



Opening Doors for the Community

Moving in Allentown

Navigating the Move Process

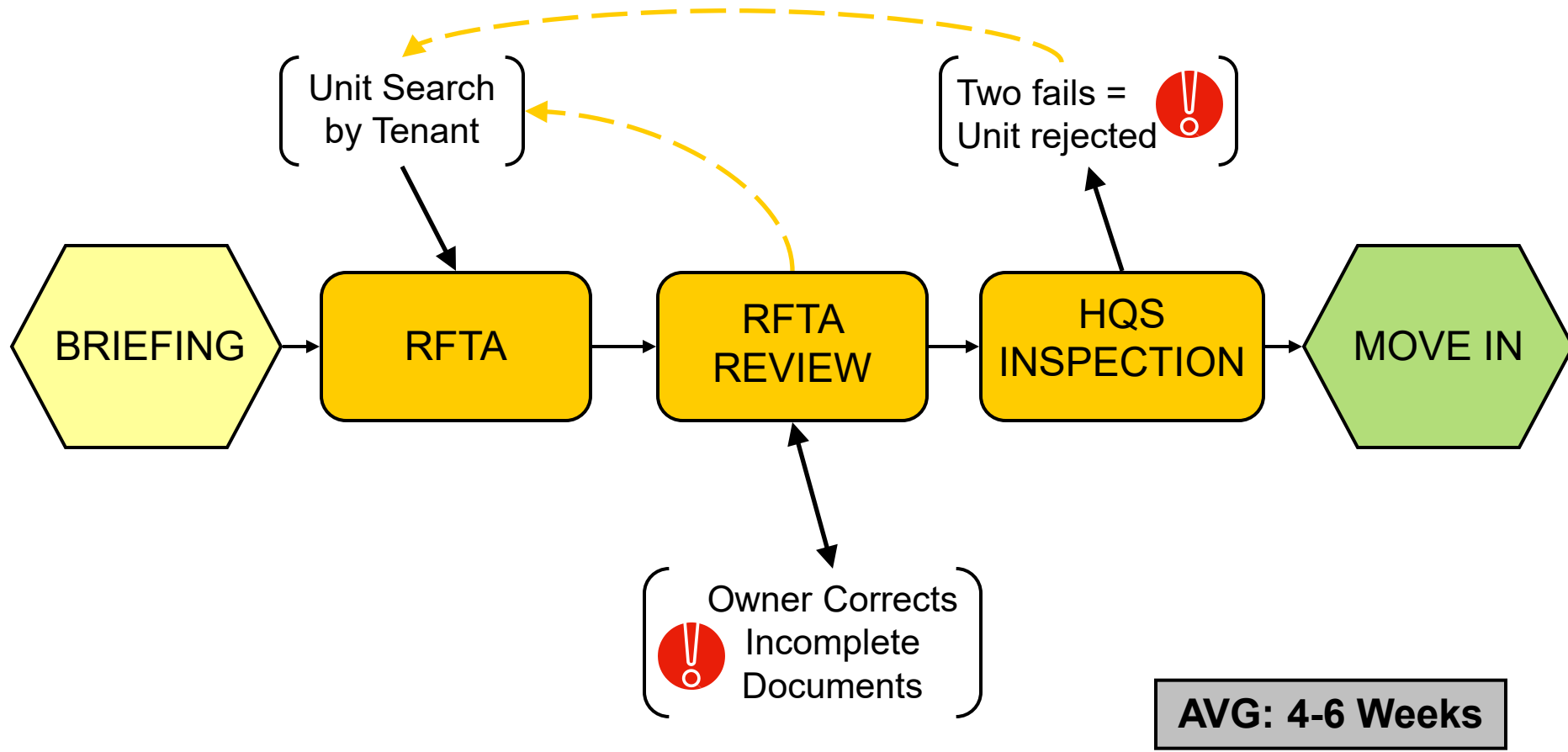


Overview

Move Timeline
Giving Notice
Voucher Issuance
Looking for a Unit
Request for Tenancy Approval Paperwork
HQS Inspections
Moving Into Your Unit
Contact Information
Q & A
Individual Interviews



Move Timeline





Notice to Vacate

NOTICE TO VACATE

I, _____, presently residing at _____
(Unit Address)
 Apt/Floor _____, _____ hereby certify that I have provided my
(City, State, Zip)
 Landlord/Owner/Agent, _____, with sixty (60) days notice of my intent to

I WILL move out of this unit on November 1, 20 11.

I UNDERSTAND that the **AHA** may deny permission to move when there are grounds for denial or termination of assistance. See 24 CFR 982.314(e) and 24 CFR 982.552.

Signature _____

Date _____

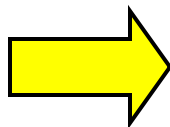
OWNER CERTIFICATION

By signing below, the Landlord/Owner/Agent acknowledges that the tenant listed above has given sixty (60) days notice of his/her intent to vacate the leased unit by the above-specified move out date.

Landlord/Owner/Agent Name _____

Signature _____

Date _____




Voucher Issuance

Voucher Housing Choice Voucher Program		U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0189 (exp. 9/30/2010)
Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.			
Please read entire document before completing form Fill in all blanks below. Type or print clearly.			Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)			1. Unit Size
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.			2. Issue Date (mm/dd/yyyy)
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)			3. Expiration Date (mm/dd/yyyy)
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)			4. Date Extension Expires (mm/dd/yyyy)
5. Name of Family Representative	6. Signature		
7. Name of Public Housing Agency (PHA) NEWARK HOUSING AUTH		9. Signature	
8. Name and Title of PHA Official			
1. Housing Choice Voucher Program A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent. B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.		B. C. 3. PHA A. B. C.	
2. Voucher A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.			

EXTENSION POLICY:

1. Reasonable attempts to find apartment
2. RFTA submitted
3. Extenuating circumstances
4. Family emergency
5. Disability

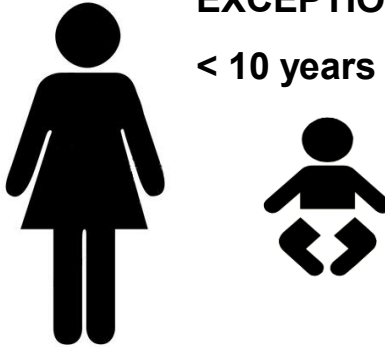
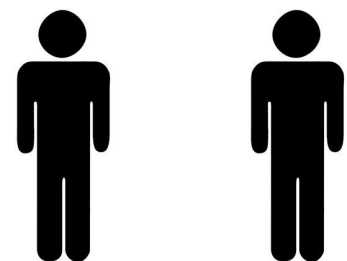
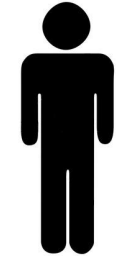


****IN WRITING
PRIOR TO
THE
EXPIRATION
DATE ON
YOUR
VOUCHER**



Voucher Size

EXCEPTION:
< 10 years old

A black silhouette of a woman stands on the left, and a black silhouette of a baby sitting on the floor is on the right.Two black silhouettes of men standing side-by-side.A single black silhouette of a man standing.

**2 PERSONS PER
ROOM, BY GENDER**



Payment Standards

RENT + UTILITIES LIMITS

0	1	2	3	4	5	6
\$1,243	\$1,475	\$1,797	\$2,295	\$2,414	\$2,776	\$3,138

****PLEASE NOTE:** Payment standards include estimated monthly utility costs. Actual maximum rent to owner may be less than the payment standard listed.

Approval is dependent on:

- Affordability for the tenant based on income
- Rent Reasonableness report based on location and rents of similar units



Looking for a Unit

Consider:

- Size
- Location/Neighborhood
- Transportation
- Schools
- Shopping



Portability



- Allows voucher holder to move to a rental unit of their choice outside of the jurisdiction as long as there is a PHA administering a program where the unit is located
- Receiving HA has the choice of billing the initial HA or absorbing the family into the program
- Portability may be restricted for up to one year
- Must be in good standing (exceptions Violence Against Women Act)
- Limited exceptions for budgetary constraints (shortfall designation)



Finding Apartments



A Free Service to List and Find Affordable Homes and Apartments across Pennsylvania

PAHousingSearch.com

home | find rental housing | find homes for sale | list housing | resources | about us | contact us

Login | English | Español | Select Language

Housing Search: Allentown, PA
[Choose a different city](#)

Basic | **Advanced** | Accessible

General Search Information

Do you have a Section 8 Voucher? Yes No

Bedroom[s] Bath

Rent range \$0 to \$1,100 a month

Optional Filters

ZIP Code[s]
[List relevant ZIP codes](#)

Public Transit

Smoking Policy

Landlord Speaks

Show me Properties per Page

[CLICK HERE TO SEARCH](#)

Other Search Options

- [Show all available properties which are subsidized or sliding scale](#)

Resources

- [Scam Alert for Renters](#)
- [Foreclosure Alert](#)
- [Suggest a Resource](#)

Helpful Tools

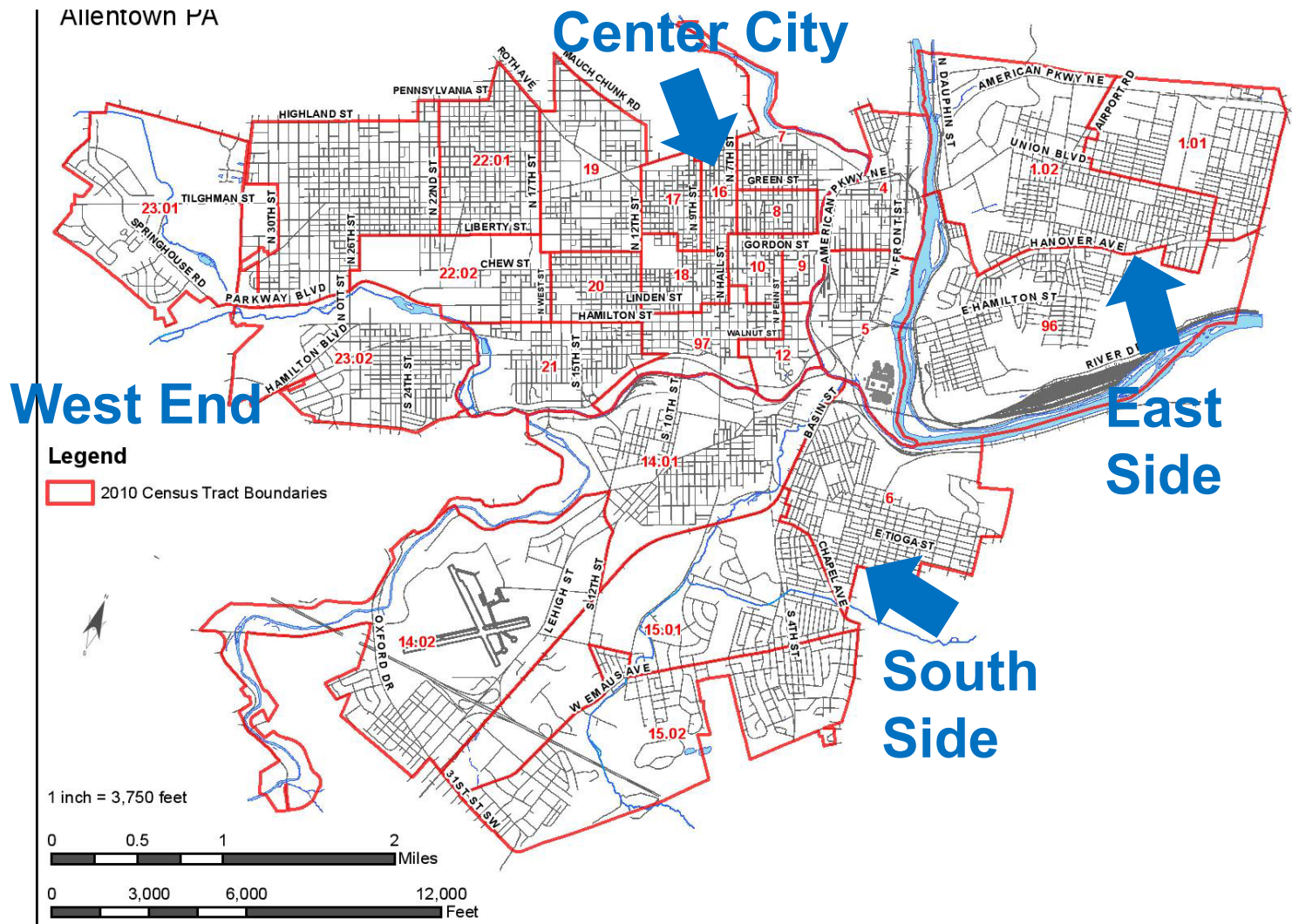
- What can you afford to rent? [Calculate](#)
- What can you afford to rent? [Chart](#)
- [An example of moving costs](#)
- [Calculate your moving costs](#)
- [Rental checklist](#)
- [Budget Worksheet](#) [PDF 44KB]

www.pahousingsearch.com

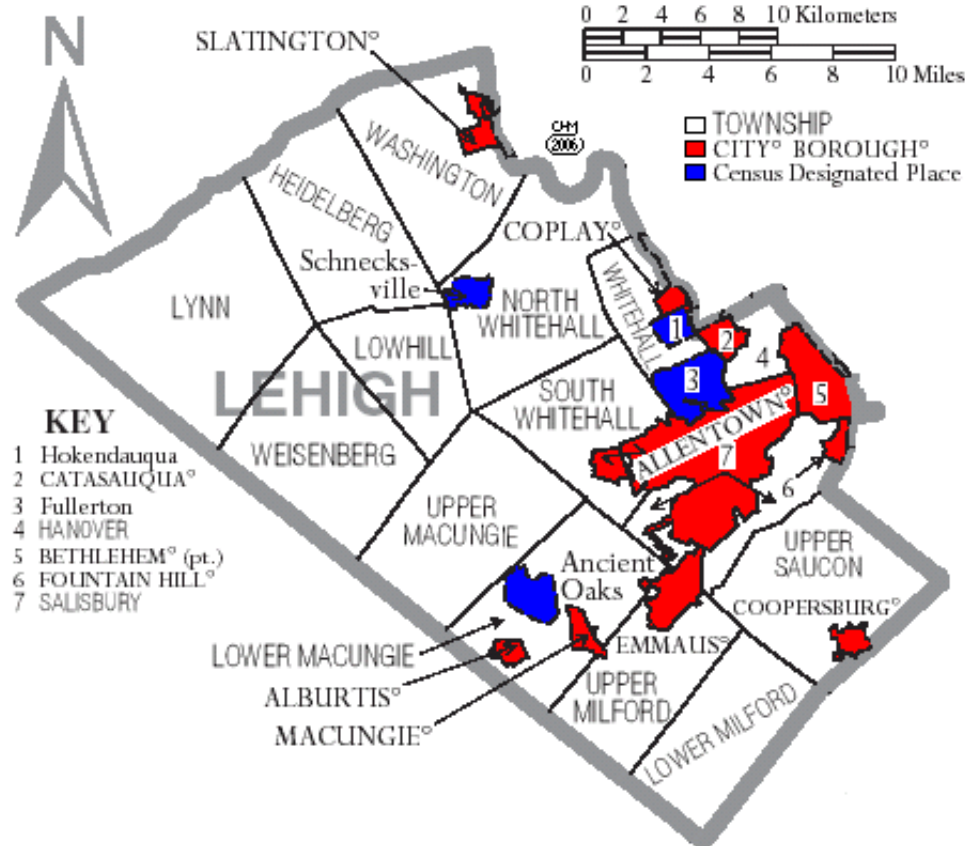
Link to Site:
www.allentownhousing.org



Census Tracts of Allentown



Lehigh County





Request for Tenancy Approval (RFTA)

REQUEST FOR TENANCY APPROVAL

Instructions for the property owner/agent:

- You must return the RFTA packet with all of the required materials to the AHA, including the cover sheet.
- The AHA will not process your request until you submit all of the required documents listed below.
- Please refer to the website for additional information about the program.

YOU MUST COMPLETE AND RETURN THE FOLLOWING FORMS CONTAINED IN THIS PACKET:

- Request for Tenancy Approval
- Disclosure of Information on Lead-Based Paint
- Direct Deposit Agreement – DIRECT DEPOSIT IS REQUIRED
- W-9 Form



This can be a tripping point for many people in the move process. Please listen carefully to all directions.

RFTA – Tenant Section



RFTA – Page 2

Lead-Based Paint Disclosure Initial Section II and sign

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 c. Check one of the following

Print or Type Name of Household Head
 Ima Tenant

Signature (Household Head) Date (mm/dd/yy)
 Ima Tenant 2/20/2000

Present Address of Family (street address, apartment no., city, state, zip)
 123 First Street, Allentown, PA 18102

Primary Telephone Number Circle One:
 (555) 555-1234 Home Cell Work

Secondary Telephone Number Circle One:
 (555) 555-5687 Home Cell Work

Fax Number Email Address
 i.tenant@yahoo.com

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

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

Lessor's Disclosure
 (a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):
 (i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

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

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

 (ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based

CERTIFICATION OF ACCURACY

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

Lessor _____ Date _____ Lessee _____ Date _____

Agent _____ Date _____

Agent _____ Date _____

Do you want the Housing Assistance Payment to go to someone other than the owner listed above? Yes No

If yes, the section below must be completed & the W-9 form must be filled out for the HAP Payee listed below. The IRS requires that the person/business who reports the income earned from this property on their income taxes, report their personal or business Social Security/Tax I.D. Number. These names and numbers must match those on file with the IRS. The IRS may impose stiff penalties if incorrect information is submitted. The IRS requires that the Housing Assistance Payments Contracts be executed in the person or business name that is responsible for reporting the income earned from this unit on their taxes.

Print Name of HAP Payee		Business Address	
Primary Telephone Number	Secondary Telephone Number	Fax Number	Email Address


Previous editions are obsolete (06/2003) Page 2 of 2 Form HUD-52137 Ref Handbook 7420 4



RFTA – Common Mistakes

RFTA – Page 1

11. Utilities and Appliances

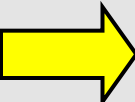
The owner shall provide or pay for the utilities and appliances indicated below by an "O".  The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Appliance Provided by	Service Paid for by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Appliance Provided by	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil		
Other Electric			
Water			O
Sewer			O
Trash Collection			O
Air Conditioning			
Refrigerator			O
Range/Oven			O

UTILITY INFORMATION

MUST BE COMPLETED

ACCURATELY.





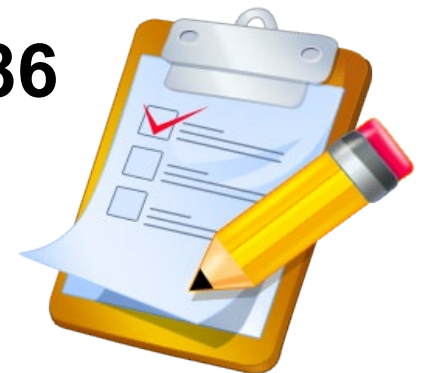
RFTA Assistance

Does your landlord need help completing the RFTA packet?

Please instruct them to direct their questions to HCVP Mobility Coordinator:

E-mail: dcampo@allentownhousing.org

or Telephone: (610) 439-8678 ex. 2086





HQS Inspections

- Scheduled once the RFTA packet is complete
- Inspections can take up to 10 days to schedule
- Unit must pass prior to move in
- Units that fail two inspections will be rejected





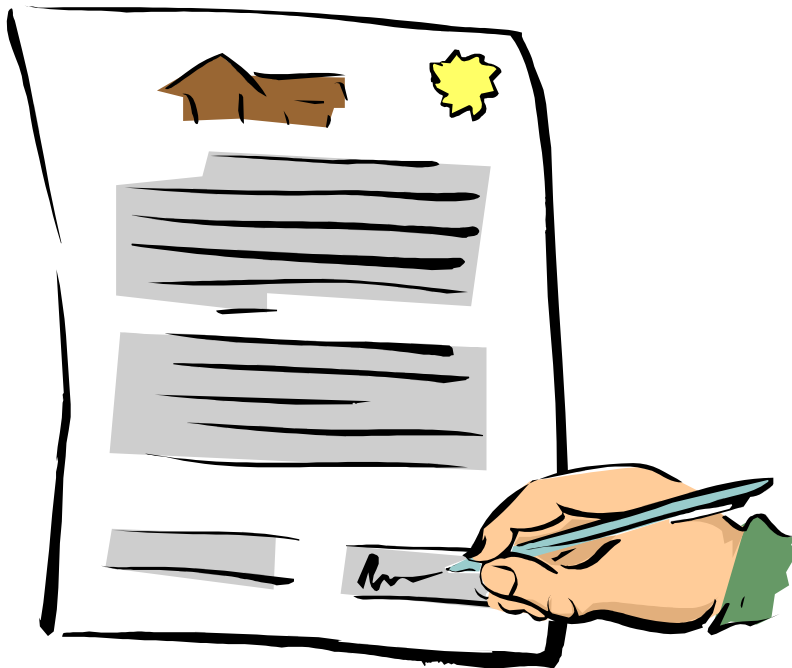
Move In Approval

When can you move into your new unit?

- Once your unit passes the HQS inspection, the AHA will contact you within 3 days to inform you of your move in approval date. It is important that you provide the AHA with up to date contact information.
- You may *not* move into the unit until you receive approval from the AHA.



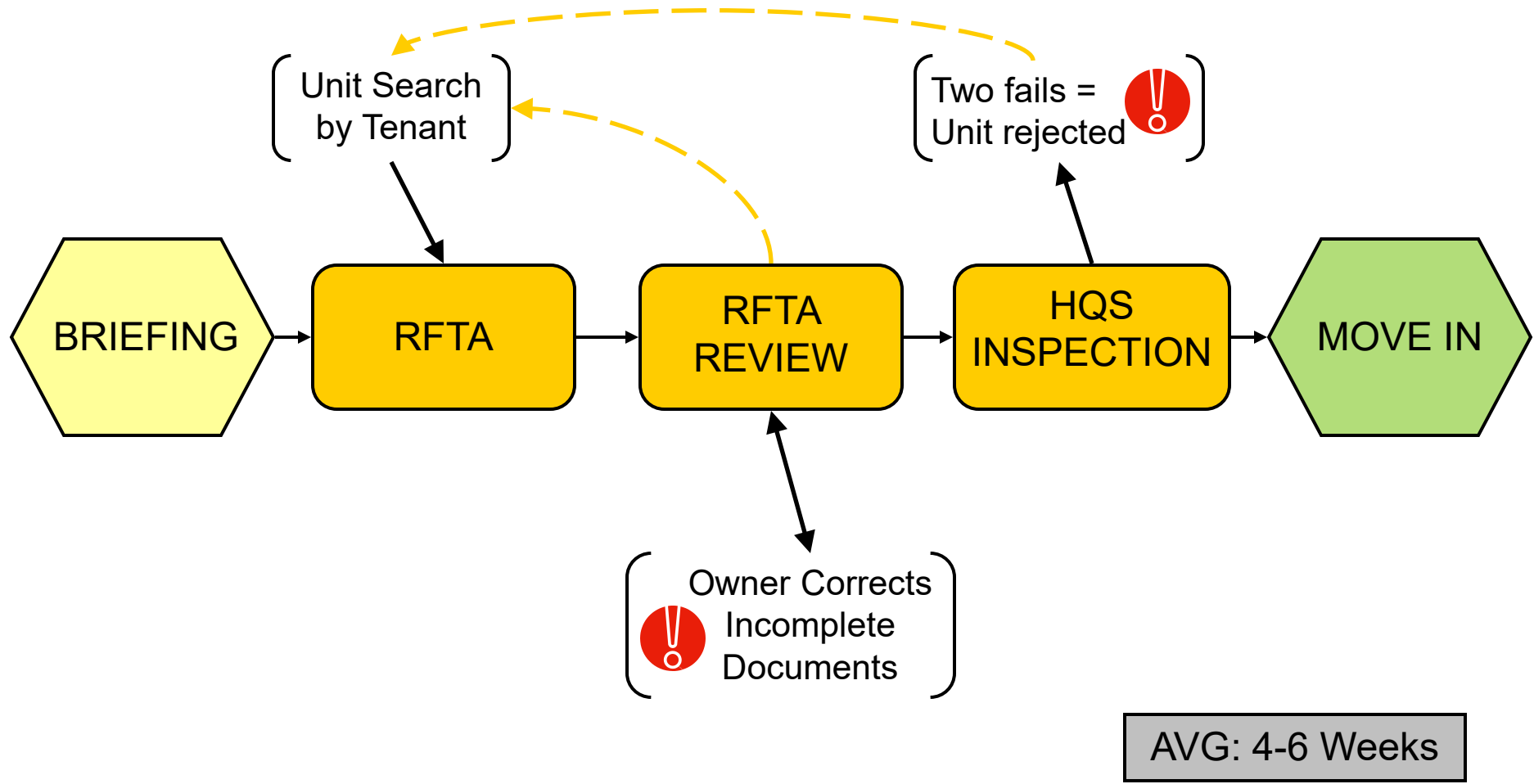
Tenant Portion & HAP



- HAP contracts must be signed and returned by the owner before payments are released
- The AHA will notify you of your tenant portion shortly after you submit your executed lease.



Summary





Contact Information

**1339 Allen Street
Allentown, PA 18102
Fax: (610) 969-7575**

Doryan Campo
T: (610) 439-8678 x 2089
dcampo@allentownhousing.org



Change In Family Composition

Changes after Move – In must be reported to the HA promptly in writing

- Any change in income that is expected to last longer than 30 days
- Any change in family composition

Reported changes that do not result in an interim will be considered at the next annual



Questions?



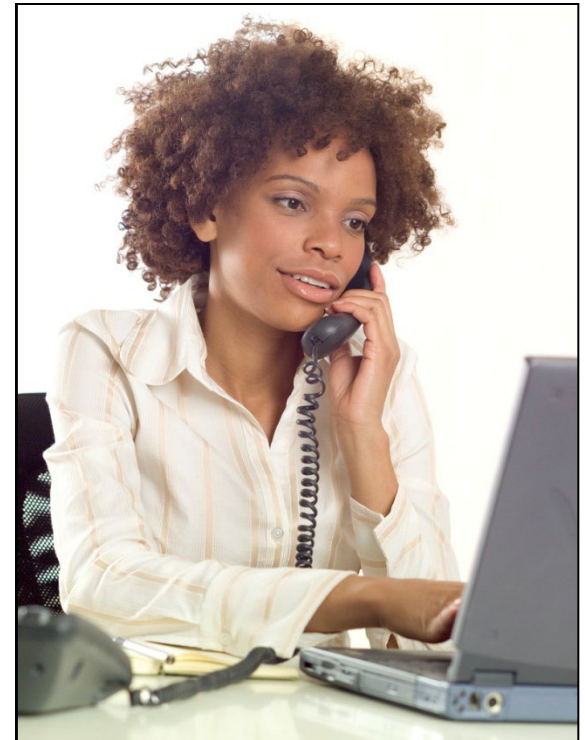
Family Self-Sufficiency Program

Becoming a Participant

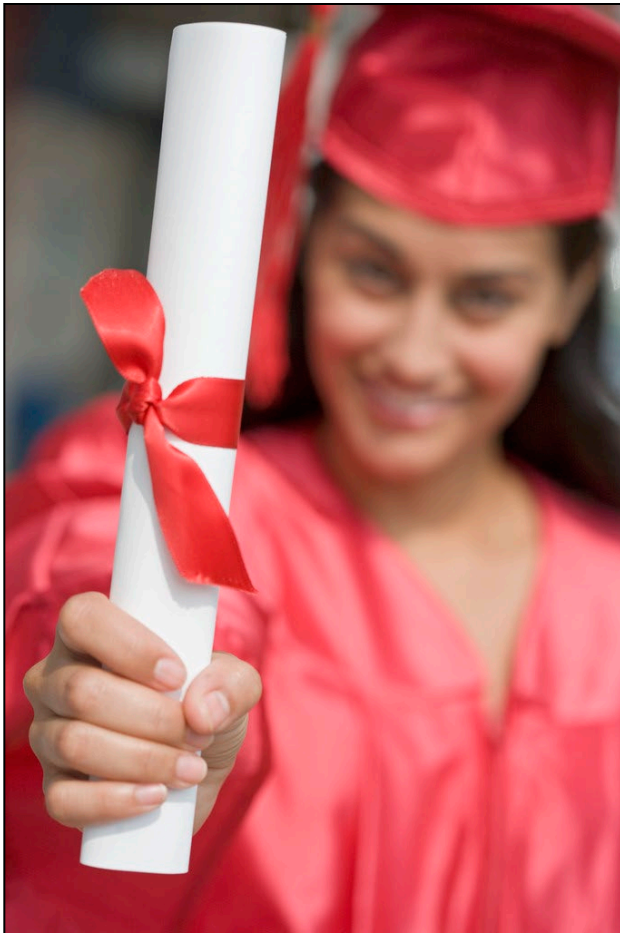
FSS Services

GOAL: To help residents of section 8 housing choice voucher program become self-sufficient through education, training, case management, and other supportive services.

- Personal Counseling
- Career Counseling
- Educational Counseling
- Job Preparation Assistance
- GED Preparation
- Assistance with Credit Repair
- Referral Services



Program Objectives



We encourage participants to reduce their dependence on federal, state, and local subsidies by helping them:

- Obtain a high school diploma or further degree
- Complete a vocational training program
- Find employment or advance in their current job
- Establish economic independence
- Achieve set goals

FSS Guidelines

Participants must:

- Sign a five (5) year Contract of Participation (COP)
- Contact the FSS Coordinator on a monthly or bi-monthly basis
- Set goals they wish to achieve over the 5 years
 - e.g. set a budget, improve credit score, get GED or higher degree, get a new job

Escrow Account

- The AHA establishes an escrow account when a participant's *earned* income increases

$\text{New TTP} - \text{Old TTP} = \text{Monthly Escrow Deposit}$

Adjusts with changes
in earned income.

The adjustment is not necessarily dollar for dollar. It is also dependent on whether the participant is considered very-low or low income.



Escrow Example

- “IMA TENANT” signed C.O.P. on 1/1/2016
- She is employed at the time she enters into the C.O.P.
- Current TTP at time of C.O.P. = \$90
- MS. TENANT receives increase in pay on 6/1/2016
- Due to the increase in earned income, TTP rises to \$190

Sample Escrow Calculation

New TTP	\$190.00
Old TTP	- \$ 90.00
<hr/>	
Escrow Monthly Deposit	\$100.00

Success with FSS!

You can attain stability, steady employment, honors and more through the completion of set goals.

- G.E.D. PREPARATION
- JOB TRAINING
- EMPLOYMENT
- FINANCIAL WELL-BEING



Contact Information



**1339 Allen Street
Allentown, PA 18012
F: (610) 439-8678
www.allentownhousing.org**

**Melissa Aclo
T: (610) 439-8678 x 2057
MAclo@allentownhousing.org**

