



**Housing Choice Voucher Program**  
**Request for Tenancy**  
**Approval (RFTA)**

Housing Authority of the City of Milwaukee



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## Rental Assistance Program

5011 West Lisbon Avenue  
 Milwaukee, WI 53210  
 (414) 286-5650

[hcvsupport@hacm.org](mailto: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](mailto: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.

## Required Documents

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

- Copy of the owner's and managing agent's driver's license or state-issued ID
- Proof of ownership (Warranty Deed or Quit Claim Deed stamped by city hall and dated within the last 12 months)
- HACM Rental Assistance Program (RAP) vendor account setup confirmation
- IRS W-9 form or EIN for the owner of record and property management company (if applicable)
- Direct Deposit Authorization Form (must include a voided check)
- Lead-Based Paint Disclosure Form (required for units built before 1978)
- Completed Request for Tenancy Approval (RFTA) - HUD 52517
- HACM Tax Clearance (available through the City of Milwaukee website)
- Copy of the unexecuted lease agreement between the owner and the applicant/participant

## General Information

Follow the guidelines below to prevent processing 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.
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.
3. **Unit Readiness for Inspection:** By submitting the RFTA packet, you are certifying that the unit is ready for inspection.
4. **Rent Reasonableness and Inspection Scheduling:** In addition to conducting an NSPIRE (HQS) inspection, HACM will review the information provided in the RFTA packet to determine whether the proposed contract rent is reasonable.
  - If the submission is complete and the requested rent is reasonable, an NSPIRE (HQS) inspection will be scheduled.
  - If the packet is incomplete or the requested rent is determined to be unreasonable, 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 Owner** \_\_\_\_\_ **Current Owner**

### 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:** \_\_\_\_\_ **W-9/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. You must provide direct deposit account information (i.e., bank account routing number and account number, voided check for blank deposit slip).

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**W-9/EIN#:** \_\_\_\_\_

## Section 3: Correspondence

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:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

The signature on this document must be from the legal owner of record and not the property management company or a representative.

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**Legal Owner 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.milwaukeeemhtf.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. This does not apply to an elderly person unless they are disabled.

### NSPIRE (HQS 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 a HQS 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

*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). The focus has shifted from mere "appearance" to quantifiable resident health and safety.

## The Core Shift: HQS Vs. NSPIRE

	NSPIRE	HQS	Owner/Manager Impact
FOCUS	Resident health and safety while addressing the increase in multifamily properties, HCV, and PBV	Basic quality housing standards based on 13 key aspects (General Regulations and HUD 52580-A)	Functional risks over cosmetic ones.
INSPECTION AREAS/TYPES	<p><b>Areas:</b> Outside, Inside, Unit</p> <p><b>Types:</b> Annual, Initial, Quality Control, Complaint</p>	<p><b>Areas:</b> Living /Sleeping Room, Kitchen /Bathroom, Secondary Rooms, Heating and Plumbing, General Safety</p> <p><b>Types:</b> Annual, Initial, Quality Control, Complaint</p>	Exterior/Common area deficiencies now impact individual unit passes
DEFICIENCY TYPES	<ul style="list-style-type: none"> <li>Condition and Appearance</li> <li>Function and Operability</li> <li>Health and Safety</li> <li>Affirmative Habitability</li> </ul>	<ul style="list-style-type: none"> <li>Health and Safety</li> <li>Non-Health and Safety</li> </ul>	Deficiencies tied to <i>why</i> they are dangerous (e.g., "infestation" or "lead")
HEALTH & SAFETY DETERMINATIONS	<ul style="list-style-type: none"> <li>Life-Threatening (24-hour repair)</li> <li>Severe (24-hour or 30 -day repair)</li> <li>Moderate (30-day repair)</li> <li>Low/Advisory (60-day or N/A repair)</li> </ul>	<ul style="list-style-type: none"> <li>Life-Threatening (24-hour repair)</li> <li>Non-Life-Threatening (30-day repair)</li> <li>Standard (30-day repair)</li> </ul>	New "Severe" category sometimes requires 24-hour action

## New Repair Timelines (Health and Safety Determinations)

Managers must adjust maintenance priority levels based on these categories:

- 1. Life-Threatening:** 24-hour repair. Deficiencies that present a high risk of death or severe illness or injury to a resident (e.g., a carbon monoxide alarm is missing in a unit that has a gas water heater).
- 2. Severe:** 24-hour or 30-days (HCV Program) repair. Deficiencies that present a high risk of permanent disability, serious injury, or illness to a resident; or the physical security or safety of a resident or their property would be seriously compromised (e.g., no thermal heat, a unit has an extensive cockroach infestation).
- 3. Moderate:** 30-day repair. Deficiencies that present a moderate risk of a healthcare visit; temporary harm; or if left untreated, worsen a chronic condition that may have long-lasting health effects; or that the physical security or safety of a resident or their property could be compromised (e.g., a refrigerator is inoperable).
- 4. Low/Advisory:** 60-day or N/A (HCV Program) repair. Deficiencies critical to habitability but not presenting a substantive health or safety risk to residents. (e.g., a passage door component is damaged, inoperable, or missing and the door is not functionally adequate).

## Mandatory Pre-Inspection Checklist

Ensure your maintenance team verifies these more stringent requirements before the inspector arrives:

### HVAC and Electrical

- Heating:** Must maintain at least 68°F in all habitable rooms during cold months.
- Prohibited Heat:** Unvented fuel-burning heaters are STRICTLY PROHIBITED.
- Outlets:** All outlets must be tested for correct polarity and grounding.
- GFCI/AFCI:** Must be installed and functional within 6 feet of any water source.
- Electrical:** No open sockets, broken outlet covers, broken switch cover plates.

### Safety Alarms (NFPA 72 Standards)

- Smoke Alarms:** Required in every sleeping room, within 21 feet of any sleeping room door, and on every level (including basements). Must be hard-wired OR 10-year sealed batteries.
- Carbon Monoxide Alarms:** Required within 15 feet of all sleeping rooms AND within 15 feet of any fuel-burning source.
- Mechanical Rooms:** Must have both smoke and CO alarms within 15 feet of fuel-burning equipment (boilers/furnaces).

### Plumbing and Exterior

- Water Heater:** Safety valves MUST have a ¾-inch overflow pipe extending to within 6 inches of the floor.
- Handrails:** Must be secure and "reasonably grasped."
- Guardrails:** Required for any sudden drop in elevation, including retaining walls.
- Dryer Vents:** Must be made of rigid or semi-rigid metal (no plastic); outside covers must be present and vents must be clear of lint.



- Bathroom:** Toilets must be secure at the base.

## Resources Links

**Inspection Portal:** <https://hacm.hcvinspect.com/>

## Owner 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 Name:** \_\_\_\_\_ **Vendor ID:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_