



MOVE PACKET



The documents attached are the Move Packet.

ALL forms attached must be completed and signed where applicable.

Packet will **NOT** be accepted if incomplete due to missing documents and/or missing information.

Note: Our target timeframe for processing from receipt to inspection is 10 business days or less.

Please allow time for processing. Repeated calls or emails may cause delays. Packet may be delayed due to missing documents, missing information and/or rent negotiations.

Move packet **CANNOT** be submitted greater than 30 days prior to proposed lease start date otherwise the **move packet will not be processed.** There will only be TWO (2) inspections performed: Initial inspection and Re-inspection.

If unit does not pass Re-inspection the packet will be cancelled.

Please email **fully** completed packet directly to RFTA@Dupagehousing.org.

Please copy the tenant/ landlord in the email for us to send confirmation of receipt to both parties.

Other methods of submission include:

- Via fax to (630) 690-0702, Attention: Office of Asset Management-RFTA
- Mailed or personally delivered to our drop box outside of the building:

DuPage Housing Authority

711 E. Roosevelt Rd

Wheaton, IL 60187

Attn: Office of Asset Management-RFTA

- **Attention tenant:** Only One (1) Move packet can be submitted. We will not process multiple packets submitted at the same time for different units.
- **Attention landlord:** If the tenant is moving from one of your current units to another one of your units the new lease will be effective the date unit passes, and tenant has taken possession of new unit. Payments for old unit will end the day before tenant takes keys for new unit.
- **Attention tenant and landlord:** Once unit has passed inspection the packet will be forwarded to the Office of Asset Management. DHA will then contact tenant and landlord to provide rent portion breakdown and request date tenant took possession. **It is imperative** that we are provided the date tenant has taken possession of new unit within 30 days for the full HAP Contract process to be initiated. **Failure to provide move in date will result in delays or cancellation of HAP Contract initiation and execution (release of payment) since the HAP Contract must be executed no later than 60 calendar days from beginning of the lease term.**

For more information regarding resources and steps after submitting Move Packet, please visit our website at www.dupagehousing.org
Click "DuPage HA" tab, then select: "Landlords".



INSTRUCTION CHECK LIST

DOCUMENTS PROVIDED IN PACKET

- 1. Unit Characteristics** – Completed and signed by Owner/Agent
- 2. Economic Disclosure** – Completed and signed by Owner/Agent
- 3. W-9 Tax Form** - Completed and signed by Owner/Agent (*Information listed on W-9 tax form must match the information provided on Direct Deposit Form and voided check. If owner is different than listed on W-9, a management agreement or owner declaration form must be submitted.*)
- 4. Lead Based Paint Form** - Signed and initialed by both Owner/Agent AND Tenant
- 5. Direct Deposit Authorization Form** – Completed, signed, and provide a voided check
- 6. Owner Declaration form** – ONLY needs to be completed by owner if they are giving management company/agent authorization to receive Housing Authority Payments on owner’s behalf.

DOCUMENTS PROVIDED BY APPLICANT/PARTICIPANT

- 7. Request for Tenancy Approval (RFTA)** – Provided by the applicant/participant. Completed and signed by both Owner/Agent AND Tenant

DOCUMENTS REQUIRED TO BE PROVIDED BY OWNER

- 1. Proof of Ownership** - (Examples: Warranty Deed, Closing Statement or most recent Tax Bill. Property Address must appear on document provided) Copy of recent tax bill may be found at <http://www.dupageco.org/PropertyInfo/PropertyLookup.aspx> . ***Proof of Ownership is required for EVERY move-in packet submitted**
- 2. Village Rental Permit/ License** – Required for the following cities: **Addison, Bensenville, Glendale Heights, West Chicago, Woodridge (only if it is a multi-family dwelling unit with 6 units or more owned by the same owner), Wood Dale, Hanover Park.** Please contact the Village/Township office for the town in which your property is located if you have questions.

DUPAGE HOUSING AUTHORITY only accepts units in DuPage County, IL. Use the verification tool to check if your property address is in DuPage County, IL.

DuPage County Parcel Viewer

<https://gis.dupageco.org/parcelviewer/>

- Click Ok
- Enter Address
- For Search Results, Click Arrow (next to the square and X)
- *General Property Information* will appear
- View Tax and Assessment Information for DuPage County, IL

KENDALL HOUSING AUTHORITY only accepts units in Kendall County, IL. Use the verification tool to check if your property address is in Kendall County, IL

Kendall County GIS Map Property Viewer

<https://maps.co.kendall.il.us/mapviewer/>

- Select Magnifying Glass (Search)
- Enter Address
- Only Kendall County Addresses will populate



DuPage Housing Authority
 711 E Roosevelt Rd, Wheaton, IL 60187
 PH: 630.690.3555 FAX: 630.690.0702
www.dupagehousing.org

Kendall Housing Authority
 811 W John St., Yorkville, IL 60560
 PH: 630.553.8093 FAX: 331.207.8923
www.kendallhousing.org



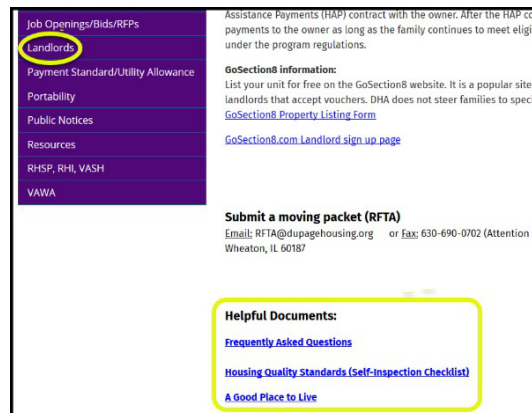
Dear Landlord:

The Housing Authority's objective is to continually improve its relationship with participating landlords by addressing and resolving their issues and concerns in a timely manner. One of the most significant measures taken by this agency started in January 1999 with designated staff working exclusively in the community to conduct Housing Quality Standard (HQS) inspections

A clean, safe, and sanitary unit must be made available as stated by the Department of Housing & Urban Development regulations. A landlord wishes to prepare for a "MOVE-IN" inspection can follow the listed "MOVE-IN" procedures for unit inspection readiness:

- Unit must be vacant (unless prospective HCV tenant is already residing in unit)
- Unit must have fresh or clean paint throughout and carpeting must be cleaned
- No cracking or peeling paint especially with houses built before 1978
- Smoke detectors, with new batteries, located on every floor and in each sleeping room (*Effective January 1, 2013 the Housing Authority adopted Illinois Property Maintenance Code which requires a smoke detector be installed in every room used for sleeping.*)
- Carbon monoxide detector within 15 feet of bedrooms, must have battery backup
- All appliances clean and in working order, i.e. stove burners light without match
- Locks on 1st floor windows and doors
- Screens on every window
- All windows made to open must open and stay up when opened
- No electrical hazards, i.e. exposed wires, cracked outlets, cracked outlet covers
- Working light bulbs in all fixtures
- Non-metallic pull strings on light fixtures with pull strings
- No plumbing issues
- All closet doors on track
- Handrail for any staircase with more than three stairs
- Unit free from any hazards or potential hazards

Only one re-inspection will be granted, if unit doesn't pass re-inspection tenant will be issued new move-in papers so that they can look for a new unit. *It is **imperative** that the unit pass all areas of housing quality standards before the tenant can occupy unit and have a subsidy paid on their behalf. Additional inspection related resources available on our website at www.dupagehousing.org. Select 'Menu' > 'DuPage HA' > 'Landlords'. Once on the 'Landlords' page, scroll to the bottom of the page to view 'Helpful Documents'.*



We look forward to working with you. If you have any questions regarding the above policies, please call our office.

Sincerely,
 DuPage Housing Authority and Kendall Housing Authority



DuPage Housing Authority
711 E Roosevelt Rd, Wheaton, IL 60187
PH: 630.690.3555 FAX: 630.690.0702
www.dupagehousing.org

Kendall Housing Authority
811 W John St., Yorkville, IL 60560
PH: 630.553.8093 FAX: 331.207.8923
www.kendallhousing.org



Dear Landlord:

The Housing Authority requires direct deposit for Housing Assistance Payments. Direct Deposit will give you earlier access to your money. There will be no waiting for mail delivery of your check and no waiting at the bank to deposit funds. Please be aware the initial payment from the Housing Authority may take up to 30 days. All payments afterwards should be in your account by the 5th of the month. Please allow for delays if the 5th of the month falls on a weekend or a holiday.

Please complete and sign the enclosed authorization form. You may wish to make a copy for your records. Return the form to us, along with a voided check (must not be a temporary check) for the account to which you wish us to deposit your HAP payment.

All owner/ landlord information must match on documents provided (W-9 tax form, Ownership documents, Direct Deposit Form and voided check). If there is a property management company involved and they will be receiving payments then they must be listed on a W-9 tax form, we will require a copy of the Management Agreement and/or the completed Owner Declaration form that is included in this packet. Please DO NOT submit a deposit slip, since routing numbers may differ from those on checks.

As you will not receive a monthly breakdown of subsidy payments, you should refer to your current HAP Contracts and Amendments for this information. We will send notices of any adjustments or changes to your subsidy payments. Additionally, limited information will be transmitted to your bank each month with the deposit. Individual banks may vary on the information they provide to their customers regarding these deposits.

You can also view your HAP transactions in your Housing Café account with the Housing Authority. If you have not created an account as of yet, please contact us and ask for your Housing Café Registration Code. You can access the Housing Café through our website address. Select Landlords in Heading and select Housing Café. Here you can update your contact information, as well as see information regarding your units, etc. If email address is provided you will receive monthly payment notification and a breakdown of for tenant/s.

IMPORTANT NOTICE: Do not close or change your direct deposit account without notifying the Housing Authority Finance Coordinator at ap@dupagehousing.org.

We thank you for your cooperation, If you have any questions, please do not hesitate to email our office at ap@dupagehousing.org.

Sincerely,

DuPage Housing Authority and Kendall Housing Authority



DuPage Housing Authority & Kendall Housing Authority
 Housing Choice Voucher
 Landlord Direct Deposit Authorization Form



I hereby authorize the Housing Authority to credit the bank account, as listed below, for my monthly Housing Assistance Payment. Please find attached a voided check for the account I am designating for direct deposit.

Tenant Information (please print)

Tenant Name: _____

Address of Unit: _____

Payee Information (please print)

Name: _____

Address: _____

E-mail address: _____ Phone #: _____

Social Security # or Tax ID #: _____

FINANCIAL INSTITUTION INFORMATION

Account Name: _____

Account Number: _____

ABA Number (Bank Routing Number): _____

Name of Bank: _____

Account Type: Checking Savings

**ATTACH VOIDED
 CHECK HERE or
 Bank Direct Deposit Authorization Form**
 NO temporary checks or deposit slips accepted.

Are you already enrolled in Direct Deposit? Yes No

Are you changing your current account? Yes No

Our system only allows for deposit to one account per Landlord.

 Signature

 Date

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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (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) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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 <input type="checkbox"/>		
	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.

Social security number									
				-					
or									
Employer identification number									

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.

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.

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



UNIT CHARACTERISTICS



This form is to be used for a **new move-in RFTA** (Request for Tenancy Approval **AND** for a **Request for Rent Increase** Packet. Please complete all boxes under "Characteristics" that apply.
Please circle Yes or No, or enter pertinent information. Please be advised, in the event the proposed rent has to be negotiated based on tenant affordability or rent reasonableness, the landlord /owner will have 1 business day to reach a decision once notified.

Category	Description	Characteristics
<i>Size and Type</i>	Actual # Bedrooms	
	# Bathrooms	
	# Half-Bathrooms	
	Living Area Sq. Ft.	
	Property Type: e.g. Apt., House, Townhouse, Condo, Duplex, etc.	
<i>Age, Condition and Quality</i>	Year Built	
	Property Condition: Fair or Good	
	Building Quality: e.g. Fair, Good, etc.	
<i>Utilities</i>	Lights & Gen Electric Included in Rent	Yes / No
	Heating Fuel Type: gas, electric, bottle gas, oil or coal	
	Is Heating Included in Rent	Yes / No
	Hot Water Fuel Type: gas, electric, bottle gas, oil, or coal	
	Is Hot Water Included in Rent	Yes / No
	Cooking Fuel Type: gas, electric, bottle gas, oil, or coal	
	Cooking Fuel Included in Rent	Yes / No
	Sewer Type: public sewer or septic tank	
	Sewer Included in Rent	Yes / No
	Water Type: city or well	
	Water Included in Rent	Yes / No
	Cooling Type: central, window unit or none	
	Cooling Included Rent	Yes / No
Heating Style: e.g. central, furnace, baseboard, boiler, radiator or window unit		
<i>Maintenance</i>	Trash Removal Included in Rent	Yes / No
	Lawn Care Included in Rent	Yes / No
	Pest Control Included in Rent	Yes / No

This form is to be used for a **new move-in RFTA** (Request for Tenancy Approval **AND** for a **Request for Rent Increase** Packet. Please complete all boxes under "Characteristics" that apply.
Please circle Yes or No, or enter pertinent information. Please be advised, in the event the proposed rent has to be negotiated based on tenant affordability or rent reasonableness, the landlord /owner will have 1 business day to reach a decision once notified.

Category	Description	Characteristics
<i>Amenities & Housing Services</i>	Laundry Type: e.g. Washer and Dryer, Dryer only, Washer only, Laundry Rm., Hook-ups only, etc.	
	Dishwasher	Yes / No
	Stove	Yes / No
	Refrigerator	Yes / No
	Garbage Disposal	Yes / No
	Security System	Yes / No
	Age Restricted	Yes / No
	Parking Type: e.g. 1/2/3 car garage, 1/2/3 assigned space, street parking, etc.	
	Lift / Elevator	Yes / No
<i>Other Amenities</i>	Microwave	Yes / No
	Fireplace	Yes / No
	Swimming Pool	Yes / No
	Ceiling Fan	Yes / No
	Fenced Yard	Yes / No
	Gated Community	Yes / No
	Cable /Satellite Included	Yes / No
	Additional comments:	

Tenant Name (PRINT) _____

Property Address _____

Landlord Name (PRINT) _____

Landlord Signature _____ Date Signed _____

Complete and return this document with your RFTA submission or Rent Increase Request!



ECONOMIC DISCLOSURE STATEMENT

Tenant Name: _____

Unit Address: _____
Street Apt. # City Zip

Estimated Square Footage: _____

Owner/Agent Name: _____

Email Address: _____

Work Number: _____ Cell Number: _____

I, _____, attest to the fact that:
(Owner's/Agent's name)

_____ I am the legal owner of the property listed above.

_____ I, as agent, certify that the legal ownership of the property listed above is
held by _____.

The Tenant _____, is not an owner, partner or
(Tenant's name)
beneficiary to the unit listed above and has no economic interest in this unit.

Owner's or Agent's Signature

Date

UNIT ADDRESS: _____ STREET CITY ZIP CODE

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND 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 taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

LANDLORD INITIALS (a) Presence of lead-based paint or lead-based paint hazards (check one below):
 Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

LANDLORD INITIALS (b) Records and reports available to the lessor (check one below):
 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).

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in The housing.

Lessee's Acknowledgement (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 Acknowledgement (initial)

_____(e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(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 provided by the signatory is true and accurate.

Lessor signature	Date	Lessor signature	Date
Lessee signature	Date	Lessee signature	Date
Agent signature	Date	Agent signature	Date

PLEASE CHECK HERE IF YOUR UNIT WAS BUILT AFTER 1978



OWNER DECLARATION



To be completed when Property Owner declares that all units are to be managed by another entity. The Owner will designate who is the recipient of HAP Payments for these said units.

Property Owner Name: _____

Owner Information

Contact Name, if Company: _____

Street Address: _____

City: _____ St/Zip: _____

Owner SSN or Federal EIN#: _____

Phone #: _____ Email Address: _____

Corporation Partnership Sole Proprietorship

.....

Agent Information

Owner Representative Name: _____

Address: _____

City State / Zip Code

Phone #: _____ Agent Email Address: _____

Management SS# (or) Federal ID # _____

.....

Payment Information

Make Housing Assistance Payments to: _____

Payee SS # (or) Federal ID# _____

HAP payments are ALWAYS made payable to the Owner. An owner may authorize payments to be made to the Agent. Accurate information is essential. By signing this document, the Owner authorizes the Housing Authority to share all necessary information with the agent, including FEIN or SSN#. Remember, the HAP Recipient Payee named above will receive the IRS Form 1099 at the end of the year, in accordance with IRS requirements.

By signing this document, I certify that the above information is true and correct.

Owner Signature: _____ Date: _____