

# **Request for Tenancy Approval (RTA) Packet**

## **Housing Choice Voucher (HCV) Program**

V4.0  
November 2018

This form must be submitted on or before the expiration date of the family's voucher. Incomplete packets may result in processing delays. Please visit our office or contact us at **305-403-3222** for assistance in completing this form.

### **Miami Dade Public Housing and Community Development**

Housing Choice Voucher Program

7400 NW 19<sup>th</sup> St.

Miami, FL 33126-1750

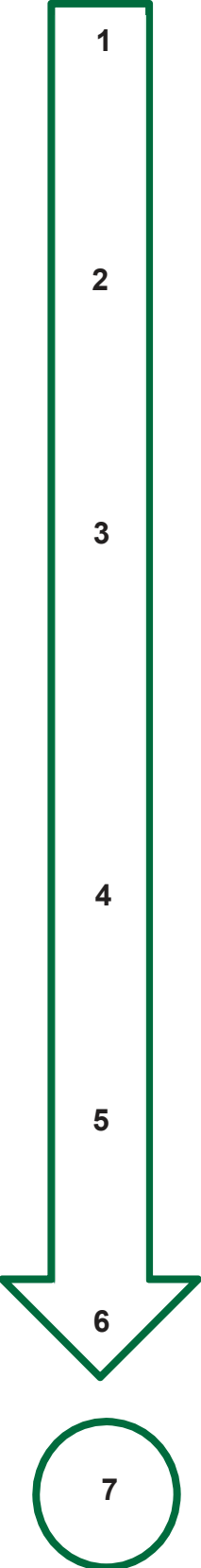
Main: 305-403-3222 / Fax: 786-358-5893 / TTD/TTY 1-800-955-8771 or dial 771

Si necesita ayuda con este formulario, llame al 305-403-3222

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# Welcome to the Miami-Dade County Housing Choice Voucher (MDHCV) Program!

Below are estimated time frames for the Move Process that initiates with submission of a complete RTA Packet and Owner documents. Contact our Customer Service Call Center at **305-403-3222** for assistance with completing this packet.

- 
- 1 RTA Submission** Must be submitted on or before the **expiration date** of the family's voucher  
Owner or Voucher Holder submits a complete RTA packet to MDHCV
    - Submit your RTA packet via email to [customercare@mdvoucher.com](mailto:customercare@mdvoucher.com)
    - Submit your RTA packet via fax to 786-358-5893
    - Submit your RTA packet in person or by mail to the MDHCV Program Office located at: Miami Dade HCV Office – 7400 Corporate Center Dr. Bay H., Miami, FL 33130
  
  - 2 RTA Processing** Estimated Time frame [from receipt of RTA]: **7 Business Days**  
Information in the RTA packet is reviewed to determine unit, owner, and payee eligibility.
    - MDHCV reviews ownership, taxes, foreclosure filings, and if debts are owed to any PHA
    - MDHCV reviews homestead exemption, HOA approval, property management agreement and/or authorized agent(s).
    - New Owners are required to be approved and be issued a Vendor Number prior to inspection being requested.
  
  - 3 HQS Inspection** Estimated Time frame [from RTA Processing]: **7 Business Days**  
The Inspections department will contact owner to schedule an initial inspection  
Inspections will conduct an assessment of the unit according to the federal Housing Quality Standards (HQS)
    - The Owner will receive a letter and phone call informing the date and time of the inspection
    - The unit must be unoccupied and move in ready unless the tenant will lease in place
    - If the unit does not pass, the owner will be allowed 10 days to make repairs
    - If the unit **does not pass the re-inspection**, MDHCV will cancel the RTA for that unit/property.
    - If the unit **does pass**, MDCV will finalize the rent and affordability of the unit.
    - If the unit **does pass**, the family should not move in the unit without MDHCV prior approval
    - Additional questions or concerns regarding the inspection process should be directed to: MDHCV Inspections Department 305-434-7211 or [support@cvrinspections.com](mailto:support@cvrinspections.com)
  
  - 4 Determining Rent and Affordability** Estimated Time frame [from a passed Inspection]: **5 Business Days**
    - MDHCV will review the rent requested by the owner and compare it to comparable unassisted units in the building and/or neighborhood
    - MDHCV will evaluate the family's income to ensure affordability of the unit
    - MDHCV will contact the owner if the maximum approved rent amount
    - MDHCV may approved the owner's requested rent amount or may offer a lower amount (if required).
  
  - 5 Unit Approval** Estimated Time frame [from rent determination date]: **2 Business Days**  
MDHCV awaits the owner's acceptance of the rent offer
    - If the rent offer is **not accepted** within 2 business days, MDHCV will cancel the RTA for that unit.
    - If rent offer **is accepted**, MDHCV will coordinate the execution of the Housing Assistance Payment (HAP) contract.
  
  - 6 HAP Contract Execution** Estimated Time frame [from rent acceptance date]: **7 Business Days**
    - The owner is required to execute a lease, in the form and manner used to execute leases with non-assisted (non-Section 8) tenants. The lease will be reviewed by MDHCV.
    - MDHCV receives a copy of the lease and executes HAP contract with owner.
  
  - 7 HAP Payment** Estimated Time frame [from HAP execution date]: **7-45 Calendar Days**
    - Housing Assistance Payments for the first month shall be prorated for a partial month based on the move in date
    - Housing Assistance Payments will be issued **via direct deposit only**.

# Request for Tenancy Approval Housing Choice Voucher Program

|   |                    |                     |   |                  |   |                               |
|---|--------------------|---------------------|---|------------------|---|-------------------------------|
| 1. Name of Public Housing Agency (PHA)<br><br><b>Miami Dade Public Housing and Community Development</b>  |                    |                     | 2. Address of Unit (street address, apartment number, city, State & zip code) |                  |   |                               |
| 3. Requested Lease Start Date   | 4. No. of Bedrooms | 5. Year Constructed | 6. No. of Units in the Building   | 7. Proposed Rent | 8. Security Deposit Amt.  | 9. Available Inspection Date: |
| 10a. Type of House/Apartment<br><input type="checkbox"/> Single Family Detached <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Elevator / High Rise<br><input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Garden / Walkup |                    |                     |   |                  | 10b. Homeowners Association<br><input type="checkbox"/> No <input type="checkbox"/> Yes, requires approval letter |                               |

11. If this unit is subsidized, indicate the type of subsidy

Section 202     Section 221(d) (3) (BMIR)     Section 236 (Insured or noninsured)     Section 515 Rural Development  
 Home     Tax Credit (Indicate the type of Tax Credit below.)     ALF  
                                     **select one:**     Regular Rent     HERA Rent

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_     Shared Housing

Property Folio #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## 12. 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  | PAID BY | SUPPLIED BY |
|------------------|--|---------|-------------|
| Heating          | <input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump |         |             |
| Cooking          | <input type="checkbox"/> Natural gas <input type="checkbox"/> Electric   |         |             |
| Water Heating    | <input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric                                    |         |             |
| Other Electric   |  |         |             |
| Water            |  |         |             |
| Sewer            |  |         |             |
| Trash            |  |         |             |
| Air Conditioning |  |         |             |
| Refrigerator     |  |         |             |
| Range/Microwave  |  |         |             |
| Other (specify)  |  |         |             |

|   |   |
|---|---|
| 13a. Additional Owner-Provided Amenities<br>Flooring: <input type="checkbox"/> Carpeting <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl<br><br>Other: <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Balcony/Patio <input type="checkbox"/> Cable-ready <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Mini Blinds <input type="checkbox"/> In-sink Garbage Disposal<br><input type="checkbox"/> Fenced Yard <input type="checkbox"/> Fireplace <input type="checkbox"/> Washer (clothes) <input type="checkbox"/> Dryer (clothes) <input type="checkbox"/> Dishwasher <input type="checkbox"/> Granite Countertops | 13b. Additional Unit Description<br>Number of Bathrooms _____    Square Footage _____ |
|---|---|

## Section 504/ American with Disabilities Act Accessibility Features

**Entry/Door Features:**     Accessible Parking Nearby     Flat/No-Step Entry     Ramped Entry     Doorways 32" or wider  
    Automatic Entry Door     Accessible Elevator     Unit on First Floor     Lever-style Door Handles

**Kitchen Features:**     Low Counter(s)     Minimum 27" Knee Space Under Counter     Non-Digital Appliances     Front Controls on Stove/Cook-top

**Bathroom Features:**     Low Vanity     Minimum 27" Knee Space under Vanity     Grab Bars     Reinforced for Grab Bars  
    Roll in Shower     Lowered Toilet     Raised Toilet     "T" Turn or 60" Turning Circle in Bathroom

**Miscellaneous Features:**     Within Paratransit Route     Accessible Laundry     Accessible Flooring     Sign Language Friendly

**Quality of Unit** (Check one of the following):     New Construction     Well-maintained     Adequate     May Need Repair

14. 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.

**14. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

15. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

16. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

|  |                  |  |                            |                         |
|--|------------------|--|----------------------------|-------------------------|
| Print or Type Name of <b>Owner/Owner Representative</b>                |                  | Print or Type Name of <b>Household Head</b>  |                            |                         |
| Signature (Owner/Owner Representative)                                 |                  | Date (mm/dd/yyyy)  | Signature (Household Head) |                         |
|  |                  |  | Date (mm/dd/yyyy)          |                         |
| Business Address   |                  | Current Address of Family (street address, apartment no., city, State, & zip code) |                            |                         |
| Owner/Owner Representative Telephone Number                            |                  | Telephone Number   |                            |                         |
| Alternate Number   |                  | Email Address  |                            |                         |
| Email Address  |                  | Entity ID (if known)   | Voucher Size               | Children under 6? (Y/N) |
| Owner/Vendor Entity ID (if currently participating in the HCV Program) |                  |  |                            |                         |
| Contact for Inspection (Name)  | Telephone Number |  |                            |                         |

**Miami-Dade Housing Choice Voucher Program**  
**RTA Submission Instructions**

V4

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. **Incomplete packages may result in processing delays.** Submit this completed package through any of the following convenient ways:

- 1) via email [customer care@mdvoucher.com](mailto:customer care@mdvoucher.com)
- 2) via fax to 786-358-5893
- 3) in person or by mail to the MDHCV Program Office located at:  
Miami Dade HCV Office – 7400 Corporate Center Dr. Bay H., Miami, FL 33130

**New Owners – PLEASE READ**

We are thrilled to have you join the thousands of owners participating in the Program. In order to ensure your unit gets processed as quickly as possible, you must submit a “New Vendor” package. This package is available through:

- 1) A copy was provided to the family with the voucher
- 2) Online at: <http://www.miamidade.gov/housing/housing-choice-voucher.asp#3>
- 3) Contacting us at 305-403-3222 and an agent will email or mail you a copy
- 4) Visiting our offices in person: Miami Dade HCV Office – 7400 Corporate Center Dr. Bay H., Miami, FL 33130

A complete package and must be received within **10 calendar days** of submitting this RFTA.

**Existing Owners& Agents – PLEASE READ**

Welcome back! We have simplified the approval process for you, but you must adhere to the following:

1. Has this unit been assisted by the Miami-Dade HCV program before?
  - a. Yes, our staff will review the following:
    - i. The owner listed on this RTA matches the owner on record with the Property Appraisers office and the owner on record with this office,
    - ii. Taxes are current on the unit
    - iii. Owner is set-up for direct deposit
  - b. No, in addition to the requirements above, you must provide
    - i. Proof of ownership if you recently purchased the property, or
    - ii. Written consent from the owner on record that authorizes you to transact on their behalf.
2. Does the unit require HOA approval?
  - a. Yes, you must secure approval before an inspection is requested.
  - b. No, please make sure to mark “No” on the RTA.