

Kenner Housing Authority

An Equal Housing Opportunity
~ 1003 31st Street ~ Kenner, Louisiana 70065 ~
Phone 504-467-9166 ~ Fax 504-464-7781

Dear Owner:

In keeping with the integrity of The Housing Authority (KHA) of Kenner LA, and in order to stay in compliance with HUD the following guidelines applies. Effective immediately, KHA will conduct owner certifications for owners prior to approving tenancy and for owners when there is a transfer in ownership on existing HCV program units. In order to certify and verify KHA will require the following:

- Owners can verify ownership by producing a copy of the Deed of Record, or a HUD 1 Settlement Statement or from the Parish of Jefferson Civil District, provided that the owner's name is an exact match.
- An Act of Sale & Property Tax Statement
- Owner provides a verified Employer Identification Number or verified Social Security Number.
- Owner has signed VAWA Owner Notice (see attached form)
- Owner has signed the Owner Certification of Civil Rights Compliance form and No Conflict of Interest form
- If an owner uses an authorized agent/landlord to manage the unit and/or make decisions on his behalf, KHA will require a signed contract between the owner and agent to certify that the individual presenting him/herself to KHA to act on the owner's behalf is authorized by the owner to do so. Such agent must also provide a government photo ID.
- KHA will issue a 1099 tax form to the owner at the address provided to KHA

KHA may abate or suspend Housing Assistance Payments or terminate the HAP contract if owner certification requirements are not met.

This procedure is effective immediately for new owners, transfers and properties coming onto the program. Tenancy will not be approved and the owner's payments will be placed on hold until paperwork and requirements have been met.

Thank you in advance for your cooperation,

The Housing Authority of Kenner, Louisiana

KENNER HOUSING AUTHORITY
LANDLORD VERIFICATION FORM

DATE: _____

NAME OF COMPANY: _____

AUTHORIZED REPRESENTATIVE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

NAMES OF TENANT [S]:

ADDRESS:

I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT ANY DELIBERATE ATTEMPTS TO MISLEAD KENNER HOUSING COULD RESULT IN TERMINATION FROM THE HOUSING CHOICE VOUCHER PROGRAM AND POSSIBLE CRIMINAL CHARGES.

AUTHORIZED REPRESENTATIVE

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KHA

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VAWA: Owner Notice

In January 2005, a law known as the Violence Against Women Act or "VAWA" was signed and approved by the president, VAWA provides new protections for victims of domestic violence, dating violence and stalking who are residents of public housing or who assisted with Housing Choice Voucher Program rental assistance.

You should know that:

1. **Admissions:** If an applicant is or has been the victim of domestic violence, dating violence, dating violence, or stalking (KHA's Administrative Plan contains the VAWA policies and definitions and is available upon request), this is not an appropriate basis on which to deny program assistance or to deny admission of the applicant otherwise qualifies for assistance or admission.

2. **Lease terms:**
 - An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for determining the assistance, tenancy or occupancy rights of the victims of that violence.
 - Additionally, you may not terminate tenancy, assistance or occupancy rights as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of a household, a guest or another person under the control of that household, and another household member is the victim.

However there are some limitations to these protections:

- You may not terminate a tenancy and or assistance if you can demonstrate “an actual and imminent threat” to other tenants or to persons employed at or providing services to the development.
 - If a tenant claims protection under VAWA against termination of tenancy or assistance, you may ask the tenant to deliver a certification, which the tenant must provide in 14 business days concerning the incidents that raise VAWA protections.
3. **Certification:** There are three ways that a tenant can provide requested certification. The tenant may: (1) fill out a HUD –approved form, which the tenant may request from his/her Case Manager, (2) provide a police report or court record, or (3) have professional person whom the tenant consulted about the domestic violence, dating violence or stalking provide documentation. The tenant may choose any of these three options for certification. You cannot require specific type documentation or more than one form of documentation so long as the tenant follows one of these three certification methods. The tenant must deliver the certification in one of these three ways within 14 business days after receipt of you request for certification or the tenant may not claim protection under VAWA.
 4. **Confidentiality:** Information provide by a tenant about an incidents of domestic violence, dating violence or stalking must be held by the owner, manager, and/or KHA in confidence and not shared without the tenant’s consent, except theat this information may be disclosed in an eviction proceeding or otherwise an necessary to meet the requirements of law.
 5. **Removal of/ Termination of Assistance to Perpetrator of Physical Violence:** An owner or Manager may terminate the tenancy of and evict a tenant or other lawful occupant, and/or KHA may terminate assistance to a participant in the Housing Choice Voucher Program, who engages in criminal acts of physical violence against family members or others. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing, denying assistance to, or otherwise penalizing other household members.
 6. **Evictions:** Owners, managers and KHA must make tenants aware of their rights under VAWA
 7. **Moving to Another Location:** If a household is otherwise in compliance with its leases and other HCV program requirements, and the tenant reasonably believes that the household must relocate to protect stalking; KHA may issue a voucher to the household to permit a move (port) to another location even though this action would break an

existing lease. KHA may request the certification described above before issuing the voucher.

8. For additional information: Contact your Case Manager

I HAVE READ AND DO UNDERSTAND THIS INFORMATION

Owner/Agent Signature

Date

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Fair housing and conflict of interest certification

Certification of Fair Housing Compliance

I certify that I and anyone authorized to act on my behalf shall comply with the Fair Housing Act, as amended (Executive Order 11063 of Title VII of the Civil Rights Act of 1968). Neither I nor anyone authorized to act on my behalf in the rental of housing discriminates against any person because of race, color, national origin, religion, sex familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

Certification of No Conflict of Interest

I certify that I and anyone authorized to act on my behalf shall comply with the provisions of HUD regulations 24 CFR 982.306. Neither I nor anyone authorized to act on my behalf is the parent, child, grandparent, grandchild, sister, or brother of the tenant family, unless KHA has determined that approving my unit would provide reasonable accommodation for a family member who is a person with disabilities.

Owner/Agent Signature

Owner/ Agent Printed Name

Mailing Address

City, State, Zip Code

- b. Require any tenant or other person occupying or using your leased unit and committing a Violation, upon proper notice from the Authority, must vacate the leased unit permanently and not thereafter enter upon the Authority's premises or enter your leased unit with or without your consent, acquiescence, or permission. If the person vacating the unit is one of the tenants, the person shall be removed from the tenancy and the tenants shall continue among you and any other remaining lessees and the Authority.

Evidence of criminal activity: in determining whether to deny or terminate assistance based on drug-related activity or violent criminal activity, the HA shall deny or terminate assistance if the preponderance of evidence indicates that a family member has been arrested or convicted. Evictions are not criminal matters. Therefore a criminal conviction or arrest shall not be necessary for action to be taken by the Kenner Housing Authority.

If the Authority acts under paragraphs above, you as tenant/ landlord shall cooperate with the Authority in any and all efforts of the Authority to require any person committing a Drug Violation move out of your unit and to cease using your unit to commit Drug Violations. You as tenant hereby assign and convey to the Landlord all of your right as lessor necessary for the Landlord to accomplish the purposes of eviction under above paragraph.

If any tenant who commits a Drug Violation is given notice to vacate or any landlord is removed under the provisions of the above, the names of such persons committing the Violation will be requested to clearinghouse system operated statewide. If you have vacated the unit without having a Court hearing, the Authority reserve the rights to provide your name to the clearinghouse system.

I understand and agree to the rules and guidelines set forth in this policy regarding Zero Tolerance for drug and criminal activity. I also was offered the opportunity to discuss any questions or area of concern which I may have had concerning the material presented in the policy.

Landlord Signature

Date

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October 4, 2013

Dear Landlord/Agents/owners

DIRECT DEPOSIT PROGRAM

As a property owner receiving Housing Assistant Payments (HAP), you are required to enroll in the Kenner Housing Authority's (KHA) direct deposit program in which HAP will be deposited electronically into your bank account. KHA offers Direct Deposit of monthly HAP as a way to increase efficiency, security, and to improve service to participating landlords.

You are required to complete this process and to provide us with the required forms and documentation by OCT 30, 2013. We urge you to apply for direct deposit now. If you do not successfully enroll in direct deposit a hold will be placed on your HAP payment amount. This will prevent you from receiving any future HAP until the hold is removed. After Nov 30, 2013 KHA will no longer mail paper checks.

Some of the benefits of Direct Deposit include:

Timely electronic deposit of your monthly HAP, faster availability of funds from your HAP, reduced risk of check fraud and lost or stolen checks, time saving-no need to go to the bank or ATM to deposit, Easy access to Landlord portal where you can view/print stub (How to Access the landlord portal will follow up with another letter) and enrollment is free.

You will need to complete and submit two documents to initiate the Direct Deposit of your HAP:

The Direct deposit authorization form and a voided check from your checking account, or a letter from your financial institution indicating the saving account number and routing number.

We appreciate your participation in the KHA Housing Choice Voucher Program and look forward to a smooth transition to Direct Deposit. If you have any questions, please contact us at (504)467-9166.

Sincerely,
HCV Department

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Payee Authorization

COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO: Kenner Housing Authority 1003 31 st St. Kenner, LA 70065	PLEASE ATTACH A VOIDED CHECK
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PAYEE NAME: _____

PART 1A: Transaction Type		PART 1B: Change Reason (Not Required for New Account)	
<input type="checkbox"/> New Account	<input type="checkbox"/> Change Account (Specify Under Part 1B)	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account #
<input type="checkbox"/> Cancel Account	<input type="checkbox"/> Address Change	<input type="checkbox"/> Change Acct Type	<input type="checkbox"/> Change Routing #
		<input type="checkbox"/> Other	

PART 2: Payee Information	
Pay Name (Must Match IRS W-9 Form) Property owner or Participant tax ID/SSN (Must be 9 – digit number) <input type="checkbox"/> Social Security Number (SSN) <input style="width: 100%;" type="text"/> <input type="checkbox"/> Federal Employer Identification Number (EIN) <input style="width: 100%;" type="text"/>	Contact information Work Phone <input style="width: 90%;" type="text"/> Home Phone <input style="width: 90%;" type="text"/> Fax Number <input style="width: 90%;" type="text"/> E-Mail <input style="width: 90%;" type="text"/>

PART 3: Type of Ownership				
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (LLC)		
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Housing Authority (PHA)	

PART 4: Address			
Physical Address (Cannot be a P.O Box)	City	State	Zip Code
Mailing Address (P.O. Box Allowed) <input type="checkbox"/> Check if same as physical address	City	State	Zip Code
1099 Address (P.O Bo Allowed) <input type="checkbox"/> Check if same as physical address	City	State	Zip Code

Payee Name (Must match IRS W-9 Form)

Part 5: Financial Information for Direct Deposit

Name of Financial Institution

Type of Account

Checking

Saving

Routing Transit Number

Customer Account Number

TIP Call your financial institution to make sure they will accept direct deposit

TIP Verify your account number and routing transit number with your financial institution

TIP Do not use a deposit slip to verify the routing number

John Doe 1234
123 Bay Street
Kenner, LA 70065

Pay to the order of _____ \$
Dollars

For

.....
.....
.:25000000.:12345678910 11.

Routing Transit Number ←

Account Number ←

Note: The Account and Routing Number may appear in different places on you check

PART 7: Authorizing Signature

By signing this Authorization form. I permit the Kenner Housing Authority to deposit payments by electronic funds transfer into the account specified in part 5.

I also authorize the debit of amounts deposited in error and any financial adjustments deemed necessary by the Kenner Housing Authority.

I understand that providing incomplete or inaccurate information may delay my payments.

This Authorization will remain in effect until the Kenner Housing Authority has received written notice from the undersigned to terminate financial transactions.

The Undersigned is responsible for notifying the Kenner Housing Authority of any change in information contained within this agreement.

Signature of Account Owner

Date

Printed Name of Account Owner

PLEASE ATTACH A VOIDED CHECK