

HTS Navigator Landlord Packet (RFTA) Checklist

Head of Household: _____

Name of Document	Only check if document is attached. Incomplete packet will be returned
Request for Tenancy Approval - It is crucial that you fill out ALL sections of this form. This is a 2-page form and must be completed, signed and dated by both parties.	
Relative Policy – Signed and dated by landlord and voucher holder	
Lead Paint Hazards – This is a Federal law. PLEASE take your time and be sure to complete all applicable check-off boxes and signatures. NOTE: This disclosure is required for properties built before 1978.	
IRS Form W-9 – The name and Taxpayer Identification Number given on this form is who the check must be made payable to, and who the Form 1099 will be sent to.	
Owners Information – Must match town assessors database	
ACH Transfer/Deposit form – to sign up for payments via direct deposit, please complete this form.	
Updated personal declaration and releases	
Updated income and asset verification	
Check Voucher Payment Standard (VPS) prior to submission – If zero income all utilities must be included to get full VPS.	
Verify Utility Allowance (UA) – Make sure the UA fits within the VPS and family information sheet that is included with the briefing documents.	
Do they need security deposit assistance?	

Referral Contact Initials & Date: _____ Received by MaineHousing: _____

LANDLORD PACKET

Thank you for participating in the Housing Choice Voucher Program!

If you have questions, please do not hesitate to contact us at **(207)624-5789** or **1-866-357-4853**

***FAX** documents to **207-624-5713**

***EMAIL** documents to **section8hcv@mainehousing.org**

- **It is very important that you and the tenant take your time with this packet and be sure to complete each form.**
- **You will note that some forms are signed by the landlord only, and some must be signed by both the tenant and landlord.**

When we receive this packet, it must contain the following completed forms:

1. **Request for Tenancy Approval** - It is crucial that you fill out ALL sections of this form. This is a 2-page form and must be completed, signed and dated by both parties.
2. **Relative Policy**
3. **Lead Paint Hazards** – This is a Federal law. PLEASE take your time and be sure to complete all applicable check-off boxes and signatures. **NOTE:** This disclosure is required for properties built before 1978.
4. **IRS Form W-9** – The name and Taxpayer Identification Number given on this form is who the check must be made payable to, and who the Form 1099 will be sent to.
5. **Owners Information**
6. **ACH Transfer/Deposit form** – to sign up for payments via direct deposit, please complete this form.
7. You must also provide a **SAMPLE copy of the lease** you intend to use. This is for our review only, and must NOT be signed and executed. **Please see Notice to Landlords, which outlines what HUD requires the lease to contain.** After the unit passes, inspection and we determine the actual move-in date you will be asked to execute a lease. Program regulations require a 12-month lease.

Other documents included in this packet:

- **Notice to Landlords** – Provides important information concerning the inspection and payment process.
- **HCV Move-In Inspection Checklist** – Provides important information concerning the inspection requirements
- **Landlord Resources** – Provides listing of MaineHousing resources available to landlords
- **VAWA** – Provides important information regarding a landlord's obligations under the Violence Against Women Act (VAWA)

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)

Landlord / Tenant Declaration of the RELATIVE POLICY

I, _____ (tenant) declare that I do not/will not receive housing assistance while residing in a unit owned by a relative (defined as a parent, child, grandparent, grandchild, sister or brother) of **any member** of my household, unless MaineHousing has determined (and notified) the Owner and the family of having approved rental of the unit, notwithstanding such a relationship, provided under a reasonable accommodation for a family member with disabilities.

_____ I, (tenant) am not/will not be renting from a relative of any of my family members.

_____ I, (tenant) will be renting from a relative with a reasonable accommodation approved by MaineHousing.

_____ I, (landlord) am not/will not be renting to a relative of any family members.

_____ I, (landlord) will be renting to a relative with a reasonable accommodation approved by MaineHousing.

Tenant Signature

Date

Landlord Signature

Date

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 paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

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	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
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Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



For Office Use Only:

New Update No Change

Tenant Name _____

Owner Forms to FS OS Initials _____

Owner Information

IMPORTANT: This document does not take the place of IRS Form W-9.

***All payments will be direct deposited once account information on the ACH Transfer/Deposit form is processed.**

Name: _____
****Name must match tax ID on S.S. card or tax ID award letter****

Physical Address: _____

Mailing Address: _____

SSN or Tax ID: _____

Phone Number: _____

Email Address: _____

Property Manager Information

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Mail Correspondence & Payments to: Owner or Property Manager

Mail 1099 to: Owner or Property Manager

MaineHousing now can do remote video inspections.

Do you have the ability to FaceTime? Yes or No

Owner Property Manager

Signature

Date

Additional Information (optional)

Would you like to list your rental properties on MaineHousingSearch.org?

Yes No Already Listed

- MaineHousing refers all potential tenants to www.mainehousingsearch.org to locate available housing. This is a free online rental listing service that links people who need housing with the housing they need. Tenants can search on line or call 1-877-428-8844 for customer service assistance.

- If you checked Yes, MaineHousing will provide your contact information to Socialserve and a representative will contact you directly to gather the information needed to list your units. Socialserve will then contact you periodically to update the vacancy status of your rental units or you can register directly at mainehousingsearch.org and manage your own account.



HCV/STEP - ACH Transfer/Deposit – Mandatory

- **Please note: Direct Deposit is required to receive payment.**
- **Please include a void check (*not* a deposit slip) - thank you!**

Directions:

- To sign up for Direct Deposit, please complete Sections 1 and 2 and return this form to Maine State Housing Authority at the address below.
- Payees must notify Maine State Housing Authority of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (must match IRS Form 1099)	B TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO)	C DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>
CITY STATE ZIP CODE	Maine State Housing Authority 26 Edison Drive Augusta, ME 04330 Phone (207) 626-4600 Fax (207) 624-5713 Attn: HCV Program You may return via email to: hcvfinancial@mainehousing.org
TELEPHONE NUMBER AREA CODE	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I will receive IRS form 1099 and am entitled to the payment and that In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	
SIGNATURE DATE	
SIGNATURE DATE	

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

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER Check Digit <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>
	DEPOSITOR ACCOUNT NAME (will not receive IRS Form 1099 if different from box A)

Your Email: _____

SECTION 3 (FOR OFFICE USE ONLY)

RECEIVED BY (INT)/ DATE	ENTERED BY (INT)/ DATE	MONTH OF FIRST ELECTRONIC TRANSFER	
DATE PRE-NOTED IN KTT	PRE-NOTE EXP DATE	NEW OR UPDATE	ACH ID#

NOTICE TO LANDLORDS

MaineHousing screens only for program eligibility. Landlords are responsible for their own tenant screening.

Upon receipt of the enclosed Landlord Packet, MaineHousing will verify the eligibility of the unit and schedule an inspection within 15 days.

After the unit passes inspection and we determine the actual move-in date, you will be asked to execute a lease with the tenant and a Housing Assistance Contract with MaineHousing.

The Housing Assistance Payment (HAP) Contract will be supplied to Landlord for signature as it is a contract between MaineHousing and the Landlord.

MaineHousing will also supply the landlord with a copy of the required Violence against Women Act (VAWA) Lease Addendum which must be signed by the tenant and landlord and returned to MaineHousing with the HAP contract.

The Lease must be supplied by the Landlord as it is a contract between the Landlord and Tenant. MaineHousing is not a party to the lease and therefore cannot enforce it.

The lease must contain the following items:

- Landlord and Tenant Names
- Unit Address
- Lease effective date (This must coincide with the Housing Assistance Payment Contract)
- Lease term (including initial term of 12 months and provisions for renewal)
- Contract Rent Amount
- Tenant and Landlord signatures

IMPORTANT PAYMENT INFORMATION:

MaineHousing can start payment on a unit once it passes a Housing Quality Standards Inspection. However, HAP payments cannot be issued to an Owner until an executed HAP Contract VAWA Addendum and Lease are received by MaineHousing.

Please note that MaineHousing issues HAP payments at the beginning of the month only. Therefore, HAP payment will be made to an Owner at the beginning of the month following the receipt of the executed HAP Contract VAWA Addendum and Lease

Housing Choice Voucher Program Move-In Inspection Checklist

This checklist is designed to offer the owner a preview of the items which will be covered during a typical move-in inspection. It should be remembered that this checklist is a general guide and may not contain every item in a home. In addition, the items may vary by the type of home to be inspected.

FOUR THINGS TO REMEMBER WHEN SCHEDULING A MOVE-IN INSPECTION:

1. THE OWNER OR OWNER'S REPRESENTATIVE MUST BE PRESENT DURING THE INSPECTION
2. THE HOME SHOULD BE VACANT; AN INSPECTION WILL NOT BE CONDUCTED IF THE PRIOR TENANT IS STILL LIVING IN THE UNIT
3. ALL UTILITIES MUST BE TURNED ON AT THE TIME OF INSPECTION (ELECTRICITY, WATER, GAS, ETC)
4. ALL BASEMENTS, GARAGES AND OUT BUILDINGS MUST BE OPEN AND ACCESSIBLE FOR INSPECTION

General Inspection Criteria (these apply to each room as necessary)

Interior and Exterior Surfaces	No chipping paint, peeling paint, peeling wallpaper, paneling, etc.
Licensed Trades	All work on units must be completed by a state licensed professional, if so required by law. This includes, but is not limited to, electrical, plumbing and oil & solid fuel, as applicable
Walls	Plaster, drywall, paneling and framing materials must be sound with no holes
Ceilings	No leakage, major staining, sagging, holes or other damage
Windows	Must be in good working condition, solid and intact (For bedroom windows see Page 3)
Window screens	If present, must be in good condition
Interior doors	Must work and be in good condition
Exterior doors	Must be weather tight, lockable, have a threshold and all trim intact
Floors	Must be in a clean finished state; free of holes and trip hazards
Wood floors	Must be sanded smooth and finished, no raw wood, subfloors, concrete; all floors should have some form of baseshoe, trim or sealing
Security	Exterior doors must lock. First floor or other accessible windows must lock
Sinks	Must have shutoff valves unless faucets are wall mounted, gas traps, stoppers and no large cracks or stains

Living room (mandatory room)

Electricity	Must have at least two working outlets or one working outlet and one permanently installed light
Window (mandatory)	Must have at least one window

Bathroom (mandatory room)

Electricity	Must have at least one permanently installed light
Flush toilet	Must work with no leaks or constant running, be sanitary with no cracks on lids, seats or main body
Tubs and showers	Must be fully operable, sanitary, properly caulked or sealed with no cracks and have a surround in good condition
Ventilation	Must have a working vent fan with clean filter or an openable window

Electrical

Ground-fault circuit-interrupter (GFCI) protection	Must be installed for all outlets in bathrooms, outlets installed to serve countertops in kitchens, outdoors (must also be covered), crawl spaces, garages and accessory buildings located at or below grade, sinks in areas other than the kitchen where receptacles are installed within 6 feet of the outside edge of the sink
Romex type plastic wiring	May not be exposed in a living area
Electric hazards	Open junction boxes, ungrounded three-prong outlets, cracked or missing outlet or switch covers, missing globes or light bulbs, missing knockouts, dangling unsecured wires and other electric hazards are not allowed anywhere in the unit including basements

Heating and Plumbing

Unvented space heaters	Never allowed (except electric)
Boilers or furnaces	All oil or gas fired units must be serviced each year and a current tag placed at the unit by the technician who did the work
All heating equipment	Must be compliant with all applicable codes
Water	Must be from an approvable system, have no odor or color; hot and cold water is required at all sinks and tubs/showers
Sewer	Must have no leaks or smell of sewer gas and be connected to an approvable public or private disposal system
Water heater	Must be code compliant and have a pressure relief drain line installed to within 6"-12" of the floor
Wood, wood pellet heat	Must meet all state and local codes

Kitchen (mandatory room)

Electricity	Must have at least one working outlet and one permanently installed light
Outlets	All outlets along or serving the kitchen counters and within 6 feet of the outside edge of a sink must be GFCI protected
Stove or range w/oven	Must be clean and in working order
Range hood (if present)	Must be operable and have a clean filter
Refrigerator	Must maintain adequate temperature to protect food, freezer must work
Cabinets, counter space	Must have adequate area to prepare, store and serve food

Bedrooms

	Electricity	Must have at least two working outlets or one working outlet and one permanently installed light
	Window (mandatory)	<p>Bedroom must always have one window that functions as designed.</p> <ul style="list-style-type: none"> • If the unit is fully sprinkled the window does not have to meet egress requirements per NFPA 101 Life Safety Code. • If unit not sprinkled, the window must meet NFPA 101 Life Safety Code as stated in the paragraphs below. <p>Any building constructed after 1976 shall be required to comply with the requirement to provide 5.7 square feet of net clear opening with a minimum width of 20" and a minimum height of 24". The window shall also meet all other requirements for egress windows contained in NFPA 101 Life Safety Code. Any replacement windows installed in a building constructed after 1976 shall be required to meet the net clear opening of 5.7 square feet. This shall be measured with the window in its natural open position.</p> <p>Any building constructed before 1976 will be allowed to meet the following specifications. The net clear opening would be allowed to meet the minimum 20" in width and 24" in height with a total net clear opening of 3.3 square feet; if the window is constructed of wood or vinyl and the overall window sash size meets a minimum of 5.0 square feet. The window shall meet all other requirements for an egress window as specified in NFPA 101 Life Safety Code as adopted by the Office of State Fire Marshal. Any replacement window installed in a building constructed before 1976 shall meet the same requires as the existing windows and shall not reduce the existing net clear opening below the minimum requirements.</p>
	Carbon monoxide detector	There must be a carbon monoxide detector within 15 feet of each bedroom that is powered by both the electrical service in the building and a battery; or a non-replaceable 10-year battery

Building Exterior and Structural Integrity

	Roofing	Roofs on all buildings including, garages, barns, sheds and outbuildings must be leak free, show no signs of advanced aging or deterioration
	Siding	All buildings must have continuous siding with no major holes or tears
	Yard and grounds	Must be maintained in reasonable condition
	Guardrails	Must be installed wherever falling hazards are approximately 30 inches or more above the ground
	Drainage	Proper interior and exterior drainage system must be present which prevents pooling water and development of mold, rot, etc.
	Structural Integrity	All structures associated with the unit must be sound with no evidence of collapse or potential for injury or death
	MOBILE HOMES ONLY	Manufactured homes must have proper HUD approved tie-down devices capable of surviving wind loads common to the area
	Numbering	All units and buildings must be clearly and properly numbered

Health and safety

Smoke detectors	At a minimum there must be one smoke detector on each level of the unit including the basement. Hard-wired with battery backup must be installed on all floors including the basements and interior common hallways in all units in apartment buildings with 3 or more units. As a substitute, in the common hallways a 10-year sealed tamper-resistant battery powered smoke detector may be installed. It is recommended that only hard-wired smoke detectors with battery back-up be used in all applications and that one be installed in each bedroom.
Gas Detectors	At a minimum there must be at least one approved fuel gas detector in every room containing an appliance fueled by propane, natural gas or any liquefied petroleum gas in each unit in any; building of multifamily occupancy, children's home, emergency children's shelter, children's residential care facility, shelter for homeless children, specialized children's home, hotel, motel, inn and mixed used occupancy that contains a dwelling unit. Fuel gas detectors must be installed in accordance with the manufacturer's requirements and may be battery operated, plugged into an electrical outlet
Lead-based paint	All peeling paint on or in buildings built before 1978 and having children under 6 years of age will be treated as lead-based paint and must be stabilized as required by law (contact MaineHousing for details)
Indoor air quality	Although some mold presence is normal, mold amplification is not. The unit must be free from abnormally high levels of air pollution caused by carbon monoxide, sewer gas, fuel gas, dust or other harmful pollutants. Although HUD does not specifically address such items as mold, radon or asbestos, MaineHousing will categorize by definition these under "harmful pollutants".
Insect and rodent infestation	MaineHousing's interpretation is to assume any infestation as "serious and persistent" and fail the unit. Owners will be required to show proof of correction attempts for the unit to pass upon re-inspection. Any Maine state laws regarding infestations must be followed. MaineHousing inspectors will not perform an inspection if they determine that any infestation or suspected infestation constitutes a threat to their health and safety.
Stairs and handrails	All stairways and porches must be in good condition and free of trip hazards; handrails are required on most stairways with 4 or more steps
Clutter, excess storage, debris	Is not allowed in the interior or exterior of the unit and building if deemed a safety hazard or eyesore by the inspector
Hazardous materials	Such as gasoline or propane are not allowed in the building
Fire safety	All doors and pathways to exits must be clear; double keyed deadbolts are not allowed on doors; if present, fire extinguishers must have a current inspection tag; all sprinkler systems must have a current inspection tag; emergency lighting must be fully functional, and where applicable all exit signs must be present and in the proper locations

Housing Choice Voucher Landlord Resources

Partner Portal-(<https://partnerportal.mainehousing.org>)

Find the following information:

- Families you have housed with the HCV Program
- Units in which you have housed tenants through the HCV Program
- All payments made to you through the HCV program
- Some forms and other HCV Program Information

Please direct any questions to:

- Wendy Gosselin at (207) 626-4696 or hcvfinancial@mainehousing.org
- Brandi Santo at (207) 626-4618 or hcvfinancial@mainehousing.org

MaineHousingSearch.org

Maine's free rental listing service

- Linking people who need housing with the housing they need
- Capacity to Include detailed information and photos
- 24 hour access to update your listings
- Toll free call center support
- register online at MaineHousingSearch.org or by calling 1-877-428-8844

HCV Lease Up Incentive Program

In an effort to incent Landlords to participate in MaineHousing's Housing Choice Voucher ("HCV") program MaineHousing will pay landlords a \$750 Signing Bonus for every unit newly leased to a MaineHousing HCV participant.

Criteria for the Program are as follows:

- Rental rates are affordable within HCV program guidelines
- The rental unit passes a Housing Quality Standards Inspection
- Landlords enter into a one-year lease with a new tenant and sign a contract with the MaineHousing before funding is exhausted
- Landlords must not have any open housing discrimination claims
- Landlords receive \$750 at or around the time of the first monthly payment
- Project Based Voucher (PBV) and Mod Rehab Units are not eligible

Please direct any questions to:

- Melissa Cloutier at (207) 626-4691 or mcloutier@mainehousing.org

HCV Landlord Repair Grant Program

In an effort to help landlords participating in MaineHousing's Housing Choice Voucher (HCV) Program make repairs for certain failed items identified during the initial inspection, a program called the Landlord Repair Grant Program has been created. MaineHousing's goal in offering this reimbursement program is to assist HCV landlords who do not have other funds readily available to complete their repairs.

Criteria for the Program are as follows:

- Only failed initial inspection items qualify
- The landlord pays the first \$250 toward the repair
- MaineHousing's reimbursement to landlord will not exceed \$5,000 a year
- The unit is required to pass HQS inspection before payment can be made
- A one-year lease and Housing Assistance Payment Contract will need to be executed before payment is disbursed

Qualifying failed items are (but not limited to) the following:

- Bedroom windows that do not meet egress
- Deteriorated paint
- Installation of hard-wired smoke detectors
- Installation of sprinkler system
- Roofing
- Tie downs

Please direct any questions to:

- Kevin Bernier at (207) 624-5739 or kbernier@mainehousing.org

HCV Damage Reimbursement Grant Program

In an effort to help Landlords participating in MaineHousing's Housing Choice Voucher (HCV) Program make repairs for damages caused by a family who has vacated their unit, MaineHousing will offer the Damage Reimbursement Grant Program.

Landlords may request up to \$1,500 from this fund for physical damages to the unit that are:

- Above and beyond normal wear and tear as defined by Maine State Law §6031; AND
- The cost to fix the damages is greater than the security deposit collected

Landlords must supply the following to access the grant funds:

- Date stamped pictures of the specific damages they are requesting reimbursement for AND
- Copies of receipts from cost of repair(s) of damages

Please direct any questions to:

- Kevin Bernier at (207) 624-5739 or kbernier@mainehousing.org

MAINE HOUSING NOTICE TO HOUSING CHOICE VOUCHER OWNERS AND MANAGERS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, 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 or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

You cannot evict a tenant who is or has been the victim of domestic violence, dating violence, sexual assault, or stalking based on acts or threats of violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault, 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, sexual assault, 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, sexual assault, or stalking. You cannot hold a victim of domestic violence, dating violence, sexual assault, 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, Sexual Assault, 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, sexual assault, or stalking. You are not required to demand official documentation and may rely upon the victim’s statement alone. 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-5382. This form is available at the housing authority or online at <https://portal.hud.gov/hudportal/documents/huddoc?id=5382.docx>.
- A statement from a victim service provider, attorney, mental health professional, or medical professional who has helped the victim address incidents of domestic violence, dating violence, sexual assault, 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, or administrative record.

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, sexual assault, 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, sexual assault, or stalking.

Additional Information

- If you have any questions regarding VAWA, please contact MaineHousing at 207-624-5789.

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 or intimate partner 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 or intimate partner
- 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 *sexual assault* as "any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent" (42 U.S.C. 13925(a)).

VAWA defines *stalking* as engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress.