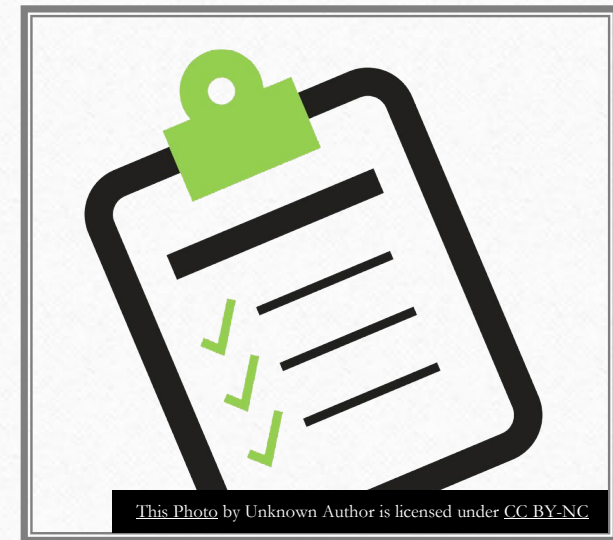




RFTA/HAP Training

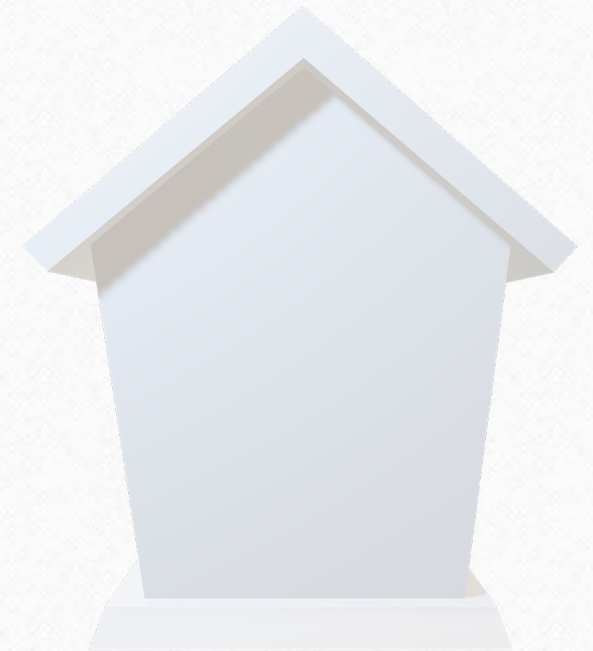
- Raquel Manzano, Quality Assurance & Program Performance Manager
- Juan Kinshasa, Owner Services & Leasing Manager
- Debrae Gillespie, Senior Housing Specialist
- Jessica Fullard, Quality Assurance Analyst
- Sandra Hill, Quality Assurance Analyst



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RFTA REVIEW

- Unit Type
- Bedroom Size
- Year Constructed
- Proposed Rent Amount
- Utilities-Who is responsible for what?
- Appliances
- Property Owner, Landlord
- Tax Information
- Owner Certification



❖ Email the RFTA to
rftasubmissionsnorth@dca.gov or
rftasubmissionsouth@dca.ga.gov



RFTA

The RFTA is considered "received" once it is submitted completed and accurate.

Request for Tenancy Approval Form

1. For DCA Housing Authority use only.

2. Enter:

- Complete address
- County name
- Unit square footage
- Select number of bedrooms and bathrooms
- Year built

3. Select all relative amenities and services.

4. Indicate the type of parking

5. Indicate which exterior structure is attached (if any).

6. Indicate the quality of the unit and structure.

Georgia Department of Community Affairs

Date Received: _____

To Be Completed By DCA Staff Only

Tenant Name: _____ Last Four of SSN: _____ Household ID: _____

Voucher Issue: _____ Expiration Date: _____ HAP Term Date: _____

Please provide the information requested below and attach all documents to Request for Tenancy Approval (RFTA) application. All requested information and documents from checklist must be submitted for the RFTA to be considered complete. We will NOT evaluate the affordability or schedule the inspection until the RFTA application is received/completed.

Property Address: _____

County: _____ Unit Square Footage: _____

Bedroom: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Bath: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ½ Bath: ☐ 1 ☐ 2 Year Built: _____

Amenities & Housing Services

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Gated Community | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Pool | <input type="checkbox"/> Microwave | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Washer/Dryer in Complex | <input type="checkbox"/> Washer/Dryer in Unit | <input type="checkbox"/> Washer/Dryer Hookups | <input type="checkbox"/> Ceiling Fans |

Parking

- | | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Carport | <input type="checkbox"/> Car Garage | <input type="checkbox"/> Assigned | <input type="checkbox"/> Un-Assigned | <input type="checkbox"/> Street |
|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|---------------------------------|

Exterior

- | | | | |
|----------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Patio | <input type="checkbox"/> Deck | <input type="checkbox"/> Porch |
|----------------------------------|--------------------------------|-------------------------------|--------------------------------|

Unit Quality

- | | | |
|--|---|--|
| <input type="checkbox"/> Newly Constructed or completely renovated | <input type="checkbox"/> Well maintained and/or partially renovated | <input type="checkbox"/> Adequate, but some repairs may be needed. |
|--|---|--|

I certify that these amenities are currently in the proposed unit and are verifiable by DCA at the inspection.

Owner/Management Agent Signature _____

Date _____

Rev 10/24

RFTA PAGE 1

1. PHA Name: Georgia Department of Community Affairs

2. Enter the address of the rental unit including city, state, zip

3-5. Enter the requested lease start date, number of bedrooms and year constructed.

6. Enter the proposed contract rent amount

7. Enter the amount of the security deposit. If none, enter "0"

8. The date the unit will be ready for initial HQS inspection.

(utilities MUST be on, and the unit must be vacant for the unit to be inspected, unless leasing-in-place)

9. Indicate the type of structure – Single family, apartment, townhome, etc.

10. Indicate if the property receives any additional subsidy

11. Utilities and Appliances: ALL blocks MUST be filled in.

- Specify fuel type for heating, cooking and water heating by placing an X in the appropriate box.
- In the "Provided by" column, write an "O" for Owner provided or "T" for Tenant provided utilities.

Georgia Department of Community Affairs

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			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(B)(MIR)		
<input type="checkbox"/> Semi-Detached (duplex, attached on one side)			<input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME		
<input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)			<input type="checkbox"/> Section 236 (insured or uninsured)		
<input type="checkbox"/> Low-rise apartment building (4 stories or fewer)			<input type="checkbox"/> Section 515 Rural Development		
<input type="checkbox"/> High-rise apartment building (5+ stories)			<input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy)		
<input type="checkbox"/> Manufactured Home (mobile home)					
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					

Previous editions are obsolete

1

HUD-52517 (04/2023)

RFTA PAGE 2

12. Owner's Certifications:

- A. This section **ONLY** applies to structures with 4 units or more.
- B. Please read carefully. By signing the RFTA form, you agree that this statement is true.
- C. Please place an "X" on the line next to the appropriate lead-based paint statement for your property.

The RFTA form **MUST** be signed by both the Owner and Tenant. Missing signatures will delay processing of the RFTA and scheduling of the initial inspection.

- If a management company is submitting the RFTA, include the management company's name and contact information.
- The owner/management company must provide an email address.
- Please ensure the owner's/management company's address and phone number are current and correct.

If errors are made while completing the form, a line should be drawn through the error and initialed by the person completing the form. Do not use white out to correct errors. Incomplete or incorrect RFTA forms will be returned to the tenant and will not be processed and scheduled for an initial inspection until the form has been completed and/or corrected.

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.

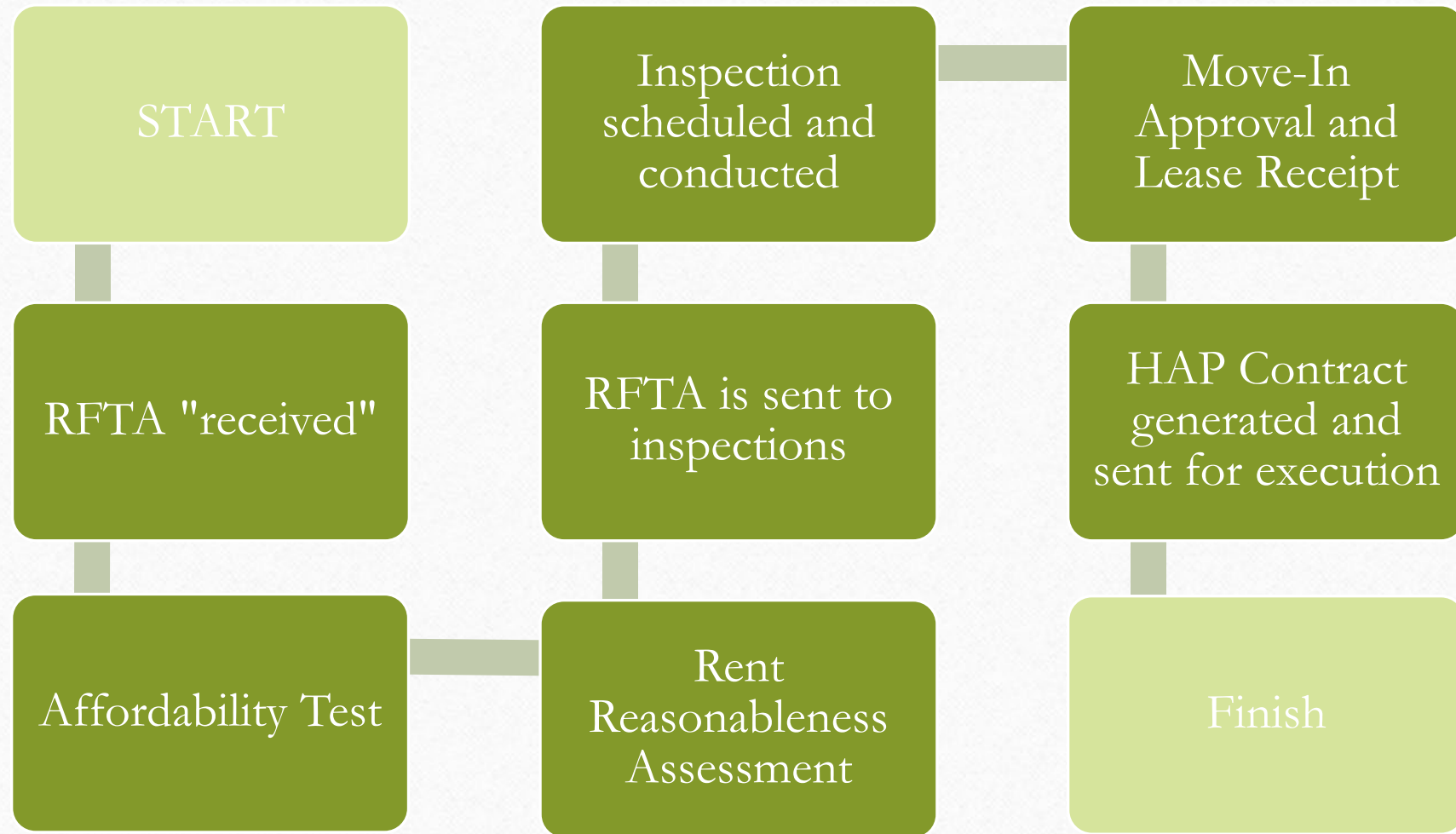
15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

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)



Rent Calculation

- A family pays 30% to 40% of adjusted monthly income for rent
- Deductions are granted for dependents, childcare, medical, and other eligible expenses.
- Family's Portion="TTP" or Total Tenant Payment
- Subsidy to owner=Housing Assistance Payment or "HAP"
- Utility expense is included when determining the "TTP."
- Family may or may not pay utilities



Affordability

At the time the PHA approves a tenancy for initial occupancy of a dwelling unit by a family with tenant-based assistance under the program, and where the gross rent of the unit exceeds the applicable payment standard for the family, the family share must not exceed 40% of the adjusted monthly income.

Rent Reasonableness

- The PHA may not approve a lease until it is determined that the initial rent to the owner is reasonable. This means it is comparable to other non-assisted units in similar size, location, unit type and features. Rent Reasonable tests are also conducted before any future rental increases.



Inspection

- Once the unit passes the affordability test, the unit is sent to the Inspections Department.
- The Inspector will contact the owner within 2-3 business days to schedule the initial HQS inspection. The unit must be vacant, and all utilities must be on for the unit to be inspected.
- If the unit fails, the owner will have 15 days to make the repairs and notify inspectionsnorth@dca.ga.gov or inspectionssouth@dca.ga.gov that the unit is ready for a follow-up inspection.
- If deficiencies are not corrected within 15 days, the owner **may** be given additional time to complete the repairs. If the RFTA is voided, tolling days are issued to the family.
- The landlord will receive a Notice of Passed HQS Inspection form when the unit has passed HQS inspection.
- Carbon monoxide detectors are required on each level of the unit if there are any gas burning appliances, an attached garage or a fireplace.
- Smoke detectors are required on each level of the unit, inside each bedroom and in the immediate vicinity outside the bedrooms. The smoke detectors also needs to be hardwired or have a 10-year sealed battery.

Commonly Failed Items

1. Smoke and Carbon monoxide detectors not working or not in the right locations.
2. GFCI outlets not working properly or missing.
3. Bedrooms must have a window and a door. The window must lead to the outside of the unit.
4. Burners: gas burners must light on their own without the use of matches or lighters.
5. Double key locks are not allowed.
6. Broken or missing outlets and light switch covers.
7. Tripping hazards: inside and outside of the unit. Uneven parts of the driveway, bunched carpet, or torn/loose flooring.
8. Windows must open and close properly and not slam shut when closing. Windows cannot be broken or be plexiglass.
9. Missing globes on light fixtures.
10. Fire Extinguishers provided by the landlord cannot be out of date.
11. Drain line must be present on pressure release valve for water heater.

DCA is not responsible for any payments on a unit until the following has applies:

Unit passes HQS
Inspection

DCA determined that
the requested rent is
reasonable

The landlord and
tenant have executed
a lease, and the
landlord has signed
the HAP with DCA

HAP Contract/Lease

- Once the unit passes the initial inspection, the owner must complete and submit to DCA the executed lease signed by the owner and tenant within 30 days of the family moving into the unit.
- The HAP Contract will be prepared upon receipt of the lease. The owner will be notified via email when the contract is ready to be signed.
- The effective date of the HAP Contract cannot be earlier than the day after the family's move-out date indicated on the Notice to Vacate or Move-out Extension from their previous unit.
- If the family moves in before the passed inspection, they are responsible for any payments until and including the inspection day.
- The family should pay the estimated rent portion until DCA completes the final rent calculation and HAP Contract.
- A letter will be sent to the landlord and tenant notifying them of the final HAP and tenant rent amounts.
- Housing Assistance Payments are deposited directly into the owner's designated account during the first week of each month.
- **DCA may need up to 60 days to process families who are moving to new units.**



