the provisions of the addendum.
8. This lease Addendum is incorporated into the executed or renewal this day between the Owner and Tenant.

Owner's Signature

Date

Tenant's Signature

Date

Required Notice of Rental Housing Rights and Resources

Pursuant to Broward County Ordinance 2022-31, landlords and other lessors of residential rental property in Broward County are required to distribute this notice to persons applying to rent a rental unit. Where no application is required, this notice must be provided prior to the tenant beginning to occupy the rental unit.

This notice provides a general overview of rental rights and related resources for tenants in Broward County but is not intended to provide legal advice by either the County or the landlord providing the notice.

TENANTS HAVE RIGHTS

Just as tenants have responsibilities under Florida law and through lease agreements – including paying rent, keeping the unit clean and in working order, and not disturbing the peace - landlords have certain requirements and restrictions as well, such as providing a clean and safe property by maintaining the major systems and the building structure. Landlords in Broward County are also required to provide notice to tenants informing them when a late fee has been incurred.

KNOW THE LAW

Tenants in Florida can have either a written or an oral lease agreement. Because there are more likely to be misunderstandings with an oral lease, if possible, it is recommended that tenants have a written lease agreement with the landlord. Prior to entering into a lease, tenants should review their lease regarding their responsibilities and should also be familiar with Florida's Landlord/Tenant Law in Florida Statute Chapter 83, Part II. The State of Florida provides a free brochure with an overview of Florida's Landlord/Tenant Law that is available at FloridaConsumerHelp.com or by calling **1-800-HELP-FLA (435-7352)** or **1-800-FL-AYUDA (352-9832)** en Español.

ALL RESIDENTIAL RENTALS MUST BE FIT FOR HABITATION

A rental unit must generally include plumbing and heating that is compliant with all applicable codes, be reasonably free from pests and have fully-functioning and locking doors and windows, among other requirements. Structures in Broward County must also meet all applicable building, housing, and health codes. If there is an issue with your unit for which you are not responsible for in your lease, contact your

landlord as set forth in your lease. If your landlord does not address the issue within a reasonable timeframe, you may be able to report it. Certain issues, such as lack of operable sanitary facilities or water or leaking roofs, can be reported to your **Municipal Building Code Enforcement Department** or call **311**.

DISCRIMINATION AND RETALIATION ARE ILLEGAL

A landlord may not raise your rent or threaten to evict you because you reported a health or safety violation or filed a fair housing complaint. A landlord cannot treat you differently because of your race, nationality, disability, religion, or sexual orientation, or because you pay your rent with Section 8 vouchers or any other governmental assistance, among other criteria. If you feel you have been discriminated or retaliated against, you can contact the **Broward County Professional Standards/Human Rights Section at (954) 357-6500** or the **Broward County Consumer Protection at (954) 765-4400**.

YOU HAVE THE RIGHT TO CHALLENGE AN EVICTION AND OTHER UNLAWFUL ACTION

A lease does not prevent you from challenging an eviction. If the landlord is violating the lease agreement, you can always seek relief through the courts. If you cannot afford an attorney, you can contact **Legal Aid Service of Broward County at [redacted]** to see if you are eligible for free legal assistance.

FINANCIAL ASSISTANCE

If you face eviction and/or homelessness, financial assistance may be available. There are many local organizations that can help. **Contact Broward County Family Success Center at (954) 357-5001**.

Required Notice of Rental Housing Rights and Resources

Resources

Discrimination (Race, Color, Gender, Age, National Origin, Religion, Disability, Marital or Familial Status, Sexual Orientation, Gender Identity or Expression)

Broward County Professional Standards/Human Rights Section
(954) 357-6500

Persons with Disabilities

Broward County ADA Officer
954-357-6500

(954) TTY: 357-6181

For hearing or speech assistance, call the Florida Relay Service Numbers, (800) 955-8771 (TDD) or (800) 955- 8700(v)

Section 8

Broward County Housing Authority
954 739-1114
Fort Lauderdale Housing Authority
954-589-7189

Housing & Rental Financial Assistance

Broward County Family Success Center
954-357-5001

The Broward County Emergency Rental Assistance Program (ERAP) provides financial assistance to qualified residents with rent and/or utilities. Visit the ERAP Application Portal at broward.org/rentassistance.

Eviction Proceedings & Disputes

Broward County Clerk of the Circuit Court
(954) 831-6565

Broward County Sheriff's Office Civil Division
(954) 831-8787

Complaints, Security Deposit Disputes & Source of Income Discrimination

Broward County Consumer Protection
(954) 765-4400

Legal Questions or Problems

Legal Aid Service of Broward County
(954) 765-8950

Affirmation of Receipt of Required Notice of Rental Housing Rights and Resources

I/We, _____ [*tenant(s)*], confirm that I/we have received a Required Notice of Rental Housing Rights and Resources on _____ [*date*].

Tenant Signature

Landlord Signature

Tenant Name (Printed)

Landlord Name (Printed)

Tenant Signature

Tenant Name (Printed)

NOTICE: This signature page should be retained by the landlord and a copy should be given to the tenant(s). The Rental Housing Rights and Resources can be found at broward.org/planning/renters.



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CHECK PAYMENT FORM AND OWNER UPDATE FORM

IMPORTANT NOTICE:

*Due to IRS requirements we must have a copy of the owner's social security card or federal **ID** certificate along with proof of ownership of the property to this form. A warranty deed or **HUD** Settlement Statement must be attached. In addition, Corporations/Partnerships must supply their articles of incorporation. Forms must be filled out by an acting corporate officer/partner. If you are an owner's representative, a management agreement with the owner's authorization to act as their representative is required.*

Are you a **NEW** owner taking over an existing Section 8 Assisted Unit? **YES** **NO**

Is the unit to be leased a condominium? YES NO How many days in advance must the family be approved?
Does the tenant need approval of the Condominium Association prior to move-in YES NO?

NOTE: UNDER HUD GUIDELINES AN OWNER (INCLUDING A PRINCIPAL OR OTHER INTERESTED PARTY) CAN NOT RENT TO A PARENT, CHILD, GRANDPARENT, SISTER, BROTHER, OR ANY MEMBER OF THE FAMILY, UNLESS THE HOUSING AUTHORITY HAS DETERMINED (AND HAS NOTIFIED THE OWNER AND FAMILY OF SUCH DETERMINATION) THAT APPROVING LEASING OF THE UNIT, NOT WITHSTANDING SUCH RELATIONSHIP, WOULD PROVIDE REASONABLE ACCOMMODATION FOR A FAMILY MEMBER WHO IS A PERSON WITH DISABILITIES.

OWNER

NAME: _____
 HOME OR OFFICE ADDRESS (Same as IRS W-9 Form): _____
 CITY: _____ STATE: _____ ZIP _____
 Mailing Address (No P. O. Box): _____
 CITY: _____ STATE: _____ ZIP _____
 HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
 FAX: _____ EMAIL: _____
 SOCIAL SECURITY NUMBER/ COMPANY'S Federal ID #: _____

MANAGEMENT COMPANY / REPRESENTATIVE

COMPANY / AGENCY: _____
 CONTACT NAME (S): _____
 ADDRESS (No P. O. Box): _____
 CITY: _____ STATE: _____ ZIP _____
 HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
 COMPANY'S Federal ID # or Social Security Number: _____

OWNER'S SIGNATURE FOR AUTHORIZATION TO MAKE CHECK PAYABLE TO:

_____ MANAGEMENT COMPANY / REPRESENTATIVE _____ OWNER
 Signature: _____ Date: _____
 Co Owner's Signature: _____
 Management Company's Representative Signature: _____

THE HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE DOES NOT SCREEN FOR TENANT SUITABILITY. IT WOULD BE THE RESPONSIBILITY OF THE LANDLORD TO SCREEN FOR TENANT SUITABILITY IF SUCH IS THE LANDLORD'S PRACTICE FOR TENANTS.

By signing the filled-out form, you:

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

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

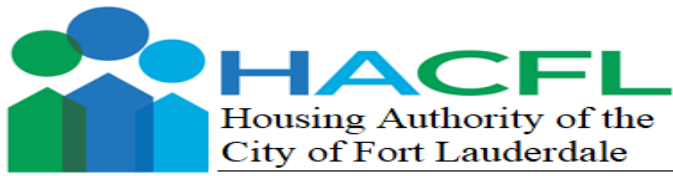
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



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THE HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE
500 West Sunrise Boulevard
Fort Lauderdale, Florida 33311
Phone: (954) 556-4100 Fax: (954) 556 4104

DIRECT DEPOSIT AUTHORIZATION FORM (ACH CREDITS & DEBITS)

The Housing Authority of the City of Fort Lauderdale (HACFL) has now converted monthly Housing Assistance Payments (HAP) to Direct Deposit mandatory. Payment Information can now be accessed through our website at www.hacfl.com. A Registration Code to access Landlord information including payments, inspection and Misc. 1099 on our website will be issued to new Landlords on the Program prior to the issuance of the first HAP payment.

We/I hereby authorize The Housing Authority of the City of Fort Lauderdale to directly deposit Housing Assistance Payment (HAP) into the bank account listed below. We also authorize HACFL to debit the said bank account by withdrawing any HAP payment deposited in error within the first five (5) days of deposit and if HACFL is unsuccessful in recouping the payment We/I agree to return immediately any HAP payment disbursed in error.

This authorization is to remain in force and effect until HACFL receives written notification from me (or either of us) of its termination or change in such time and in such manner as to afford HACFL a reasonable opportunity to act on it. I/WE also agree to notify HACFL immediately of any changes to my bank account information.

Initial Authorization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Change in Authorization	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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LEGAL OWNER: _____ AGENT: _____

SSN/TAXPAYER ID NO: _____ PHONE No: _____
 (Must match SSN/TIN/EIN on Check Form)

E-mail Address: _____

We/I have attached a voided check or Deposit Slip for the Account specified below.

DEPOSITORY/BANK: _____

ACCOUNT NUMBER: _____

ROUTING ACCOUNT: _____

CHECKING SAVINGS

Authorized Signature: _____ Date: _____

For checking Account: Attach an original blank Check (Not a Deposit Slip) marked VOID-NON NEGOTIABLE.
 For Savings Account: Attach a Savings Withdrawal/Deposit Slip that includes your Name and Account Information.

Thank you for your participation in Our Direct Deposit Program

NOTICE TO HOUSING CHOICE VOUCHER OWNERS AND MANAGERS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA) This notice was adapted from a notice prepared by the National Housing Law Project.

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your obligations under VAWA.

Protections for Victims: You cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence, or stalking. You cannot evict a tenant who is the victim of domestic violence, dating violence, or stalking based on acts or threats of violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

Permissible Evictions: You can evict a victim of domestic violence, dating violence, or stalking if you can demonstrate that there is an actual and imminent (immediate) threat to other tenants or employees at the property if the victim is not evicted. Also, you may evict a victim for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking. You cannot hold a victim of domestic violence, dating violence, or stalking to a more demanding standard than you hold tenants who are not victims.

Removing the Abuser from the Household: You may bifurcate (split) the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If you choose to remove the abuser, you may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, you must follow federal, state, and local eviction procedures.

Certification of Domestic Violence, Dating Violence, or Stalking: If a tenant asserts VAWA's protections, you can ask the tenant to certify that he or she is a victim of domestic violence, dating violence, or stalking. You are not required to demand official documentation and may rely upon the victim's statement alone. This is your choice. If you choose to request certification, you must do so in writing and give the tenant at least 14 business days to provide documentation. You are free to extend this deadline. A tenant can certify that he or she is a victim by providing any one of the following three documents:

- A completed, signed HUD-approved certification form. The most recent form is HUD-50066. This form is available at the housing authority or online at <http://www.hud.gov/offices/adm/hudclips/>.
- A statement from a victim service provider, attorney, or medical professional who has helped the victim address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both the victim and the professional must sign the statement under penalty of perjury.
- A police or court record, such as a protective order.

If the tenant fails to provide one of these documents within 14 business days, you may evict the tenant if authorized by otherwise applicable law and lease provisions.

Confidentiality: You must keep confidential any information a tenant provides to certify that he or she is a victim of domestic violence, dating violence, or stalking. You cannot enter the information into a shared database or reveal it to outside entities unless:

- The tenant provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

The victim should inform you if the release of the information would put his or her safety at risk.

VAWA and Other Laws

VAWA does not limit your obligation to honor court orders regarding access to or control of the property. This includes orders issued to protect the victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

Additional Information

- HUD Notice PIH 2006-42 contains detailed information regarding VAWA's certification requirements. The notice is available at <http://www.hud.gov/offices/adm/hudclips/>.
- For a discussion of VAWA's housing provisions, see the preamble to the final VAWA rule, which is available at <http://www.gpo.gov/fdsys/pkg/FR-2010-10-27/pdf/2010-26914.pdf>.

Definitions: For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines domestic violence to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines dating violence as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines stalking as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

ATTENTION PROSPECTIVE

OWNERS/LANDLORDS/MANAGERS

The Housing Authority of the City of Fort Lauderdale will be conducting Landlord Workshops for prospective and new owners to the Section 8 Housing Choice Voucher Program. Please complete the information below in order to be scheduled for a briefing. Workshops are held quarterly.

Please send an email to Tadessa Anderson - Outreach Specialist if you are interested. Email: tadessa.anderson@hacfl.com, or call 954-556-4100 ext. 1118.

Name: _____ Title: _____ Company Name _____

Work #Telephone: _____ Cell # _____

Fax: _____

Email: (please print clearly) _____

_____ Interested _____ Not Interested

Comments:
