

Are You a

Victim of

Housing

Discrimination?

**Fair Housing is Your Right!**

If you have been denied your housing rights...you may have experienced unlawful discrimination.



U.S. Department of Housing and Urban Development

## WHERE TO MAIL YOUR FORM OR INQUIRE ABOUT YOUR CLAIM

**For Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and Vermont:**  
**NEW ENGLAND OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Thomas P. O'Neill, Jr. Federal Building  
10 Causeway Street, Room 321  
Boston, MA 02222-1092  
Telephone (617) 994-8320 or 1-800-827-5005  
Fax (617) 565-7313 • TTY (617) 565-5453  
E-mail: [Complaints\\_office\\_01@hud.gov](mailto:Complaints_office_01@hud.gov)

**For New Jersey and New York:**  
**NEW YORK/NEW JERSEY OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
26 Federal Plaza, Room 3532  
New York, NY 10278-0068  
Telephone (212) 264-1290 or 1-800-496-4294  
Fax (212) 264-9829 • TTY (212) 264-0927  
E-mail: [Complaints\\_office\\_02@hud.gov](mailto:Complaints_office_02@hud.gov)

**For Delaware, District of Columbia, Maryland,  
Pennsylvania, Virginia, and West Virginia:**  
**MID-ATLANTIC OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
The Wanamaker Building  
100 Penn Square East  
Philadelphia, PA 19107  
Telephone (215) 656-0663 or 1-888-799-2085  
Fax (215) 656-3419 • TTY (215) 656-3450  
E-mail: [Complaints\\_office\\_03@hud.gov](mailto:Complaints_office_03@hud.gov)

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-  
sippi, North Carolina, South Carolina, and Tennessee:**  
**SOUTHEAST/CARIBBEAN OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Five Points Plaza  
40 Marietta Street, 16th Floor  
Atlanta, GA 30303-2808  
Telephone (404) 331-5140 or 1-800-440-8091  
Fax (404) 331-1021 • TTY (404) 730-2654  
E-mail: [Complaints\\_office\\_04@hud.gov](mailto:Complaints_office_04@hud.gov)

**For Illinois, Indiana, Michigan, Minnesota,  
Ohio, and Wisconsin:**  
**MIDWEST OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Ralph H. Metcalfe Federal Building  
77 West Jackson Boulevard, Room 2101  
Chicago, IL 60604-3507  
Telephone (312) 353-7776 or 1-800-765-9372  
Fax (312) 886-2837 • TTY (312) 353-7143  
E-mail: [Complaints\\_office\\_05@hud.gov](mailto:Complaints_office_05@hud.gov)

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:**  
**SOUTHWEST OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
801 North Cherry, 27th Floor  
Fort Worth, TX 76102  
Telephone (817) 978-5900 or 1-888-560-8913  
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595  
E-mail: [Complaints\\_office\\_06@hud.gov](mailto:Complaints_office_06@hud.gov)

**For Iowa, Kansas, Missouri and Nebraska:**  
**GREAT PLAINS OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Gateway Tower II  
400 State Avenue, Room 200, 4th Floor  
Kansas City, KS 66101-2406  
Telephone (913) 551-6958 or 1-800-743-5323  
Fax (913) 551-6856 • TTY (913) 551-6972  
E-mail: [Complaints\\_office\\_07@hud.gov](mailto:Complaints_office_07@hud.gov)

**For Colorado, Montana, North Dakota, South Dakota,  
Utah, and Wyoming:**  
**ROCKY MOUNTAINS OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
1670 Broadway  
Denver, CO 80202-4801  
Telephone (303) 672-5437 or 1-800-877-7353  
Fax (303) 672-5026 • TTY (303) 672-5248  
E-mail: [Complaints\\_office\\_08@hud.gov](mailto:Complaints_office_08@hud.gov)

**For Arizona, California, Hawaii, and Nevada:**  
**PACIFIC/HAWAII OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
600 Harrison Street, Third Floor  
San Francisco, CA 94107-1300  
Telephone (415) 489-6524 or 1-800-347-3739  
Fax (415) 489-6558 • TTY (415) 436-6594  
E-mail: [Complaints\\_office\\_09@hud.gov](mailto:Complaints_office_09@hud.gov)

**For Alaska, Idaho, Oregon, and Washington:**  
**NORTHWEST/ALASKA OFFICE**  
Fair Housing Hub  
U.S. Dept. of Housing and Urban Development  
Seattle Federal Office Building  
909 First Avenue, Room 205  
Seattle, WA 98104-1000  
Telephone (206) 220-5170 or 1-800-877-0246  
Fax (206) 220-5447 • TTY (206) 220-5185  
E-mail: [Complaints\\_office\\_10@hud.gov](mailto:Complaints_office_10@hud.gov)

*If after contacting the local office nearest you, you still have ques-  
tions – you may contact HUD further at:*  
U.S. Dept. of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 7th Street, S.W., Room 5204  
Washington, DC 20410-2000  
Telephone (202) 708-0836 or 1-800-669-9777  
Fax (202) 708-1425 • TTY 1-800-927-9275

To file electronically, visit: [www.hud.gov](http://www.hud.gov)

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PLACE  
POSTAGE  
HERE

MAIL TO:

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Public Reporting Burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The Department of Housing and Urban Development is authorized to collect this information by Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I- Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and by the Age Discrimination Act of 1975, as amended, (42 U.S.C. 6103).

The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Justice for its use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed that discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.



# HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda  
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

**Instructions:** (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

Your Name

Your Address

City

State

Zip Code

Best time to call

Your Daytime Phone No

Evening Phone No

## Who else can we call if we cannot reach you?

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

Contact's Name

Best Time to call

Daytime Phone No

Evening Phone No

## What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.

# HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano    Oficina de Derecho Equitativo a la Vivienda  
U.S. Department of Housing and Urban Development    Office of Fair Housing and Equal Opportunity

## 2 Why do you think you are a victim of housing discrimination?

Is it because of your:

· race · color · religion · sex · national origin · familial status (families with children under 18) · disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

## 3 Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

## 4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## 5 When did the last act of discrimination occur?

Enter the date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Is the alleged discrimination continuing or ongoing?

Yes No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.



## It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

## If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

Detach here. Fold and close with glue or tape (no staples)

Keep this information for your records.

Date you mailed your information to HUD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address to which you sent the information:

\_\_\_\_\_

Office Telephone

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip Code

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.

## ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

"The American Dream of having a safe and decent place to call 'home' reflects our shared belief that in this nation, opportunity and success are within everyone's reach.

Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability."

Alphonso Jackson  
Secretary

## HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

# SECTION 8 HOUSING CHOICE VOUCHER RENT CALCULATION WORKSHEET

Check one:  Initial     Recert  
 Interim     Transfer

Family Name: \_\_\_\_\_

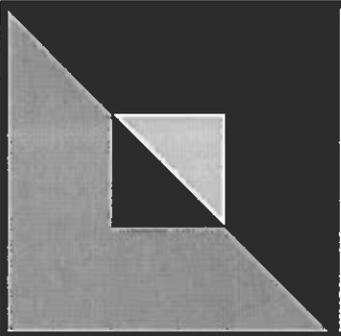
Number of Bedrooms per PHA Occupancy Standard: \_\_\_\_\_

A. Rent to Owner	_____
B. Utility Allowance	_____
C. Gross Rent: A plus B	_____

D. Applicable Payment Standard (or Total Gross Rent which ever is less)	_____
E. Greater of 30% of Adjusted Monthly Income or \$50 minimum rent	_____
F. Maximum Voucher Subsidy: D minus E	_____
G. Gross Rent Less Maximum Subsidy: C minus F	_____
H. (1) 10% of Total Monthly Income	_____
(2) Minimum Rent as set by PHA	_____ 50 _____
(3) Minimum Family Contribution: Higher of H(1) or H(2)	_____
I. Total Family Contribution: Higher of G or H(3)	_____
J. 40% of Adjusted Monthly Income (Only at Initial and Transfers, if I is larger than J, family cannot lease the unit.)	_____
K. Gross Rent Less Family Contribution: C minus I	_____
L. Total Voucher Subsidy: Lower of F or K	_____
M. HAP to Owner: Lower of A or L	_____
N. Family Rent to Owner: A minus M	_____
O. Utility Reimbursement to Family: L minus M	_____

Date of Completion \_\_\_\_\_

Staff Initials \_\_\_\_\_



# Lead-Base Paint Rule

## **If your rental unit:**

- Was built before 1978, and
- Has a child under six years old living in it, and
- Has deteriorating paint (peeling, flaking, cracking, chalking, chipping, scaling or loose paint)

You must remove all deteriorating paint from all surfaces and paint with lead-free paint **before** we inspect the unit for Housing Quality Standards. You may cover the deteriorating paint with a suitable material such as sheet rock, wallboard, paneling material or siding, whichever is appropriate. This must be done **before** we inspect the unit.

If the unit has deteriorating paint when we inspect, it must be treated as leaded paint. The paint must be stabilized, which involves, removal of loose paint, repair of physical defects in substrate, application of new coat of paint, and use safe work practices and clearance. You must use workers that are supervised by a certified abatement supervisor or workers that are trained in EPA or HUD-approved course. The unit must be cleared by a certified independent person that the unit is lead-free, before we can place it on our program.

If you have the paint tested and it is found that it is not lead-based paint, you do not have to use safe work practices, use trained or supervised workers or have to have the unit cleared by a certified independent person.

Inspect windows, window sills, soffit, fascia, concrete steps, foundation, siding, exterior and interior doors, trim, porch ceiling, other buildings and fence, in close proximity to unit. There can not be any deteriorating paint on the unit when we come for the inspection.

All paint particles must be removed from the area in the appropriate manner, any paint particles found laying on the floors or ground, will also cause the unit to fail the inspection.

Please have your rental unit free from deteriorating paint, when we come for the housing inspection. It will save you and our agency, time and money.

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**Please contact our office for more information**

**Phelps County PHA  
#4 Industrial Drive  
St. James, MO 65559  
573-265-4200**

## Phelps County PHA Common Problems

1. Someone 18 years or older must be at the unit for the inspection to be performed, between the hours of 8am-5pm.
2. All utilities must be on (electric, gas, water, etc.).
3. Dogs must be secured or we can not inspect.
4. All windows must be equipped with locks. All windows that are meant to open must open and close properly and must stay open without the use of a prop. Mobile homes with crank style windows must have cranks and work properly. Screens must be free of holes and tears. Properly fitted screens installed: at least 2 in the living room and 1 in all other rooms. All second level homes or higher must have screens on all openable windows.
5. All peeling paint on walls, ceilings, exterior, including porches, fencing, propane tanks and sheds must be removed and painted or covered with another type of wall covering such as wallpaper, paneling or siding.
6. All electrical switch plates and wall outlets must have covers. Covers must not be cracked or broken. All capped (taped) wires must be in junction boxes with covers, including capped wires in basement.
7. There can be no broken, cracked or loose windows.
8. Regulations require an overflow pipe (made of hard copper or plastic PVC) be installed on water heaters from the pop-off valve to no more than six inches from the floor or through the floor. All gas water heaters must be vented to the outside. Diagram available at [www.meramecregion.org](http://www.meramecregion.org). Click on Phelps County PHA.
9. At least one operable smoke detector must be present and working when tested on each level of the unit including the basement. If the unit is occupied by a hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons.
10. If there is not a window in the bathroom, the bathroom must be equipped with an exhaust vent. The exhaust fan must be clean to operate properly.
11. Regulation requires that there be handrails on steps with 4 or more consecutive steps and banisters on porches with a rise of 30 inches or more from the ground.
12. If there is evidence of roach infestation, you must hire an exterminator or begin a program of vermin extermination.
13. Property must be clean; there must not be any trash or debris on the property. Any unsafe, unhealthy or unsanitary situations must be remedied.
14. All burners and ovens on cooking stoves must be usable. Knobs, oven handles and burners must be in place. Drip pans and ovens must be clean and in good working order. Burners must light with the pilot, where applicable.
15. All mobile homes must be securely tied down and underpinned.
16. Grass must be mowed and trees trimmed off of unit. All trash must be disposed of, such as old appliances, tires and broken glass.
17. Refrigerators must have toe-kicks if designed to have one and a tight seal around the doors.
18. All floor vents and cold air returns must be secured to the floor with no large gaps.
19. Any unit using any fuel source other than electricity for the cook stove, water heater, and/or furnace must have a carbon monoxide detector, installed according to manufactures directions.
20. All units with gas, wood, oil burning appliances/furnaces or water heaters will need to be serviced on a yearly basis to ensure that they are operating in a safe and efficient manner. These appliances need to be serviced when colder weather approaches. This is the landlord's responsibility and the PHA will not be held liable if these items malfunction. Clean furnace filters must be in place.
21. No empty light sockets. All lights must work when tested.
22. Cap off washer drains and dryer vents, if not in use.
23. Breaker boxes must have no empty slots. Fill with dummy breakers or cover with metal strips to fill the gaps. Do not use tape.
24. If present, range hood must have an exhaust fan screen.
25. Do not use double keyed locks.
26. Weather strip around exterior doors.
27. Secure all loose carpet or vinyl that can be a tripping hazard, patch or replace missing tiles or areas of carpet.
28. All items must be in good working order.

Removing items, poor maintenance or repair work may reduce the value or the property owner's rent amount. Example: removing storm doors or a dishwasher and patching instead of replacing.

# 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. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) <b>Phelps County PHA</b>	2. Address of Unit (street address, apartment number, city, State & zip code)
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3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection
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9. Type of House/Apartment

Single Family Detached  
  Semi-Detached / Row House Duplex  
  Manufactured Home Trailer  
  Garden / Walkup Apartment  
  Elevator / High-Rise

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

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 515 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other Wood	<del>X</del>	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	<del>X</del>	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	<del>X</del>	
Other Electric		<del>X</del>	
Water		<del>X</del>	
Sewer		<del>X</del>	
Trash Collection		<del>X</del>	
Air Conditioning		<del>X</del>	<del>X</del>
Refrigerator		<del>X</del>	<del>X</del>
Range/Microwave		<del>X</del>	<del>X</del>
Other (specify)			

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.

Is any member of the tenant's household related to the landlord? \_\_\_\_\_

If yes, how. \_\_\_\_\_

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 own 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 as to whether or not the unit will be approved.

Most recent rent amount \$ \_\_\_\_\_ per month

Square footage \_\_\_\_\_

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Number of people that will be living in the rental unit \_\_\_\_\_

Number of children under age 6, including unborn children \_\_\_\_\_

Directions:

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (Initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

## CERTIFICATION INFORMATION REGARDING MANUFACTURE OF METHAMPHETAMINE

To ensure that Phelps County Public Housing Agency is providing safe and clean properties to its clients, it is necessary to obtain disclosure certification from the property owner or manager related to the manufacture of methamphetamine on the property as described below. If there has been methamphetamine production, the owner/manager must certify the unit is free of contamination. The Department of Housing and Urban Development has established criteria through regulation which requires Phelps County PHA to ensure that properties used in its programs are sanitary facilities and in sanitary condition (24 CFR 982.401). Thus certification is required. Please select option 1 or 2. If option 2 is selected, it is necessary to complete a, b or c and provide necessary documentation.

### Owner/Lessor Disclosure

1. \_\_\_\_\_ I am **unaware** through the use of due diligence of any manufacture of methamphetamine activities, defined as production of methamphetamine at any stage or the storage of chemicals or precursors in the unit.
  
2. \_\_\_\_\_ I am **aware** there was manufacture of methamphetamine activities, defined as production of methamphetamine at any stage or the storage of chemicals or precursors in the unit.
  - a. \_\_\_\_\_ The unit and property has been properly remediated and I have certification to that effect. (Attach certification)
  
  - b. \_\_\_\_\_ There has been no remediation and I have certification that concludes that remediation is unnecessary. (Attach certification)
  
  - c. \_\_\_\_\_ I am unaware whether there has been remediation or whether remediation is necessary.

If you are **aware** of manufacture of methamphetamine activities in your unit and you do not have documents to certify that proper remediation has been completed or that remediation is not necessary, Phelps County PHA cannot continue to use your property for its clients, and cannot enter into a HAP contract with you.

By signing below, you are acknowledging your responsibility to report any methamphetamine activities, should they occur on this property while under contract with the Phelps County PHA immediately.

\_\_\_\_\_  
Owner/Manager Signature

\_\_\_\_\_  
Date

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

County: \_\_\_\_\_