

Section 8

Clients and Landlords

The Hagerstown Housing Authority is committed to providing quality, affordable housing in a safe environment. Through partnership with our residents and other groups we will provide opportunities for those we serve to become self-sufficient.



To associate on neighborly terms ♦ To be friendly ♦ Persons who live near others

Summer 2018

Did you know that answers to most of your questions regarding Section 8 Housing can be found right in your Statement of Family Obligations?

Here are some answers to the most common questions that are asked;

I want to move. What do I need to do?

Answer: *If you have been in your unit for a least 1 year and you are currently on a month to month lease, you will need to give a written 30-day Notice to your landlord and to the Housing Authority by the 1st of the month.*

I have an income change. What do I need to do?

Answer: *You will need to fill out an Interim Change Form either on-line or at our main office. All changes need to be reported within 14 days.*

I want to add someone to my voucher. What do I need to do?

Answer: *You will need to fill out an Interim Change Form and request an Add-on Application (pink) at our main office to be filled out by the person being added. After we process the application and if approved, you will be scheduled for an appointment with your Caseworker. The Caseworker will inform you of what needs to be brought to the appointment. (Please keep in mind your landlord must also approve the add-on)*

Attention Landlords!!

OWNERS/LANDLORDS—PLEASE REVIEW YOUR HAP CONTRACTS!

The owner is responsible to screen for screening of the family's suitability for tenancy.

The owner must provide all housing services as agreed to in the lease. I.E If you state in the lease and Tenancy Addendum that the landlord will provide/pay for a utility, then you cannot charge the tenant for that utility.

Notify the Housing Authority if you are evicting a Section 8 tenant for lease violations. A copy of the 30 day vacate notice should be provided. If you are evicting for rent, please notify the Housing Authority as soon as the tenant is set out/vacated.

After the initial 12 months, you may request in writing to raise the rent. You must give a 60 day notice. You will be notified if the rent increase will not be accepted due to rent reasonableness.

If your Section 8 tenant is deceased, please notify Housing immediately.

Please complete the landlord repairs indicated on the inspection within 30 days/by the re-inspection date to avoid re-inspection fees, rent abatement and termination.

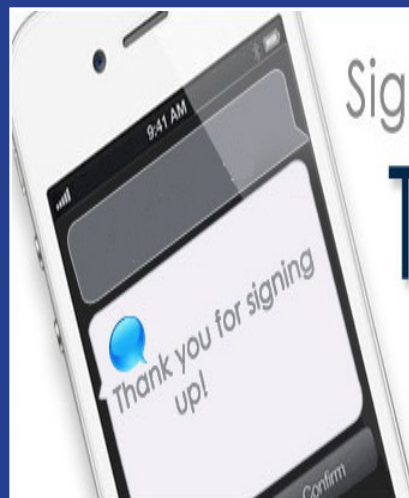


DID YOU KNOW...?

Section 8 Department

- Angie Albaugh Ext. 151
Last Names A-L
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- Sharon Deneen Ext. 152
Last Names M-Z
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- Liz Donovan Ext. 184
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- Tacy Myers, FSS Ext. 157
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- Don Harkcom, Ext. 161
Inspector
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**HAP PAYMENTS TO LANDLORDS
TO ENSURE TIMELY PAYMENTS-PLEASE NOTIFY US IMMEDIATELY IF YOUR DIRECT DEPOSIT BANKING
INFORMATION HAS CHANGED.**



Sign Up for
Text Alerts

If you live in.....	Text the word	To phone number
Scattered Sites	Sites	844.707.0110
C.W.Brooks	cwb	844.707.0110
Frederick Manor	fred	844.707.0110
Walnut Towers	wt	844.707.0110
Potomac Towers	pt	844.707.0110
Noland	Noland	844.707.0110
Gateway Crossing	gwc	844.707.0110
Parkside Homes or Douglass Court	park	844.707.0110

The Family Self Sufficiency Program

Did you know there is an exciting program going on at the Hagerstown Housing Authority that offers many opportunities for its residents'?

The Family Self Sufficiency Program (FSS) is a program designed to provide individual case management services to residents of public housing and section 8 for the purpose of achieving self sufficiency. The participants identify specific goals that they agree to pursue accomplishing with the assistance of an FSS Coordinator.

One of the biggest perks to participating in the program is that while FSS participants work toward their goals and their rent increases due to increases in earned (working) income a participant may be eligible to build an escrow savings account through HHA.

Currently there are 130 residents participating in the FSS Program. Of those participants there are 67 individuals who are working and possibly contributing to increasing their escrow savings accounts! If you would like more information about or are interested in participating in the Family Self Sufficiency Program please contact an FSS Coordinator at 301-733-6911: Kelly Mills-Thompson ext. 158, Jill Moore ext. 167, or Tacy Myers ext. 157.



THE
FSS
FAMILY SELF SUFFICIENCY
PROGRAM

YOU'RE NEVER TOO OLD TO SET
ANOTHER GOAL OR TO DREAM A NEW
DREAM!

Hagerstown Housing Authority

Community Fair

Friday, August 17

Elgin Station

10:00 AM to 3:00 PM

Come out for a day of fun!

Enjoy entertainment, food, fun and activities while you visit the vendors to see the many services offered in the community.



Inspector's Corner

AVOID RE-INSPECTION FEES !!

The \$50 re-inspection fee is easily avoidable by having all landlord repairs completed before the scheduled inspection date. If you are charged a re-inspection fee, it must be paid before our inspector will schedule the second and any subsequent inspections. If you pay the \$50 we are assuming that the repairs are already completed and it is ready to be inspected. If it requires another inspection, another fee will be accessed.

CO ALARM REQUIREMENTS

The State of Maryland requires carbon monoxide alarms in any rental dwelling unit relying on the combustion of a fossil fuel for heat, ventilation, hot water or clothes dryer operation.

The carbon monoxide alarms shall be:

- Wired into an alternating current (AC) power line with secondary batter back up; or
- Battery powered, sealed, tamper resistant, and using a long-life battery that has a life of not less than 10 years; or
- Is connected to an on-site control unit that monitors the carbon monoxide alarm remotely
- Combination alarms (smoke and CO) must meet the power source requirement for smoke alarms

The Carbon monoxide alarms must be in compliance with the Underwriters Laboratories UL2034 or UL2075 as approved by the Office of the State Fire Marshall

If you have a fuel burning source in the building, ALL levels must have a carbon monoxide detector installed in them that meets

Biennial Inspections Have Begun on Zero and One Bedrooms with October Recertification Dates!

If you live in an efficiency or one bedroom, you will not be up for an inspection in July this year. You will not receive an appointment letter unless you have a child under 6 on your voucher. We will continue to annually inspect all units with a child under 6 on the voucher due to the lead paint requirements. The next inspection for all other efficiencies and one bedrooms will be done in July 2019. This procedure will continue for efficiencies and one bedrooms with an October recertification date and later. For example, if your recertification date is in November 2018, then your inspection will occur in August 2019.

LEASE VIOLATIONS ARE PROGRAM VIOLATIONS!

Your lease is a contract between the tenant and the landlord. Violations of the lease such as damages to property, unauthorized people staying in your unit, and participating in criminal/drug activity will get you terminated from Section 8.

Please read your lease and Section 8 Family Obligations carefully so you are aware of your responsibilities as a tenant and participant.

Landlords- If you send your tenant a vacate notice; you are required to send a copy of that notice to the Housing Authority so that we are aware that your tenant is in violation of your lease.

RENT INCREASES OR CHANGES IN UTILITIES

Changes in monthly rent amounts or changes in utilities have to be approved by the Housing Authority. Rent increases must be submitted to the Housing Authority 60 days in advance of the effective date and per the HAP Contract, rent cannot be raised until

RENT COMPARABLE UNIT

Rental Property Address: _____

Street City State

Type of House/Apartment. Single Family Garden/Walk-Up Semi-Detached/Row House Elevator/High-Rise
 Mobile Home

No. Of walls exposed to the outside? _____

No. of BRs: _____ Floor Location: _____ Accessible to Persons with Physical Impairments: Y ___ N ___

Type of Neighborhood (residential, downtown, near park, etc.) _____ Census Tract Number _____

Kitchen <input type="checkbox"/> Dishwasher <input type="checkbox"/> Eat-In Kitchen <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Pantry Overall Characteristics <input type="checkbox"/> Air Conditioning (Central) <input type="checkbox"/> Air-Conditioning (Window Unit) <input type="checkbox"/> Attic <input type="checkbox"/> Balcony/Patio/Deck/Porch <input type="checkbox"/> Blinds/Drapes <input type="checkbox"/> Den <input type="checkbox"/> Dining Room <input type="checkbox"/> Extra Storage Room <input type="checkbox"/> Family Room	<input type="checkbox"/> Fenced Yard <input type="checkbox"/> Finished Basement <input type="checkbox"/> Full Basement <input type="checkbox"/> Garage/Carport/Parking Facilities <input type="checkbox"/> New Furnace <input type="checkbox"/> Newly Renovated (year) <input type="checkbox"/> New Roof <input type="checkbox"/> Off-Street Parking <input type="checkbox"/> Range <input type="checkbox"/> Refrigerator <input type="checkbox"/> Second Bathroom <input type="checkbox"/> Screen Doors or Windows <input type="checkbox"/> Storm Doors or Windows <input type="checkbox"/> Wall-to-Wall Carpeting <input type="checkbox"/> Washer and/or Dryer <input type="checkbox"/> Washer and/or Dryer Hookup	Services <input type="checkbox"/> Bus Line <input type="checkbox"/> Coin-Op Laundry <input type="checkbox"/> Playground <input type="checkbox"/> Storage Bins <input type="checkbox"/> On-site Maintenance <input type="checkbox"/> On-site Management <input type="checkbox"/> Parking (designated) <input type="checkbox"/> Learning Center <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other: Age of Unit Square Footage				
Utilities and Appliances (if owner provides insert O; if family, insert F)	O-Owner F-Family	Coal	Oil	Natural Gas	Electric	LP Gas
Water/Sewer/Trash						
Electric Lights						
Heating (check type)						
Hot Water Heating (check type)						
Cooking (check gas or electric)						
Air Conditioner (who owns?)						
Range (who owns?)						
Refrigerator (who owns?)						

GROSS RENT HISTORY

Date	Contract Rent	HUD Allowance for Tenant Paid Utilities	Gross Rent

OWNER/LANDLORD/ PROPERTY MANAGEMENT COMPANY INFORMATION

Name: _____ Telephone: _____

Address: _____ Date: _____

 Name/Title of Person Completing Form

 Signature of Person completing Form

