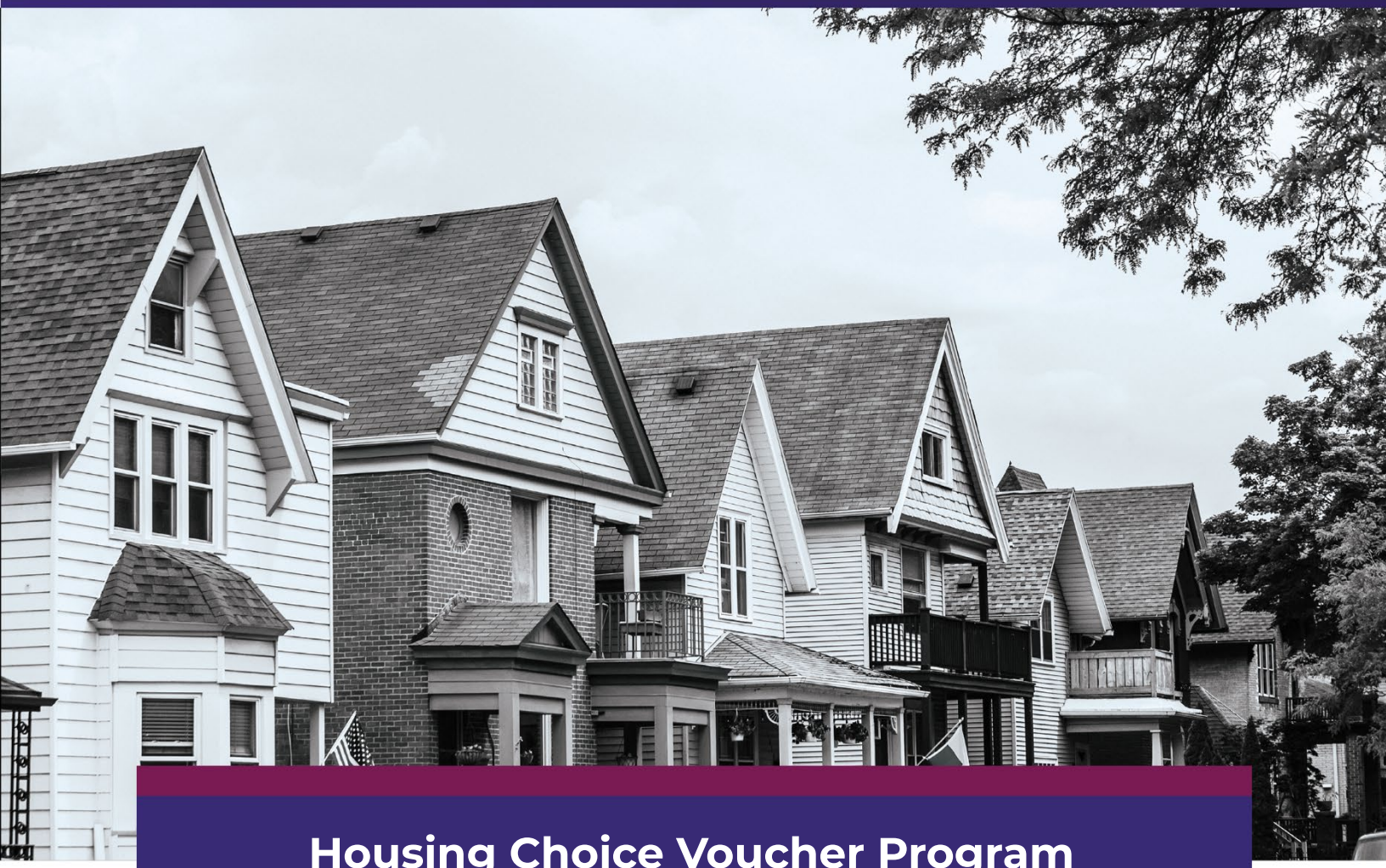

Housing Choice Voucher Program

Request for Tenancy Approval (RFTA)

Housing Authority of the City of Milwaukee

CVR

Contents

Rental Assistance Program

5011 West Lisbon Avenue

Milwaukee, WI 53210

(414) 286-5650

hcvsupport@hacm.org

Dear Property Owner, Landlord, or Agent:

Thank you for your interest in participating in the Housing Authority of the City of Milwaukee's (HACM) Housing Choice Voucher (HCV) Program. In order to process your Request for Tenancy Approval (RFTA), HACM must first determine whether the proposed rental unit meets the requirements for participation in the HCV Program.

Complete this RFTA packet in its entirety and return it to section8leasing@hacm.org.

If any required steps or documents are missing, the RFTA will be returned to you, and an inspection will not be scheduled until all items have been properly completed and submitted.

General Information

Follow the guidelines below to prevent processing and payment delays:

1. **Lease Agreement Restrictions:** The landlord and tenant should discuss and agree on the proposed lease terms; however, no lease may be signed before HACM approves the tenancy. The landlord must submit an unsigned proposed lease along with the completed RFTA packet to HACM.

   Please ensure the lease includes the following:
   - Full property address (including unit number, if applicable)
   - Names of all household members, including minors
   - Lease start and end dates
   - Monthly contract rent amount approved by HACM
   - Utility responsibility (clearly outlining who is responsible for each utility, including the refrigerator and stove/range)
   - Signed and dated by the tenant and landlord

   Please note:
   - The lease start date cannot begin before the unit passes NSPIRE inspection.
   - The lease end date should be the last day of the month prior to the one-year anniversary of the move-in date. For example, 7/15/2026-6/30/2027.

2. **Completion of the RFTA Packet:** Landlords must fully complete, sign, and date the entire RFTA packet and return it along with all required documentation to HACM's RAP Department. **Please ensure the utility responsibilities and fuel sources entered on the RFTA are accurate before**

submitting it. If the executed lease submitted after the unit passes inspection contains discrepancies, payment processing may be delayed while the necessary corrections are made.

3. **Unit Readiness for Inspection:** By submitting the RFTA packet, you are certifying that the unit is ready for inspection. The date the unit is ready for inspection is required on the RFTA, “ASAP” or “now” is not permitted.

4. **Affordability, Rent Reasonableness and Inspection Scheduling:** In addition to conducting an NSPIRE inspection, HACM will review the information provided in the RFTA packet to determine whether the proposed contract rent is affordable for the family and reasonable.

    - If the submission is complete and the requested rent is reasonable, an NSPIRE inspection will be scheduled.

    - If the packet is incomplete or the requested rent is determined to be unreasonable or the rent is unaffordable for the tenant, you will be notified promptly.

HACM RAP Program: HCV Vendor Account Setup Form

Complete the following sections to set up your HCV Vendor Account with the HACM RAP. Attach any required documents such as management or partnership agreements.

Please check one: _____ **New Landlord** _____ **Existing Participating Landlord**

Required Documents – All Landlords

All of the following documents must be submitted for your request to be processed:

- Completed Request for Tenancy Approval (RFTA) - HUD 52517
- Lead-Based Paint Disclosure Form (required for units built before 1978)
- Copy of the unexecuted lease agreement between the owner and the applicant/participant
- IRS W-9 form or EIN for the owner of record and property management company (if applicable)
- Tax identification
    - For an individual — a copy of your Social Security card
    - For a company or business — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
- Articles of Organization (*LLCs only*) or Articles of Incorporation (*INCs only*)
- Copy of a valid driver's license or state identification card for persons authorized to transact on behalf of the entity
- Management Agreement (applicable if the property management entity is not the legal owner of the property)

NOTE FOR NEW LANDLORDS: Once we have registered you as a vendor in our system, HACM Rental Assistance Program (RAP) vendor account setup confirmation. All landlords are required to be setup for direct deposit and HACM's Owner Services department will contact you once you have been setup as a vendor in our system.

Section 1: Legal Owner and/or Partners

The individual(s) or entity that holds legal title to the property. This may include partnerships or LLC members listed on the deed or ownership documents. You must provide legal documentation verifying ownership (i.e., recorded deed or title work showing the new owner's name).

Name: _____ **SSN/EIN#:** _____

Address: _____

Phone Number: _____ **Email Address:** _____

Section 2: HAP Recipient

The person or entity designated to receive Housing Assistance Payments (HAP). This could be the legal owner or a management company authorized to accept payments on their behalf. *Tenant information does not go in this section.*

☐ Check if same as legal owner above

Name: _____ **SSN/EIN#:** _____

Address: _____

Phone Number: _____ **Email Address:** _____

Section 3: Communications

This may be a representative or a property management company. You must provide a written, signed agreement confirming their authorization to act on behalf of the property owner.

Name: _____

Address: _____

Phone Number: _____

**To be used for inspections scheduling, leasing activities*

Email Address: _____

**To be used for inspections scheduling, leasing activities, Landlord Portal account access, and continued occupancy notices*

_____

Legal Owner/Authorized Property Manager Signature **Date**

Statement of Understanding

Resident Screening

I understand that I cannot refuse to rent to an HCV (Section 8) recipient. I understand that it is my responsibility to screen the family for "suitability". I will recognize and adhere to all state, city and local landlord and tenant laws related to property rental. I further understand that I **MUST** not discriminate against families or violate fair housing laws. Refer to:

https://www.milwaukeemhtf.org/wp-content/uploads/2020/10/Fair-Housing-Know-Your-Rights-Milwaukee-Area.pdf

https://www.hud.gov/states/wisconsin

https://datcp.wi.gov/pages/publications/landlordtenantguide.aspx

Tenant/Landlord Relationship Disclosure

I certify that I am not related to any of the household family members. I understand that HACM cannot approve my unit for the program if I am related to any household member (i.e., parent, child, grandparent, grandchild, sister, brother, aunt, or uncle). The only exception is if my unit has been approved due to a reason accommodation request for a member of the family who is a person with a disability.

NSPIRE Inspections

I understand that my submitting the RFTA, certifies that the unit is ready for inspection. If HACM attempts to schedule an inspection and the unit is not ready, they can void my RFTA and request the family to come pick-up a new RFTA. I understand that the apartment about to be rented to a HACM voucher holder must pass an NSPIRE inspection before HAP will be disbursed.

Contract Effective Dates

I understand that the effective date of the subsidy will be the date listed on the signed HAP Contract. I agree to submit an executed lease between the tenant and myself when I sign the HAP Contract, and that this lease must have the same effective date as that listed on the signed HAP Contract.

Rent Amounts and Fees

I understand that the contract rent on the executed lease will signify the maximum collectible rent I am authorized to receive within that lease term. I agree that no additional rental fees will be charged to the tenant without prior written authorization from HACM HCV Department.

Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

NSPIRE Transition Guide for Owners and Property Managers

This guide highlights the critical shift from HQS (Housing Quality Standards) to NSPIRE (National Standards for the Physical Inspection of Real Estate) effective October 1, 2025. The focus has shifted from mere "appearance" to quantifiable resident health and safety.

Mandatory Pre-Inspection Checklist

Ensure your maintenance team ensures that the unit is ready to pass the NSPIRE inspection before the inspector arrives.

NSPIRE Checklist: https://hacm.hcvinspect.com/Documents/NSPIRE%20Pre-Inspection%20Punch%20List%202026%20FORM.pdf

Resources Links

Landlords can check on the status of inspections, review letters and photos online at HACM's Inspections Portal.

HACM Landlord Portal: myportal.hacm.org
Inspection Portal: https://hacm.hcvinspect.com/
HUD Tenancy Addendum:
https://www.hud.gov/sites/dfiles/OCHCO/documents/52641A.pdf

Owner/Property Manager Acknowledgement

By signing below, the owner/manager acknowledges receipt of the NSPIRE compliance standards and understands that these requirements are mandatory for continued participation in the Housing Choice Voucher Program.

Owner/Property Manager Name: _____ **Vendor ID:** _____

Owner/Property Manager Signature: _____ **Date:** _____

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)
Housing Authority of the City of Milwaukee 5011 W Lisbon Ave Milwaukee, WI 53210	

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

- ☐ Single Family Detached (one family under one roof)
- ☐ Semi-Detached (duplex, attached on one side)
- ☐ Rowhouse/Townhouse (attached on two sides)
- ☐ Low-rise apartment building (4 stories or fewer)
- ☐ High-rise apartment building (5+ stories)
- ☐ Manufactured Home (mobile home)

10. If this unit is subsidized, indicate type of subsidy:

- ☐ Section 202
- ☐ Section 221(d)(3)(BMIR)
- ☐ Tax Credit
- ☐ HOME
- ☐ Section 236 (insured or uninsured)
- ☐ Section 515 Rural Development
- ☐ 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	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Heat Pump ☐ Oil ☐ Other	
Cooking	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Other	
Water Heating	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Oil ☐ Other	
Other Electric	**Use hacm.maxrent.org to help estimate if a unit is affordable.**	
Water	**VOUCHER INFORMATION:** Annual Adjusted Gross Income: _____ Voucher Issue Date:_____ Date Provided: _____	
Sewer		
Trash Collection	Voucher Expiration Date: _____ Issued By: _____	
Air Conditioning	HAP #_____ Bedroom Size: _____	
Other (specify)	Property Code: _____ Program: _____	
		Provided by
Refrigerator	**UNIT INFORMATION:** # of Bathrooms: _____ Additional Amenities provided by owner: _____	
Range/Stove/ 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)

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. 4852d 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

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they