ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

	AGENCY IN	FORMATION	
FEDERAL PROGRAM AGENCY			
Housing Authority of the Ci			
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:	
PA004		CCD+	СТХ
ADDRESS:			
1339 W Allen Street			
Allentown, PA 18102			
CONTACT PERSON NAME:			TELEPHONE NUMBER:
Suzanne Harryn			(610) 439-8678 x241
ADDITIONAL INFORMATION:			
fax 610-969-7546			
	PAYEE/COMPAN	IY INFORMATION	
NAME			SSN NO. OR TAXPAYER ID NO.
ADDRESS			
CONTACT PERSON NAME:			TELEPHONE NUMBER:
			()
	FINANCIAL INSTITU	ITION INFORMATION	N .
NAME:			
ADDRESS:			
ACH COORDINATOR NAME:			TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUM	MBER:		
DEPOSITOR ACCOUNT TITLE:			
DEPOSITOR ACCOUNT NUMBER:			LOCKBOX NUMBER:
TYPE OF ACCOUNT:			
	HECKING SAVINGS	LOCKBOX	
SIGNATURE AND TITLE OF AUTHOR			TELEPHONE NUMBER:
(Could be the same as ACH Coordinate	tor)		
			()
AUTHORIZED FOR LOCAL REPROD	UCTION		SF 3881 (Rev. 2/2003)

SF 3881 (Rev. 2/2003) Prescribed by Department of Treasury 31 U S C 3322; 31 CFR 210

Instructions for Completing SF 3881 Form

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

- Agency Information Section Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
- 2. Payee/Company Information Section Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
- 3. Financial Institution Information Section Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 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 and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.



City of Allentown Residential Rental Unit Registration Application

(Instructions follow the form)

1 – Rental Inf	ormation			
Rental Unit Stre	et Address	# Dwelling Units # Rooming Units		
2 – Ownershi	p Information			
Print Owner's Fu	ull Name	Owner's Signature and Date		
Owner's Address (No P.O. Box Numbers)		Phone Number		
Additional Line for Address (if necessary)		Cell Phone Number		
City State Zip		Email Address		
Insurance Carrier		Insurance Agent's Name		
Insurance Agent	t's Address	Insurance Agent's Phone Number		
3 – Lehigh Co	unty Agent			
displayed Owners	residing in Lehigh County <u>may</u> designate an agend in the unit residing outside of Lehigh County <u>must</u> designat o be named on the Registration/License displayed	e an agent residing or working within Lehigh		
Print Responsible Agent's Name		Contact Number		
Agent's Address	s (No P.O. Box Numbers)	Email Address		
Return to: Bureau of Building Standards and Safety 641 S. 10 th Street Allentown, PA 18103-3173				

Website: www.allentownpa.gov

Phone: 610-437-7695 Fax: 610-437-7693

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To complete the Residential Rental Unit Registration Application:

- 1. List the street address and how many dwelling/rooming units you are registering
- 2. Complete the ownership information as requested
- 3. If your residence is outside of Lehigh County you must designate an agent that resides or works within Lehigh County. You may designate an in-county agent if you reside within Lehigh County. The designated agent's name, address, and phone number will be listed on the registration/license displayed in the unit. If no agent is designated, your name, address, and phone number will appear on the registration/license displayed in the unit.

ATTENTION LANDLORDS:

1759.05C

It is the responsibility of the owner to notify the Building Standards & Safety Bureau of any changes to the information that is provided on the original registration application.

The penalty for non-compliance with Article 1759 – Licensing Residential Rental Units – shall be the revocation of the residential rental registration or the residential rental license.

Revocation of Residential Rental Registration 1759.06D **Revocation of Residential Rental License** 1759.99A (4) Reinstatement Fee – The fee to reinstate a revoked Residential Rental Registration or a Residential Rental License shall be one hundred (100) dollars per residential rental unit. Reference: City of Allentown Property Rehabilitation and Maintenance Code To access the Property Rehabilitation Code online visit the www.allentownpa.gov. Go to Government \rightarrow Codified Ordinances → Part 17 (Building and Housing Codes) Part 3 → Property Rehabilitation Code Please list additional addresses below (attach an extra sheet if necessary):



The John T. Gross Towers 1339 Allen Street Allentown, PA 18102-2191

Phone: (610) 439-8678 Fax: (610) 439-8884 TDD: (610) 439-1586 section8@allentownhousing.org

Most common reasons why units fail inspection

To: Housing Choice Voucher Owner / Landlords

From: Allentown Housing Authority

Listed below are the most common reasons that units fail Housing Quality Standards (HQS) inspection. Please pre-inspect your unit carefully before the scheduled inspection date. AHA will not enter into a HAP Contract or renew the contract with you until the unit passes an HQS inspection.

The 8 areas that will be reviewed for HQS are as follows:

- 1. Living Room
- 2. Kitchen
- 3. Bathroom
- 4. Other room used for living
- 5. Secondary rooms not for living (Basement/Attic)
- 6. Building exterior (Paint condition)
- 7. Heating and Plumbing
- 8. General Health and Safety

The unit must be free from **any** chipping, cracking, or peeling paint on the interior and exterior of the unit and building. (If you have a multi-unit building, the ENTIRE exterior and common areas are subject to inspection, not just the portion associated with the unit being inspected.

Inspectors must have access to all areas of the unit and property including the electrical and heating systems for the building to complete the inspection.

Inspectors must have access to all electrical outlets they can not be blocked by furniture at the time of inspection.

There must be a working smoke detector on every level of the unit including the basement; also there must be a smoke detector located inside every bedroom.

All light switches and outlets must have secured plate covers installed.

Every room used for living must have either two working outlets, or one working outlet and a permanently installed light fixture.



Opening Doors for the Community

Housing Choice Voucher Program

The John T. Gross Towers 1339 Allen Street Allentown, PA 18102-2191

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New Lease Packet

Please complete all sections of the attached forms. Sign and date forms and submit to our office within (15) days.

(1.) Request for Tenancy Approval (RFTA) (HUD-52517)

a. Do not complete the RAFT if you're not willing to execute a lease with family.

(2.) Lead Based Disclosure Form

 Lessors must disclose the presence of known lead-based paint and/or lead based hazards in the dwelling.

(3.) Taxpayer Identification Number W-9

- a. Payments to landlord can not be processed until you provide this information.
- b. All landlord payments are reported to the IRS.

(4.) ACH Direct Deposit

a. Owner must complete Financial Institution Information

(5.) Real Estate Tax

 Owner must certify payments of county, school district or municipal real estate taxes.

(6.) City of Allentown Residential Rental Unit/Registration Application

- a. All rental apartments in the City of Allentown must be licensed with the city. If unit is not licensed; RFTA will not be processed.
- b. If unit has any outstanding violations with the City of Allentown RFTA will not be processed.

(7.) Common Reasons Why Units Fail Inspection

General information for you to keep

(8.) Rent Increase Procedure Notice

General information for you to keep

PLEASE RETURN ORIGINAL PACKET, DO NOT FAX OR EMAIL.



Allentown Housing Authority

Opening Doors for the Community

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Nuevo Paquete de Arrendamiento

Por favor, complete todas las secciones de los formularios adjuntos. Firme y ponga la fecha en las formas para presenter en nuestra oficina dentro de (15) dias.

(1.) Solicitud de Aprobación de Tenencia (RFTA) (HUD-52517)

a. No complete el RFTA si no está dispuesto a ejecutar un contrato de arrendamiento con la familia.

(2.) Forma de Pintura con Plomo

a. Los arrendadores deben revelar la precencia de pintura a base de plomo conocida y/o plomo – riesgos de pintura basados en la vivienda.

(3.) Numero de Identificación de Pagador Fiscal W-9

- a. Pagos al propietario no puede ser procesado a menos que usted proporcione esta información.
- b. Todos los pagos al propietario son reportado al IRS.

(4.) ACH Depósito Directo

a. Dueño debe completar información de la Institución financiera

(5.) Real Estate Tax

a. Los propietarios deberá acreditar el pago de condado, distrito escolar o impuestos municipals.

(6.) Ciudad de Allentown Unidad de Alquiler Residencial / Solicitud de Registro

- a. Todas las localidades de alquiler en la ciudad de Allentown debe estar registrado con la ciudad. Si la unidad no está registrada el RFTA no sera procesado.
- b. Si la unidad tiene inspección pendientes con la ciudad de Allentown el RFTA no sera procesado.

(7.) Razones Comunes qué Unidades Fallan Inspección

a. Para su información

(8.) Aviso de Procediniento de Aumento de Alquiler

a. Para su información



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Landlord Information

Name:	First Name		
	First Name	Last Na	ame
Address:			
_	Address		Apt. #
_	City	State	Zip
Phone:		Cell Phone:	
E-mail:			
(If owner do	es not reside in Lehig	h County, please complete the	information below.)
Agent Nam	ne:		
3	First Name	Last Na	ame
Address:			
_	Address		Apt. #
– Phone:	City	State Cell Phone:	Zip
E-mail:			

^{*}If circumstances change it is important to contact the Allentown Housing Authority (AHA) immediately.

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

Lead Warning Statement

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

Less	sor's Disc	closure				
(a)	Presence	nce of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):				
	(i)	Known lead-based pai (explain).	nt and/or le	ad-based paint hazards	are present in the housing	
	(ii)		dge of lead-l	pased paint and/or lead	based paint hazards in the	
(h)	Pacords	housing.	the lessor	(check (i) or (ii) below):		
` '	Records and reports available to the lessor (check (i) or (ii) below): (i) Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).					
	(ii) Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.					
Less	see's Ack	nowledgment (initial)				
(c)		Lessee has received co	pies of all in	nformation listed above.		
(d)	d) Lessee has received the pamphlet <i>Protect Your Family from Lead in Your Home.</i>					
Age	nt's Ack	nowledgment (initial)				
(e)		Agent has informed the is aware of his/her res			nder 42 U.S.C. 4852d and	
Cer	tification	of Accuracy				
		parties have reviewed the they have provided is t			best of their knowledge, that	
Less	or		Date	Lessor	Date	
Less	ee		Date	Lessee	Date	
Ασρ	nt		Date	Agent	Date	



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Real Estate Tax

As stated in the Allentown Housing Authority Housing Choice Voucher Program Administrative Plan, owners must certify to payment of county, school district or municipal or real estate taxes at initial lease up and at the annual renewal of contract.

I hereby certify that I \square do \square do not (check one) owe any county, school district or municipal real estate taxes.					
Owner Name			Address of Owner		
Signature of the Owner		Signature of Pr	Signature of Property Manager/Agent		
Date		Date			
Address					
City County School District Attach copy of reco	Amount Owed \$ \$ \$ eipt (if possible)	Amount Paid \$ \$ \$	Date		



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Rent Increase Procedure Notice

To: Housing Choice Voucher Program

From: Allentown Housing Authority

This notice explains the rent increase process with the Allentown Housing Authority (AHA). The following policy will be strictly followed and enforced:

- Owner and landlord may not increase the family's rent prior to the anniversary date of the first term of Housing Assistant Payment Contract.
- Thereafter the Contract date is the family's anniversary date with the program.
- Owners may request an increase in the rent <u>only</u> when a written request notice is received 60 days prior to the anniversary date to the tenant family and the AHA.
- The increase request <u>must</u> be sent directly to the family with a copy sent to AHA.
- Only one increase every twelve months is permitted.
- In the event the AHA and the family receive notice less than 60 days prior to the contract anniversary and/or not meet the Rent Reasonableness No Rent Increase will be granted for the upcoming year.