

CITY OF HARTFORD HOUSING AUTHORITY

PROJECT BASED VOUCHER PROGRAM (PBV)

AUGUST 8, 2019

PROPOSAL APPLICATION PACKAGE

**Program Description, Proposal Forms, Attachments, Checklist and Scoring
Factor for Owner Submission of PBV Proposals**

All proposal application packets must be received by hand delivery, mail or messenger at Imagineers, LLC office 635 Farmington Avenue no later than 4:00 p.m., starting Thursday, August 29, 2019 by 4:00 p.m. and thereafter quarterly every 1st Thursday by 4:00 p.m. in November, February, May and August in a rolling application manner until all PBV units have been awarded or the COHHA discontinues its solicitation. Owners may submit applications at any time until all PBV units have been awarded or the COHHA discontinues its solicitation. Proposal application forms are provided with the RFP. The City will initially review applications for technical deficiencies and notify the owner/developer of the deficiencies by letter. If an application has technical deficiencies, the owner/developer will have seven (7) calendar days from the date of issuance of the City notification letter to submit the missing or corrected information to the City. Curable technical deficiencies relate to items that do not improve the substantive quality of the application relative to the rating factors. Only proposals submitted in response to this RFP and within the time line will be accepted for consideration. Proposals must respond to all requirements as outlined in the RFP. Imagineers will date and time stamp all proposals upon receipt. Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions in the RFP.

Submit one original and four copies to:

**City of Hartford Housing Authority
c/o Imagineers, LLC
Attention: Maria Stoute
635 Farmington Avenue
Hartford, CT 06105**

CITY OF HARTFORD HOUSING AUTHORITY
PROPOSAL APPLICATION PACKAGE TO ATTACH
PROJECT-BASED VOUCHERS (PBV)

Owners should fill out **one proposal application package for each non-contiguous building** in which PBV is sought. **One Original and four copies** of the application should be submitted. If applying for PBV units in more than one building where the buildings are located in different census tracts, an application is required for each building (one original with four copies, please). The Owner must submit all the required information for each building where the responses would differ at each address. RFP requirements apply to each individual building within the project. Use additional pages to provide any other information that may be necessary to better describe the units. You also may attach photographs of the property. Proposals should be organized as follows:

Tab 1 – Cover Letter

The letter should describe the subject property, identify the key players and highlight the respondents' qualifications. It should also be responsive to the material requested in the selection criteria.

Tab 2 – Proposal Application Package – Attachment A

Completely fill-out the "Proposal Application Package" attached to this RFP and provide the corresponding requested information.

Tab 3 – Other Attachments

- Attachment B - Owner's Certification for De-Concentration of Poverty and Expanding Housing and Economic Opportunities
- Attachment C - Certification Regarding Debarment, Suspension
- Attachment D - Lead Disclosure Form
- Attachment E - Owner's Rent Reasonableness Checklist and Certification

Submit each application in a 3-ring binder, with a separate tab for each of the application's required components. Applications that are not complete will be returned and will not be reviewed until submitted as requested. A **Definition of Key Terms** is provided at the end of the application along with a **Checklist page** for required documents and attachments. Call Maria Stoute at 860-768-3304 for assistance.

**** The rehabilitation work (*minimum expenditure requirement of \$5,000 per unit*) must be performed "after" the selection by the City of the PBV units and "after" the initial inspection of the units by the City. ****

PROPOSAL APPLICATION TO ATTACH PROJECT-BASED VOUCHERS (PBV)

Date: _____

Owner Name: _____

Contact Person Info: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

I request Project Based Voucher assistance for a total of _____ units that will be rehabilitated with the following bedroom distribution:

0BR: _____ 1BR: _____ 2BR: _____ 3BR: _____ 4BR: _____ 5BR: _____ Other: _____

Building Address: _____

City/State/Zip Code: _____

1. General Project Information

A. Total number of units in building and percent of total requested to receive PBV assistance:

Note: the greater of 25 units or 25% of a building's unit can receive PBV. Exceptions to this limit are permitted, please see Definitions of Key Terms at end of this application for more information about the 25-unit or 25% cap rule.

Please use this legend for the following chart

Utility Codes: GH = gas heat	OH = oil heat	EH = electric heat
GW = gas water heater	OW = oil water heater	EW = electric water heater
GC = gas cooking	EC = electric cooking	O = other Electric (lights, etc)

Bedroom Size	Floor Level	Unit Number	Total Number to Receive PBV	% of Total to Receive PBV	Current Rent	Requested Rent	Utility type (write codes for what tenant pays, see legend)
0 BR							
1 BR							
2 BR							
3 BR							
4 BR							

Please check who is responsible for providing the following appliances: **Stove:** Owner Tenant **Refrigerator:** Owner Tenant

B. Date of Proposed Housing Payments (HAP) Contract: _____
 (When units are ready for occupancy)

C. Are there any other units in the building receiving Housing Choice Voucher (HCV) subsidy? Yes No If yes, how many? _____

D. Are the requested units currently vacant? Yes No

E. Is there no permanent displacement or temporary relocation required of current residents? Yes No

Note: If yes, you must submit an explanation of relocation requirements, a detailed relocation plan including a budget with an identified funding source. PBV units are subject to federal and state relocation laws and guidelines.

F. Are any of these units subsidized by any other form of housing assistance e.g. 236, 221d, 202, 811, HOME, HOPE VI, Community Development Block Grant Funds (CDBG), low income housing tax credits (LIHTC), HUD insured/co-insured mortgages, Affordable Housing Trust Funds (AHTF), tenant-based Section 8 Housing Choice Vouchers, tax exempt bonds issued by a state agency or its designee, or other public funds? Yes No

If yes, please describe the type(s) of assistance and number of units covered. Use additional pages if necessary

Type of Housing Assistance	Number of Units Covered	Building Address	Application Approved	Application Pending
1.				
2.				
3.				
4.				

Note: HUD requires that a subsidy layering review (SLR) be conducted for any PBV project that utilizes more than one source of publicly supported housing funds. If an SLR is required, until HUD completes the SLR review, a HAP cannot be executed. See Definitions of Key Terms at end of this application for more information about HUD's SLR requirement.

G. Have you applied to the State's Low-Income Housing Tax Credit Program? Yes No

2. Units and Community Amenities

A. Identification of Handicapped Accessible Units

Are there any handicapped accessible units in building? No Yes How many? _____

B. Community Amenities

Distance To:	Less than .5 Mile	Approximately 1 Mile	More than 1 Mile
Pharmacy			
Grocery store, supermarket, shopping center or convenience store			
Public Transportation			
Medical Facilities			
Public Schools			
Park, civic facilities			
Senior center			
Public library			

C. Unit Amenities

Check off any amenities that are provided. Add others if not included on this list.

- | | |
|---|--|
| <input type="checkbox"/> Features adapted/adaptable for persons with disabilities | <input type="checkbox"/> Play area for children |
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Recreational facilities |
| <input type="checkbox"/> Off street parking | <input type="checkbox"/> Common area function rooms(s) |
| <input type="checkbox"/> Laundry facilities | <input type="checkbox"/> School bus stops |
| <input type="checkbox"/> Porches and/or decks | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Elevator | |

3. Requested Contract Term

Owner must request a minimum HAP contract term of 2 years up to a maximum term of 20 years that may be negotiated at the end of the initial term for an extended period.

▪ Length of HAP contract term requested: _____

Would you be willing to accept an extension of the contract if it were approved by the COHHA? Yes No

4. Owner Experience Managing and Maintaining Subsidized Rental Housing (24 CFR 983.207, 983.208)

A. Please indicate if you have participated in any of the following rental assistance programs:

Program	Housing Agency Providing Subsidy	No Units Assisted	Building Address (indicate name of owner's affiliate if different from applicant)
Section 8 Vouchers and/or Certificates			
Section 8 Moderate Rehab			
Section 8 Project-Based Assistance			
Shelter Plus Care, etc			
HOME Tenant-Based Rental Assistance			

B. Do you own other subsidized properties? Yes No

Please list address(es) and indicate funding source(s). Attach a separate page, if necessary.

Address(es)	Subsidized Funding Source(s)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

C. Have you ever had a unit terminated from a subsidized program? Yes No

If yes, please identify the program (s) and state why. List Section 8 terminations first. Please attach narrative page(s) to the application.

5. Property Revenue and Expenditure

A. Please fill-out the requested information below pertaining to the property for the projected year:

ANNUAL INCOME	Projected 20 _____
Rent @ 100% occupancy	\$
Parking	\$
Other (explain)	\$
TOTAL	\$

ANNUAL EXPENSES	
Real Estate Taxes	\$
Insurance	\$
Debt Service	\$
Operating Expenses	\$
Utilities	\$
Trash Removal	\$
Snow Removal	\$
Superintendent	\$
Supplies	\$
Sub-Total	\$

ANNUAL ADMINISTRATIVE EXPENSES	
Management Fee	\$
Legal & Accounting	\$
Advertising	\$
Other	\$
Sub-Total	\$

ANNUAL REPAIRS AND MAINTENANCE	
Electrical	\$
Plumbing	\$
Heating	\$
Air Conditioning	\$
Elevator	\$
Building Equipment	\$
Painting & Decorating	\$
Reserves	\$
Sub-Total	\$

TOTAL ANNUAL EXPENSES	\$
------------------------------	----

B. Mortgage Payments

First: Lender's Name: _____

Account No: _____

Original Amount: \$ _____ Balance: \$ _____ Interest Rate: _____

Term: _____ Pay-off Date: _____ Monthly Payment: _____

Second: Lender's Name: _____

Account No: _____

Original Amount: \$ _____ Balance: \$ _____ Interest Rate: _____

Term: _____ Pay-off Date: _____ Monthly Payment: _____

Attach Separate Sheet for Additional Mortgages and/or Debt Service on this Property.

TOTAL MORTGAGE AND/OR DEBT SERVICE BALANCE: \$ _____

TOTAL ANNUAL MORTGAGE AND/OR DEBT SERVICE ON THIS PROPERTY \$ _____

C. Are all mortgages current? Yes No If not, attach explanation.

D. Unit Mix and Income (Projected - After Rehab)

TYPE OF UNIT	SQ. FT	NO. OF UNITS	W/HEAT	W/O HEAT	PROPOSED MONTHLY RENT PER UNIT	GROSS ANNUAL
--------------	--------	--------------	--------	----------	--------------------------------	--------------

Residential

Efficiency						
1-Bedroom						
2-Bedrooms						
3-Bedrooms						
4-Bedrooms						

Other Income Source Amount per Year

TOTAL GROSS INCOME AFTER REHAB:

\$ _____

6. Description of Proposed Rehabilitation

(Please attach a separate written response for the following questions)

- A. Provide a general description of the property, as it currently exists. Provide a listing of housing code violations that may exist.
- B. Provide a specific description of the rehabilitation to be undertaken for each unit, including a plan for bringing all units up to code, the number of apartments and the number of bedrooms and bathrooms for each. Describe in detail the proposed rehabilitation. (Description may include sketches, or unit plans of the proposed rehabilitation.) Description should include a listing of amenities and services. (Note: A minimum expenditure amount of \$5,000 per unit of proposed rehabilitation is required in order to be eligible for Project-Based Voucher assistance.)
- C. Estimate the length of time from start to completion of rehabilitation.
- D. Include references to previous experience with rehabilitation construction.

7. Funding of Rehabilitation Costs

- A. Amount of total estimates cost of rehabilitation to be paid by "cash on hand": \$ _____
- B. Amount of total cost of rehabilitation to be borrowed: \$ _____

LENDER (S)	AMOUNT	INTEREST	NO. OF YEARS
1.	\$	%	
2.	\$	%	
3.	\$	%	

- C. Has the property for which you are seeking Project-Based Voucher assistance received any Federal funds other than Community Development Block Grant (CDBG) or Section 312 program funds? Yes No
- D. Please provide any additional funding documentation, if applicable.

8. Lead Paint Compliance Documentation

To qualify for PBV assistance the units(s) must comply with HUD and State regulations regarding lead paint. Please fill out the attached Lead Disclosure Form {Attachment D} and attach to the application.

9. Plan for Management and Maintenance of Units

- A. Briefly describe your experience managing and maintaining rental property. Include dates and number of units. Please attach narrative to the application.
- B. Do you have a written plan for the maintenance of the building's units? Yes No
If yes, please include the maintenance plan with this application. If no, please prepare a description of how units will be maintained, both on an on-going and long-term basis, focusing on routine maintenance security and health and safety related areas. Be sure to identify what personnel will perform the maintenance if units and common areas, note where they are located and hours of operations. Please attach narrative page(s) to the application.
- C. Do you have a written management plan for the building's units? Yes No
If yes, please include the management plan with this application. If no, please identify what personnel manages the units, note where they are located, hours of operation and any other descriptive information about their function. Please attach narrative page(s) to the application.
- D. Please provide two references who will attest to the quality of your rental property management and maintenance experience.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

10. Environmental Review Requirement

All PBV projects are subject to HUD environmental regulations.

To comply with this requirement, HUD requires that all PBV units comply with HUD environmental regulations stated in 24 CFR parts 50 and 58. HUD or a unit of general local government, county or state (the "responsible entity" [RE]) must ascertain that the building complies with the requirements of the National Environmental Policy Act (NEPA) or is categorically excluded from a federal environmental review.

11. Provide documentation of ownership

Please provide the Warranty Deed and Tax Records for your building.
(You must be current on any personal property taxes owed the City)

12. Non-responsive or non-compliant applications

If the COHHA determines that an application is non-responsive or non-compliant with this RFP, written selection criteria and procedures, or HUD programs regulations, the application will be returned to the applicant with its deficiencies described. The COHHA will give the applicant seven (7) calendar days to correct all deficiencies. The application will be considered for the program if the missing information is submitted within this time period.

Please see attached checklist at back of proposal package to ensure your application is complete.

The COHHA reserves the right to cancel this RFP for any reason or to reject applications at any time for misinformation, error, or omissions of any kind, regardless of the stage in the process that had been achieved.

If necessary, the COHHA will request additional information as needed.

13. Certifications

- A. Please read and complete the attached "Certification Regarding Debarment and Suspension" form {Attachment C}. Please attach the completed and signed form to the application.
- B. I certify that I or a principal of the property has not declared bankruptcy in the past seven years.
- C. I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this Project-Based Voucher application there is no promise or guarantee from the City of Hartford Housing Authority (COHHA) that my proposal will be accepted. I understand that any existing tenants must be certified as eligible to receive project-based assistance, and if they are not eligible, I may not displace them in order to qualify their unit for PBV. I understand and agree to abide by all federal Section 8 requirements found at 24 CFR Part 983 and the COHHA Administrative Plan.

Signature of Owner

Phone Number

Date

Name of Contact Person

Phone Number

Definition of **Key Terms** for COHHA PBV Program

25-units or 25% CAP: No more than 25-units or 25% of the units in a project can receive PBV assistance. Exceptions to this limit are permitted for: units exclusively for elderly families; units for households eligible for supportive services available to all families receiving PBV assistance in the project or units where the project is located in a census tract with a poverty rate of 20 percent or less.

Affordable Housing Deed Restriction: A legal document generally referenced in and recorded with the deed for the affected units, which requires that the units be rented or sold to households at or below a particular income level for a specific period of time.

Assisted Living Projects: Generally, efficiency or one-bedroom units for individuals who can live independently but need some assistance with certain activities of daily living, where assistance is provided on site by qualified care providers not related to the residents. All facilities must be licensed.

Census Tract Locator: Census tracts and their poverty rate can be found at:
<http://factfinder.census.gov/servlet/BasicFactsServlet> - by typing in the complete address and **correct** zip code.

De-Concentration Requirement: All new assistance under the PBV program must be for units located in census tracts with poverty rate of less than 20%.

Existing Housing: These are rental units that may be occupied or ready for occupancy and substantially comply with HUD housing quality standards (HQS).

HAP Contract: The Housing Assistance Payment (HAP) contract is an agreement between the owner and COHHA that sets forth both parties' responsibilities and obligations to each other and commits to provide PBV subsidy for the approved units during the term of the HAP contract.

Homeless: A household that has no permanent residence, including those living in a temporary shelter for the homeless, leaving a transitional housing program, leaving an institution where they have been a resident for more than 30 days with no home to go to, living on the street or in a car.

HQS: HUD's housing quality standards for the tenant-based Section 8 Housing Choice Voucher Program (HCVP) and the Project-Based Voucher (PBV) program. All HQS requirements for both the HCVP and the PBV programs can be found on the HUD website.

HUD-designated Enterprise Zone, Economic community or Renewal Community: EZ, EC and RC are distressed urban and rural communities where qualifying businesses are eligible for billions of dollars in tax incentives.

Permanent Supportive Housing: Supportive housing is a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives.

Project-Based Vouchers/PBV Assistance: Section 8 tenant-based vouchers (from its Housing Choice Voucher Program portfolio) that are committed to a building under a PBV Housing Assistance

Payments (HAP) contract for a specific period of time. Unlike the tenant-based voucher program, project-based vouchers are not mobile. When the tenant vacates the unit, the unit will continue to receive PBV subsidy, provided the PBV contract has not been terminated or expired.

Uniform Relocation Act: A displaced person must be provided relocation assistance at the levels described in and in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 USC 4201-4655) and implementing regulations at 49 CFR part 24.

Subsidy Layering Review (SLR): SLR must be completed and approved by HUD for all “existing” and “development” PBV projects that utilize other publicly supported housing funds. The SLR is “intended to **prevent** excessive public assistance for the housing by combining (layering) housing assistance subsidy under the PBV program with other governmental housing assistance for federal, state, or local agencies, including assistance such as tax concessions or tax credits” (24 CFR 983.55).

SLR submission process...to be implemented AFTER COHHA selects an application

1. The applicant must submit to COHHA all the information required by the HUD mandated SLR checklist that can be found on the HUD website.
2. COHHA must review the SLR package prepared by the applicant for completeness and consistency with program requirements.
3. If it appears complete and acceptable, COHHA must forward the SLR package to HUD’s Hartford office. This office will also review the material, and if found acceptable, submit it to HUD Headquarters for final review and approval.

Because of the multiple reviews involved in completing an SLR review (HUD Hartford and HUD headquarters), COHHA will immediately advise applicants that a final award of PBV cannot be made until this review is completed and approved by HUD.

CHECK LIST

REQUIRED ATTACHMENTS AND DOCUMENTS FOR PBV PROPOSAL PACKAGE

Please attach all forms, attachments, and documents in the order shown below and section separately for each application's components. Attach only those items applicable to your proposal.

Check if provided	If N/A	TAB	SECTION	NAME OF DOCUMENT/ATTACHMENT
		1	Cover Letter	Cover Letter
		2	Proposal	Proposal to attach Project- Based Voucher (PBV))
			1. E	Relocation Plan (outlining details, including budget with identified funding source and explanation of relocation requirements) (if applicable)
			4. B	Separate page listing subsidized properties
			4. C	Narrative page listing any terminated unit from a subsidized program
			5. B	Additional mortgages / debt on property information
			5. C	Explanation for mortgage(s) not being current
			6. A	General description of property as it exists. Include list of violations, if applicable
			6. B	Complete rehabilitation description; plan, # of units, details of units (sketches, amenities and services)
			6. C	Projected timeline of rehabilitation
			6. D	References for previous rehabilitation construction
			7. D	Additional funding documentation
			9. A	Owner's experience documentation for managing and maintaining rental property with dates and number of units.
			9. B	Owner's Maintenance Plan
			9. C	Owner's Management Plan
			11.	Warranty Deed and Tax Records for building
		3	Required Attachments	Required Attachments
			Attachment B	Owner's Certification for De-Concentration of Poverty and Expanding Housing and Economic Opportunities
			Attachment C	Certification Regarding Debarment, Suspension
			Attachment D	Lead Disclosure Form
			Attachment E	Owner's Rent Reasonableness Checklist and Certification
			Attachment F	Other attachments as needed (if applicable)

**OWNER'S CERTIFICATION
FOR DE-CONCENTRATION OF POVERTY AND EXPANDING HOUSING AND ECONOMIC
OPPORTUNITIES**

Every PBV owner applicant must demonstrate that their project is consistent with HUD's statutory goal of "deconcentrating poverty and expanding housing and economic opportunities." COHHA will assess each application in this regard based on the following seven HUD-mandated criteria:

Census tract information and poverty rates are located at: <http://factfinder.census.gov/servlet/BasicFactsServlet> by typing in the complete address and correct zip code.

A. LOW-POVERTY CENSUS TRACT

(5006, 5007, 5011, 5020, 5022, 5023, 5024, 5025, 5026, 5036, 5037, 5038, 5039, 5040, 5041, 5042, 5044, 5045, 5047, 5048)

If your proposed application is located in a low-poverty census tract, please check: _____.

Please indicate the following: Project's census tract: _____ Poverty Rate: _____

B. HIGH-POVERTY CENSUS TRACT

(5001, 5002, 5003, 5004, 5005, 5008, 5009, 5010, 5012, 5013, 5014, 5015, 5016, 5017, 5018, 5019, 5021, 5027, 5028, 5029, 5030, 5031, 5032, 5033, 5034, 5035, 5043, 5046, 5049)

In order to be eligible for the PBV program, all property located in a high-poverty census tract must be able to meet at least one of the below categories.

If your proposed application is located in a high poverty census tract, please check all that apply. For every checked item, please attach evidence documentation. In addition, please indicate the following:

Project's census tract: _____ Poverty Rate: _____

- 1) _____ Whether the census tract in which the proposal will be located is in a HUD-designated enterprise zone, economic community or renewal community.
- 2) _____ Whether a PBV development will be located in a census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition.
- 3) _____ Whether the census tract in which the proposed PBV development will be located is undergoing significant revitalization.
- 4) _____ Whether state, local, or federal dollars have been invested in the area that has assisted in the achievement of the statutory requirement.
- 5) _____ Whether new market-rate units are being developed in the same census tract where the proposed PBV development will be located and the likelihood that such market-rate units will positively impact the poverty rate in the area.
- 6) _____ If the poverty rate in the area where the proposed PBV development will be located is greater than 20 percent, the PHA should consider whether in the past five years there has been an overall decline in the poverty rate.
- 7) _____ Whether there are meaningful opportunities for educational and economic advancements in the census tract where the proposed PBV development will be located.

Every PBV applicant must demonstrate to the COHHA that their project satisfies the twin goals of deconcentrating poverty and expanding housing and economic opportunity regardless of the project's poverty rate as defined by the most recent census data. The applicant must address each of the criteria noted above. COHHA will make its assessment of an applicant's project's compliance with achieving these goals based on the totality of the applicant's response, taking into consideration the target population to be served (i.e. family, elderly, disabled, populations needing supportive services).

Building: _____

Owner's Signature

Date

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Certification A: Certification Regarding Debarment, Suspension and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principles;
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;
 - b. Have not within a three-year period preceding this transaction, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this transaction, had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

INSTRUCTIONS FOR CERTIFICATION (A)

1. By signing and submitting this form, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such participant from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department determined to enter into this transaction. If it is later determined that the prospective primary participant

knowingly rendered an erroneous certification, in addition to other remedies available, the department may terminate this transaction for cause of default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause have the meanings set out in the Definitions and Coverage section of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.
6. The prospective primary participant agrees that by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department entering into this transaction.
7. The prospective primary participant further agrees that by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction", provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction

knowingly enters into a lower tier covered transaction with a participant who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department may terminate this transaction for cause of default.

Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

INSTRUCTIONS FOR CERTIFICATION (B)

1. By signing and submitting this form, the prospective primary participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause have the meanings set out in the Definitions and Coverage section of

the rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees that by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees that it will include this clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower tier covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant

Date

Signature of Authorized Certifying Official

Title

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.

Property Address of Unit:

Unit Number: _____ Street Address: _____

City/Town: _____ Zip Code: _____

Was this property constructed prior to 1978? _____ Yes _____ No

Property Owner's Disclosure

A. You must initial ① or ② below; whichever applies to your property:

_____ ① Property owner has knowledge of lead-based paint and/or lead-based paint hazards in the housing (explain): _____

_____ ② Property owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

B. You must initial ① or ② below; whichever applies to your property:

_____ ① Property owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below): _____

_____ ② Property owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

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.

Property Owner: _____ Date: _____

FOR MORE INFORMATION

- For a copy of *Protect Your Family From Lead in Your Home*, the sample disclosure forms, or the rule, call the National Lead Information Clearinghouse (NLIC) at (800)424-LEAD, or TDD (800)526-5456 for the hearing impaired.
- You may also send your request by fax to (202)659-1192 or by Internet E-mail to ehc@cais.com. Visit the NLIC on the Internet at <http://www.nsc.org/nsc/ehc/ehc.html>.
- Bulk copies of the pamphlet are available from the Government Printing Office (GPO) at (202) 512-1800. Refer to the complete title or GPO stock number 055-000-00507-9. The price is \$26.00 for a pack of 50 copies. Alternatively, persons may reproduce the pamphlet, for use or distribution, if the text and graphics are reproduced in full. Camera-ready copies of the pamphlet are available from the National Lead Information Clearinghouse.
- For specific questions about lead-based paint and lead-based paint hazards, call the National Lead Information Clearinghouse at (800)424-LEAD, or TDD(800)526-5456 for the hearing impaired.
- The EPA pamphlet and rule are available electronically and may be accessed through the Internet.
 - Electronic Access:** Gopher: gopher.epa.gov:70/11/Offices/PestPreventToxic/Toxic/lead_pm
 - WWW: http://www.epa.gov/docs/lead_pm
<http://www.hud.gov>
 - Dial up: (919)558-0335
 - FTP: [ftp.epa.gov](ftp://ftp.epa.gov) (to login, type "anonymous." Your password is your Internet E-mail address.)

OWNER'S RENT REASONABLENESS CHECKLIST AND CERTIFICATION

I, _____, certify that the rent that I am charging for the following property address: _____ is reasonable in relation to rents currently being charged for comparable units in the private unassisted market. I also certify that I am not charging a higher rent for a tenant that is receiving Federal or State rental assistance than for a tenant who is not. I can support the rent I am charging based on the following information:

(Please check one)

1. _____ I am currently charging the same rent for a similar unit to a tenant that is not receiving Federal or State rental assistance.
2. _____ This unit was recently rented for the same amount to a tenant who was not receiving Federal or State rental assistance.
3. _____ I am charging this rent based on rents being charged for a comparable property located at the following address: _____
4. _____ There are a total of _____ units in the building.

The owner must give the PHA information requested on rents charged by the owner for other units in the premises or elsewhere.

Owner's Signature: _____ Date: _____

PLEASE FILL OUT THE BOTTOM HALF OF THIS FORM COMPLETELY. THANK YOU.

Number of Bedrooms: _____ Number of Rooms: _____ Year Constructed: _____ Proposed Rent: _____

Owner Supplied Utilities: ___ No ___ Yes: Specify: _____

Tenant Supplied Utilities: ___ No ___ Yes: Specify: _____

Square feet of unit: _____

HOUSING TYPE: (check as appropriate) Single Family Multi-Family (i.e. 2/3 three family, condo, row house & garden apts) High Rise; 5 or More Stories

Check as many items as are found in the unit

A. LIVINGROOM

- High quality floors or wall coverings
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: _____

B. KITCHEN

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family

C. OTHER ROOMS USED FOR LIVING

- High quality floors or wall coverings
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: _____

D. BATH

- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: _____

E. OVERALL CHARACTERISTICS

- Storm windows Storm doors
- Other forms of weatherization (e.g. insulation, weather stripping)
- Screen doors Screen windows
- Good upkeep of grounds (i.e. site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: _____

F. DISABLED ACCESSIBILITY

Unit is accessible to a particular disability. Yes No

PHA CERTIFICATION: *to be filled out by PHA*

Based upon a comparison with rents for comparable unassisted units, I have determined that the proposed rent for the unit ___ (is) ___ (is not) reasonable.

PHA: City of Hartford Signature: _____ Date: _____