



Alexandria Redevelopment and Housing Authority

ALEXANDRIA REDEVELOPMENT & HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM

NEW LANDLORD PACKET



Alexandria Redevelopment and Housing Authority

Keith Pettigrew, Chief Executive Officer

Dear Owner:

Thank you for your interest in the Alexandria Redevelopment and Housing Authority (ARHA) Housing Choice Voucher Program. This is a general guide to Housing Choice Voucher Program policies, procedures and regulations. The Housing Choice Voucher program is designed to fill the gap between what a family can afford to pay in rent and the actual rent payments. The success of the program depends on ARHA's ability to contract with property managers and owners who have quality, affordable rental units. All Housing Choice Voucher program participants, families and owners, are subject to federal rules and regulations. ARHA will make every effort to inform you on how new or revised rules affect you.

Many low-income families rely on owners like you who are willing to participate in this program. Your decision to list your property with us is greatly appreciated and we ask that you encourage others to also provide this valuable and much needed service. We look forward to your becoming a partner in ARHA's mission to provide decent, safe and sanitary housing to low income families in the City of Alexandria.

Please review all of the enclosed information provided and should you have any question feel free to contact our office at 703-549-7115.

Welcome to the HCVP
Alexandria Redevelopment and Housing Authority

Housing Choice Voucher Program Overview

The Alexandria Redevelopment and Housing Authority (ARHA) and the Department of Housing and Urban Development (HUD) welcome your participation in the Housing Choice Voucher Program. The Alexandria Redevelopment and Housing Authority currently administers the Housing Choice Voucher Program (1722 units), the Public Housing program (889 units) and the Moderate Rehabilitation program, (109 project based units).

The Housing Choice Voucher program is a federally funded program that provides housing assistance to eligible low-income families anywhere in the Continental United States, including Puerto Rico and Guam. In the City of Alexandria, the Housing Choice Voucher program is administered by the ARHA. ARHA uses the federal funds to provide assistance to very low and low-income families, the elderly and the disabled. This program enables families to obtain safe, decent and sanitary housing by subsidizing a portion of each family's monthly rent through payments made directly to the property owner. Any type of private housing is eligible, provided the rent is reasonable and the unit passes a housing quality standard (HQS) inspection. The owner retains normal management rights and responsibilities, including resident selection, rent collection, property maintenance, lease enforcement and lease termination.

As an owner/agent, you are responsible for using your normal resident selection procedures to screen prospective residents. ARHA will certify that the family is eligible for the Housing Choice Voucher Program but does not screen them for suitability as resident. ARHA does provide the name of the two previous landlords (if known). Before a family can receive assistance in a unit, you must agree to rent the unit to the family and agree to participate in the Housing Choice Voucher Program.

All units in the Housing Choice Voucher Program must be inspected by ARHA to insure that they meet the federal Housing Quality Standards (HQS) of being safe, decent and sanitary. If any problems are noted during the inspection, the owner must make repairs before any rental assistance payments may begin.

The Owner will be contacted within 48 hours of submitting the RFTA to schedule an inspection appointment. Owners should use the housing quality standards inspection checklist to prepare for the inspection. If the unit passes inspection, the Occupancy Specialist for the participant will be notified by the inspector to coordinate the remainder of the new move-in process. In the event this unit fails, the owner will be provided with a list of deficiencies in which he/she has thirty (30) days to make the repairs. The owner will notify ARHA when the unit is ready for re-inspection.

ARHA also conducts an annual inspection of all units to insure that they continue to meet program standards. As an Owner participating in the HCVP, you are required to maintain your rental unit in compliance with local housing codes as well as Federal Housing Quality Standard guidelines.

INTRODUCTION

Thank you for your interest in The Alexandria Redevelopment and Housing Authority's (ARHA's) Housing Choice Voucher Program!

The purpose of this Leasing Packet is to help you navigate the leasing process. The Alexandria Redevelopment and Housing Authority (ARHA), landlord (referred to as the "owner" in this document), and applicant (referred to as the "tenant" in this document), each have different roles and responsibilities in the leasing process. This packet contains information on tenant and owner responsibilities as well as forms that need to be completed before a unit can be approved. You should review the entire packet, not only the sections which apply to you.

Please pay careful attention to the Leasing Checklist at the end of this document. This page tells you which documents need to be completed and by whom. Note that an incomplete Leasing Packet will delay the leasing process. Please read this packet carefully and if you have any questions regarding the leasing process, please contact ARHA's Housing Choice Voucher (HCV) department at (703) 549-7115. You can also obtain more information on ARHA's website at <http://arha.us>. **Thank you!**

FACT: ARHA receives an administrative fee(\$\$\$) from Housing and Urban Development (HUD) for every participant who is leased up in the HCV program. Increasing the pool of landlords and available units means that more of our residents can remain in the City, instead of transferring to other neighboring jurisdictions to find housing.

DELIVERY INSTRUCTIONS FOR NEW AND EXISTING TENANTS

The completed Request for Tenancy Approval (RFTA) and Leasing Packet should be delivered to the Alexandria Redevelopment and Housing Authority's Housing Choice Voucher Office (by the tenant or by the owner or representative) between the hours of 8 am and 5 pm Monday through Friday.

Please note that ARHA will not move forward until the Leasing Packet and the RFTA are completed in their entirety.

Housing Choice Voucher Office

401 Wythe St.

Alexandria, Virginia 22314

Office: 703-549-7115

Fax: 703-838-2825

Website: www.arha.us

REQUIRED DOCUMENTS FOR OWNERS

Owners are required to submit the documents outlined below as part of the completed Leasing Packet. The items below include the documents which are the sole responsibility of the owner and the documents where both the tenant and owner signature are required.

1. A copy of the Deed of Records (all pages) obtained from City Hall, OR HUD 1 Settlement Sheet OR Real Estate Taxes Report;
2. Valid, government-issued photo identification for the owner and agent (where applicable);
3. Verification of Social Security Number or Tax Identification Number (i.e., SSN card or letter from IRS stating Tax Identification Number);
4. Important Notice to Owners and Tenants;
5. Completed Request for Tenancy Approval (RFTA)
6. Utility Agreement;
7. Basic HQS: Owner Certification Form;
8. Fair Housing Act Certification;
9. Alexandria Redevelopment and Housing Authority Fraud Policy;
10. Authorization Agreement for Direct Deposit; w/ voided check
11. Lead-Based Paint: Owner Certification;
12. W-9 Form;
13. Violence Against Women Act (VAWA) Owner Notice; and
14. Agent Authorization (if applicable).
15. Management Agreement (if you have someone else managing your property. A notarized statement or contract between the owner and the management stating that they have authorization to manage the property)

INFORMATION FOR OWNERS

Thank you for your interest in the Alexandria Redevelopment and Housing Authority's Housing Choice Voucher Program. Your participation is essential in providing affordable, safe, and decent housing for qualified families. As part of the leasing process, ARHA has established owner requirements that must be followed. Please note that failure to adhere to established policies and procedures might result in delays and/or disapproval of your unit.

You may contact ARHA at (703) 549-7115 with any questions or concerns. You can also find more information on ARHA's website at www.arha.us.

OWNER REQUIREMENTS

In order to certify that an owner is able to join the Housing Choice Voucher Program, ARHA requires that the owner:

- Has not been placed on the HUD's debarment List;
- Has provided a verified Employer Identification Number or verified Social Security Number;
- Has provided a valid government-issued photo identification;
- Be current on the utility payments for the property and/or payment agreements related to utilities;
- Documents ownership by producing a copy of the Deed of Record or a HUD 1 Settlement Statement or verifies via the on-line database of Real Estate Taxes (provided that the owner name is an exact match);

OWNER BRIEFING

If you are a new owner to the Housing Choice Voucher Program, you are required to register for and attend the Owner/Agent/Landlord Briefing Session prior to receiving ARHA approval to participate as an owner in the HCV program.

OWNER RESPONSIBILITIES

The basic owner responsibilities in the Housing Choice Voucher (HCV) program include the following. Owners must:

- Perform all owner obligations under the Housing Assistance Payments (HAP) contract and the lease;
- Have ARHA approval before moving a tenant into the unit;
- Maintain the unit in accordance with the Housing Quality Standards (HQS), including performance of ordinary and extraordinary maintenance;
- Comply with Fair Housing Laws and requirements;
- Prepare and furnish information required by ARHA or HUD under the HAP contract;
- Collect from the family any security deposit, the tenant's contribution to rent (the part of rent to owner not covered by the housing assistance payment from ARHA), and any charges for unit damage by the family;
- Enforce tenant obligations under the lease;
- Make modifications to a unit occupied or to be occupied by a disabled person;
- Remain current on all city, state, and local taxes, fines, assessments and/or payment agreements related to real estate taxes;
- Remain current on utility payments for the property and/or payment agreements related to utilities; and Comply with the Violence Against Women Reauthorization Act of 2005 (VAWA) when screening and terminating tenants.

OWNER NON-COMPLIANCE

Owners who do not comply with program requirements will be given ten (10) business days from the date of notification to provide proof that the open items/debts are completed/satisfied. Failure to adjudicate this matter may cause your properties to be denied acceptance into the program or may result in termination from the program.

ARHA will abate, or place on hold all Housing Assistance Payments, or terminate the HAP contract if the owner fails to maintain the property within HQS standards.

INFORMATION FOR TENANTS

Thank you for your interest in the Alexandria Redevelopment and Housing Authority's Housing Choice Voucher Program. As part of the leasing process, ARHA has established tenant requirements that must be followed. Please note that failure to adhere to established policies and procedures might result in delays and/or disapproval of your unit.

If you have any questions regarding the leasing process, please contact ARHA Housing Choice Voucher department at (703) 549-7115. You can also find more information on ARHA's website at www.arha.us. Thank you.

REQUIRED DOCUMENTS FOR TENANTS

Tenants are required to submit the documents outlined below. Items 1-4 can be found in the Leasing Packet. The items below include the documents which are the sole responsibility of the tenant and the documents where both the tenant and owner signature are required.

1. Freedom of Choice Certification
2. Important Notice to Owners and Tenants
3. VAWA Tenant Notice
4. Lead-Based Paint Certification: Tenant
5. Proof of all current income for all household members 18 years and older, including, but not limited to:
 - a. Name, address and telephone number of the employer;
 - b. Letter from your employer, on company letterhead, verifying your pay rate and hours worked per pay period or two months of consecutive paystubs. ex: Bi-monthly = 4 paystubs
Weekly = 8 paystubs
 - c. Social Security/Social Security Income/Social Security Disability Income Benefit Letters;
 - d. Documentation of other types of income you expect to receive such as tips, commissions, bonuses, profit sharing programs, child support, unemployment benefits, pensions etc.;
 - e. Zero Income Status: If a household member is 18 years of age or older and has no income, bring verification in the form of a notarized statement and statement of current income status.
6. The original Voucher, signed and dated by both the Head of Household and a ARHA official;
7. Completed Request for Tenancy Approval (RFTA) (not included in Leasing Packet);

IMPORTANT NOTICE TO OWNERS AND TENANTS

Submission of the Leasing Packet

ARHA will not process any Request for Tenancy Approvals (RFTAs) until all Leasing Packet forms have been completed and executed.

Your RFTA may be held until all tenant and owner submissions are complete.

Once the completed Request for Tenancy Approval (RFTA) and Leasing Packet have been accepted, ARHA will:

- Complete a rent reasonableness to determine if the unit is comparable
- Review the unexecuted Lease
- Schedule an inspection of unit
- Prepare HAP contract after receiving executed copy of lease.
- Forward HAP contract for owner signature and
- Begin HAP payments

Please note that if the unit does not pass the Housing Quality Standards (HQS) inspection, and/or if the owner's requested rent is not reasonable, ARHA will attempt to negotiate a reduced rent for a new unit.

ARHA is NOT authorized to pay any rental subsidy until the unit has passed HQS inspection and determined the rent is reasonable. There will be no subsidy payments for any period prior to the passed inspection and rent approval dates. If a tenant moves into a unit prior to the passed inspection and approval from ARHA the tenant will be responsible for the entire rent for that period. No subsidy payment will be released to the owner until there is an approved inspection, authorized rent, signed lease and executed HAP contract. If you have a question as to whether an inspection and/or rent has been approved please call (703) 549-7115 ext. 207 to be directed to the Occupancy Specialist responsible for the case.

Prohibited Payments

Except for the rent to owner, owners may not charge any additional amounts and/or receive any payments or other consideration (from the family, the ARHA, HUD, or any other public or private source) for rental of the contract unit during the HAP contract term. Owners charging payments outside of what has been approved by ARHA are considered to be in breach of the HAP contract. ARHA may pursue recovery of overpayments, suspension of housing assistance payments, abatement or other reduction of housing assistance payments, termination of housing assistance payments, and termination of the HAP contract.

Tenant:

I have read, understood, and agree to the above statements.

Print Tenant Name

Signature

Date

Owner:

I have read, understood, and agree to the above statements.

Print Owner Name

Signature

Date

Glossary of HCVP Terminology

ABATEMENT: -The period of time when Housing Assistance Payments are not made to the owner because the assisted unit does not meet Housing Quality Standards. Retroactive payments are not made for the time the unit is noncompliant. If the HAP is abated the tenant is still responsible only for their share of the rent.

CONTACT RENT: -The amount agreed upon by tenant, ARHA, and the owner as the monthly rent for an apartment.

DRUG RELATED CRIMINAL ACTIVITY: - Drug trafficking, illegal use or possession for personal use of a controlled substance as defined in Section 102 of the Controlled Substances Act.

FAIR MARKET RENT: -The rent as established by HUD for units of varying size that must be paid in the housing market area to rent privately owned rental housing.

FAMILY/PARTICIPANT: -A family that has been admitted to the HCVP program and is currently assisted in the program.

GROSS RENT: -The sum of the rent to owner plus any utility allowance.

HOUSING ASSISTANCE PAYMENT: - The monthly assistance payment by a Housing Authority which includes:

1. A payment to the owner for rent under the family's lease, and;
2. An additional payment to the family if the total assistance payment exceeds the rent to owner.

HOUSING ASSISTANCE PAYMENT CONTRACT: -A written contract between the PHA and the owner for the purpose of providing housing assistance payment to the owner on behalf of an eligible family. It defines the owner and PHA responsibilities and is referred to as the HAP Contract.

HOUSING CHOICE VOUCHER: -The document issued by the PHA declaring the family to be eligible for the program and describing the terms and conditions for that participation.

LEASE: - A written, legal document describing the relationship to exist between landlord and tenant.

LOW INCOME FAMILY: - A family whose annual income does not exceed 80% of the median income for the area as determined by HUD.

PAYMENT STANDARD: -The maximum subsidy payment for a family in the Housing Choice Voucher program.

PORTABILITY: -The ability of a family to move to a dwelling unit with HCVP assistance that is outside the jurisdiction of the housing authority that initially issued the voucher.

REASONABLE MODIFICATION OF RENTAL UNIT: -The fair housing law allows persons with disabilities to make adjustments to their rental units at their own expense.

REASONABLE RENT: - A rent to owner that is not more than either:

1. The rent charged for comparable units in the private unassisted market, or
2. The rent charged by the owner for a comparable unassisted unit in the building or premises.

RECERTIFICATION: -The process of securing documentation of total family income used to determine the rent the tenant will pay for the next 12 months if no interim changes are reported by the family.

TOTAL TENANT PAYMENT (TTP)- The monthly amount paid by the tenant towards rent and utility costs. This amount is computed according to income, family size, and certain allowable expenses.

UTILITY ALLOWANCE- The amount to be considered fair payment for utilities whether paid by the tenant or by the owner. Allowances will vary according to size, rental unit and area.

VERY LOW INCOME - A family with an income 40% or less of the area's median income - level as determined by the U.S. Census.

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Calculating Total Tenant Payment

The total tenant payment (TTP) represents the minimum amount a family must contribute toward rent and utilities regardless of the unit selected. The TIP is calculated using a statutory formula and individual income information. To calculate TIP, annual adjusted income and annual gross income must be converted to monthly adjusted income and monthly gross income by dividing the annual figures by 12 months. The TIP is the greater of:

- 30% of Monthly Adjusted Income and/or;
- 10% of percent of monthly gross income;

30% of Monthly Adjusted Income:

10% of Monthly Gross Income:

- This information will be provided by ARHA staff based on the most recent income information you have reported. Please note, changes in household composition and income may impact the TIP

Total Tenant Payment: \$

The participant will never pay less than the TIP \$ regardless of the unit selected

HOW MUCH DOES THIS UNIT COST?

Rent to Owner \$

Utilities not included

List appropriate utility allowances from the utility allowance schedule

Heating	\$
Cooking	\$
Other Electric	\$
Air Conditioning	\$
Water Heating	\$
Water	\$
Sewer	\$
Other	\$

Total Utility Allowance \$

Gross Rent \$

CAN I AFFORD THE UNIT I HAVE FOUND?

Note: Use this handout when the gross rent is greater than the payment standard.

In the house choice voucher program, the maximum subsidy is set first. That maximum subsidy is based on a "payment standard" established by the PHA. If you wish to lease a unit with a gross rent (rent plus utilities) that is more than the payment standard, you will have to pay the excess, in addition to a designated "total tenant payment" that is based on a percentage of your income.

Program regulations prohibit a family from paying more than 40 percent of its adjusted monthly income if the gross rent for the unit is more than the payment standard when rental assistance begins. The following information is provided to assist you in finding a unit that is affordable to you and eligible within the 40 percent maximum guidelines.

PAYMENT STANDARDS		\$	_____
TOTAL TENANT PAYMENT*		\$	_____
MAXIMUM SUBSIDY	=	\$	_____
MAXIMUM SUBSIDY		\$	_____
40 PERCENT OF MONTHLY ADJUSTED INCOME	+	\$	_____
MAXIMUM ALLOWABLE GROSS RENT**	=	\$	_____

*Total Tenant Payment greater of (1) 10 percent of monthly income, (2) 30 percent of adjusted monthly income, (3) the welfare rent, or (4) the minimum rent.

**Gross Rent = rent plus all utilities to be paid by tenant.

FREEDOM OF CHOICE CERTIFICATION

The unit that I have selected to occupy was chosen of my own free choice and I hereby state that I was allowed complete freedom in the final determination and acceptance of the unit. I certify I was given every opportunity to explore the private real estate rental market in the city of Alexandria Virginia to secure a unit in an area of my selection and that The Alexandria Redevelopment and Housing Authority and its staff used no influence to persuade or dissuade my selection.

Tenant Signature

Date

Please use HUD lead-based Form

VIOLENCE AGAINST WOMEN ACT (VAWA) TENANT NOTICE

IMPORTANT NOTICE CONCERNING HOUSING CHOICE VOUCHER PROGRAM PARTICIPANT RIGHTS AND OBLIGATIONS AS THEY RELATE TO THE VIOLENCE AGAINST WOMEN ACT

In January 2005, a law known as 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 are 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, or stalking (ARHA'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 if the applicant otherwise qualifies for assistance or admission.

2. Leaseterms:

- 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 terminating the assistance, tenancy or occupancy rights of the victim of that violence.
- Additionally, your tenancy, assistance or occupancy rights will not be terminated 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 your household, a guest or another person under your control, and you or an immediate family member is the victim.

However there are some limitations to these protections:

- Your tenancy and(or assistance may be terminated if the owner, manager, or housing authority can demonstrate "an actual and imminent threat" to other tenants or to persons employed at or providing services to the development.
- If you claim protection under VAWA against termination of your tenancy or assistance, the owner, manager, or housing authority may require you to deliver a certification, which you must provide in 14 days, concerning the incident or incidents that you believe raises the VAWA protections.

3. **Certification:** There are three ways to certify if the owner, manager or ARHA requests you to do so. The law allows you to fill out a HUD-approved form, which you can request from your Service Representative, or you may provide a police report or court record, or you may have a professional person whom you consulted about the domestic violence, dating violence or stalking provide documentation. You may choose any of these three options for certification. You may, but cannot be required to, provide more than one form of certification. You must deliver the certification in one of these three ways within 14 business days after your receipt of the owner, manager or housing authority's request for certification or you cannot claim protection under VAWA.

4. **Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence or stalking involving you or a member of your household will be held by the owner, manager, or housing authority in confidence and not shared without your consent, except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law. Information may be disclosed in an eviction proceeding or otherwise as 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 ARHA 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. Moving to Another Location. If you are otherwise in compliance with your lease and other Housing Choice Voucher Program requirements, and you reasonably believe you must relocate to protect a member of your household from an imminent threat of harm by domestic violence, dating violence, or stalking, ARHA may issue a voucher to you to permit you to *move* (port) to another location even though you are breaking your lease when doing so. ARHA may request the certification described *above* before issuing the voucher.

7. For Additional Information: Applicants: contact the Housing Choice Voucher department. Participants: contact your Occupancy Specialist.

I HAVE READ AND DO UNDERSTAND THIS INFORMATION

Tenant Signature

Date

UTILITY AGREEMENT

- The service for all utilities must be connected prior to the Housing Choice Voucher Program inspection. Your unit **cannot be approved** unless the Housing Choice Voucher Program can verify that utilities are operable.
- The inspector must be given access to the basement for all units (where applicable).
- You should have separate meters for any utility for which the tenant is responsible for payment.

Will the tenant be responsible for any utilities?

Yes

No

If yes, please answer the following questions:

1. There is a separate electric meter for this unit

Yes

No

2. There is a separate gas meter for this unit

Yes

No

3. There is a separate water meter for this unit

Yes

No

I hereby certify that I have inspected the unit located at:

Street

Apt#

City

State

Zip

I have answered the questions contained in this form truthfully.

Owner/Agent Signature

Date

FAIR HOUSING ACT CERTIFICATION

Housing Choice Voucher Program Owner's Assurance of Compliance with The Fair Housing Act of 1968

I certify that I and anyone authorized to act on my behalf shall comply with the Fair Housing Act of 1968. Neither I or anyone authorized to act on my behalf will discriminate based on race, color, national origin, religion, sex, familial status or handicap:

- Refuse to rent or sell housing
- Refuse to negotiate for housing
- Make housing unavailable
- Deny a dwelling
- Set different terms, conditions or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Falsely deny that housing is available for inspection, sale, or rental
- For profit, persuade owners to sell or rent (blockbusting) or
- Threaten, coerce, intimidate or interfere with anyone exercising a fair housing right or assisting others who exercise that right
- Advertise or make any statement that indicates a limitation or preference based on race, color, national origin, religion, sex, familial status, or handicap. This prohibition against discriminatory advertising applies to single-family and owner-occupied housing that is otherwise exempt from the Fair Housing Act.

Owner/Agent's Signature

Date:

Owner/Agent's Printed Name

INSPECTION VIOLATIONS

At the time of inspection, the unit should be "move-in" ready. Provided below is a list of common Inspection violation you may wish to review. If any of these violations are observed during the inspection, the unit may fail.

Other Hazards

- Cellar- Remove and replace unsafe structural elements
- Cellar- Remove unsafe equipment
- Cellar- Discontinue the storage of combustible materials
- The unit is unfit for human habitation, being referred to License & Inspections

Exterior Surfaces

- Maintain the premises free of weeds
- Grade premises to prevent accumulation of water
- Repair detached garage
- Remove inoperable vehicle(s)
- Repair leaking deck "Z" floor
- Replace or repair defective or missing drip edge/front/side/rear
- Repair defective thresholds

Sewer Conditions

- Remove obstruction from building drainage system
- Replace missing clean out plug
- Replace leaking sections of soil

Tub or Shower

- Seal joint between tub and wall
- Repair or replace leaking ballcock to prevent discharge to exterior of flush tank
- Provide tub/shower walls and partitions of water-resistant material
- Repair or replace leaking flush elbow on toilet
- Reset and secure loose or leaking toilet seat
- Repair or replace defective flushing mechanism on toilet

Wall & Ceiling Condition

- Remove or replace loose wallpaper

Other Interior Hazards

- Discontinue use of basement for sleeping purposes

Electrical Hazards

- Install additional wall mounted receptacles, of the ground type
- Provide at least one grounded type receptacle in laundry area
- Provide at least a 20-ampere circuit to serve the power load
- Provide individual branch circuits as required to comply with the electrical code

- Install fuses or circuit breaker of correct ampere rating

Interior Stairs and Halls

- Provide at least one light over each entrance from the street and in prominent areas
- Provide at least one light on each floor.

Water Heater

- Supply water heater with combustion air to prevent incomplete combustion
- Relocate water heater from the bathroom/bedroom to prevent asphyxiation
- Provide a uniform upward slope on water heater smoke pipe
- Install water heater smoke pipe in diameter to vent outlet or collar on water heater
- Provide an approved chimney for water heater
- Seal opening around water heater smoke pipe with sound material
- Install an approved draft-diverted water heater
- Replace defective smoke pipe on water heater with sound material

Safety of Heating Equipment

- Repair or replace defective combustion chamber/flue passages of furnace boiler
- Repair or replace leaking steam/hot water boiler
- Remove rusted through or defective smoke pipe to inner face of chimney flue lining
- Repair or replace leaking steam/hot water boiler

Adequacy of Heating Equipment

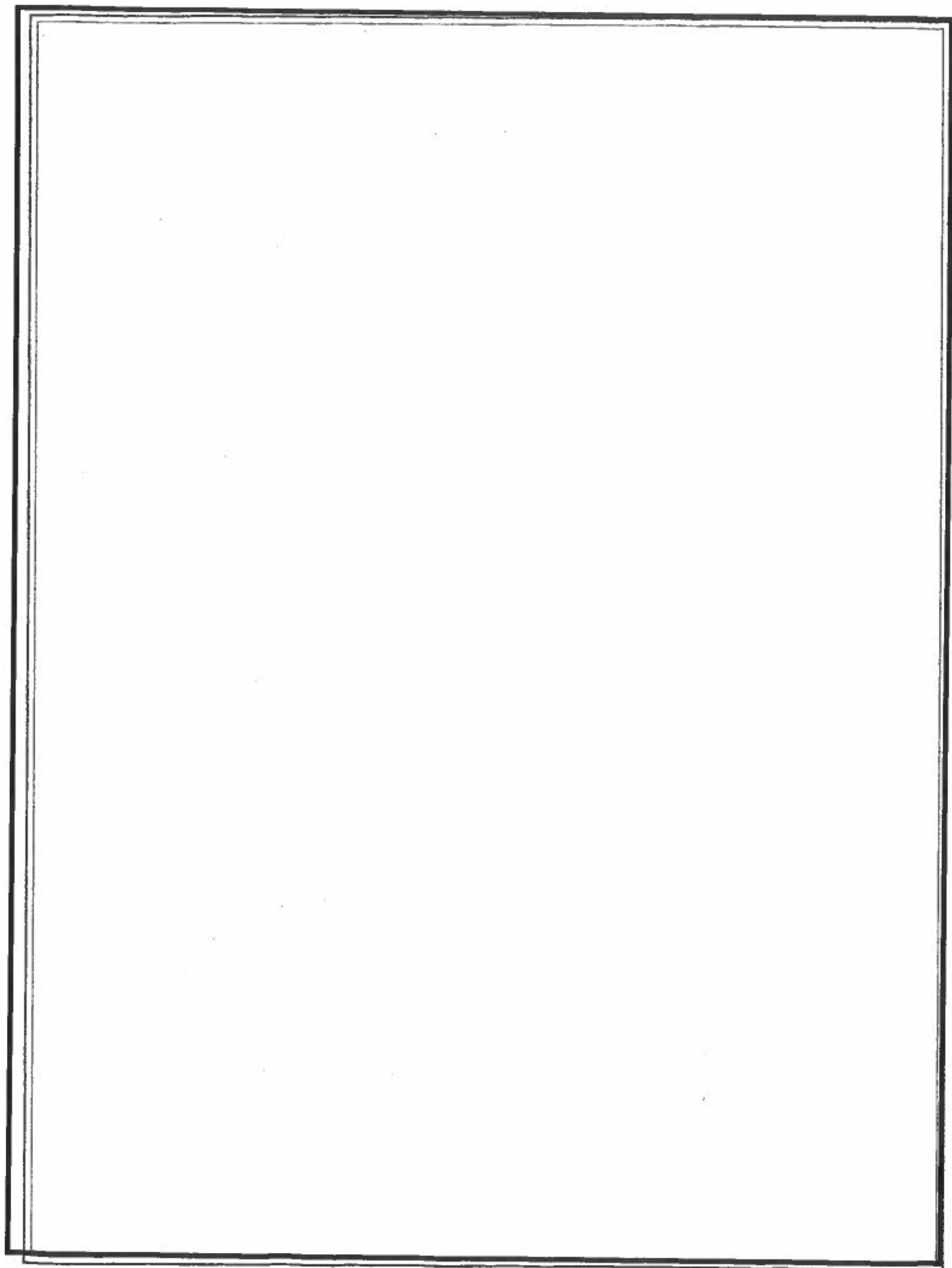
- Remove obstruction from heat/return registrants
- Replace missing sections of heat/return air ducts
- Remove obstruction and debris from chimney
- Seal unused openings in chimney with non-combustible materials

Floor Condition

- Provide floor surface in bathroom that is substantially impervious to water

Fire Exits

- Remove ice and snow from exterior stairway and/or fire escapes
- Remove the accumulation of rubbish, garbage or other materials from stairway
- Repair or replace hardware of fire door
- Provide safe, continuous and unobstructed means of egress from unit



HOUSING QUALITY STANDARDS (HQS) OWNER CERTIFICATION

Property Address: Street

Apt#

City

State

Zip

The following items represent basic Housing Quality Standards (HQS) the unit must satisfy to qualify for the Housing Choice Voucher Program. Please ensure your unit is fully compliant with these items:

- The unit has a living room, kitchen, and bathroom. The unit has at least one living/sleeping room for every two people in the tenant's family.
- The bathroom has a private toilet, sink, and bathtub or shower with hot and cold running water.
- The kitchen has a refrigerator (may be supplied by the tenant), stove, sink with hot and cold running water, and adequate storage, preparation and service space.
- The bathroom and kitchen have an operable window, skylight, or exhaust fan
- The living room and bedroom(s) have a window that can be opened.
- The sidewalk, steps, porch, etc. outside the unit are level and free from any tripping hazards.
- The walls and ceilings do not bulge, sag, or lean. Floors are level and free from any tripping hazards.
- There are no exposed wires or exposed electrical outlets in the unit or building. All electrical outlets are properly wired and properly grounded if applicable.
- There are no holes in the walls of the unit or the building.
- There are no water stains on the walls or ceiling or other evidence that the roof leaks.
- All windows and exterior doors are weatherized.
- The unit is adequately heated (68° Fin winter).
- The unit is clean, in good condition, and ready for occupancy or continued occupancy.
- There is no evidence of rats, mice, or other vermin.
- All required smoke and CO² detectors are present and operable.
- There is an extension pipe and release valve on the hot water heater.
- All utilities are connected.
- The unit is currently vacant, unless the current tenant is leasing in place.
- If the unit is an apartment, there is a private entrance for the unit from the hallway.
- If the building has an elevator, it is operable and has all necessary certifications.
- There is a handrail wherever there are four or more steps, whether inside or outside the unit.

I certify that the unit listed above is in compliance with these HQS requirements to the best of my knowledge, information and belief. I also understand that false information or a false statement is grounds for termination from the Housing Choice Voucher Program.

Owner/Agent Signature

Date:

FRAUD POLICY

1. FRAUD

For the purposes of this policy, and in concurrence with the ARHA and HUD's Offices of the Inspector General's (OIG) mandate, "fraud" includes fraudulent activity by any person employed by or contracted with the ARHA; bribery and official corruption; theft of ARHA funds, property or benefits, and serious breaches of integrity. Some examples of activities covered include: extortion/extortion attempts by ARHA employees or officials, acceptance or solicitation of bribes, submission of fraudulent documents, employee collusion with contractors or vendors, material misstatements of facts in the contracts or documents relating to services performed or materials provided, bid rigging and disclosure of confidential information.

2. COVERED PARTIES

This policy will cover:

- a. All ARHA employees and officials;
- b. All new contractors, subcontractors, vendors and consultants doing business with the ARHA;
- c. All owners of housing whom receive subsidies from ARHA; and
- d. Any other individual or entity doing business with or seeking to do business with ARHA.

3. RESPONSIBILITIES

All "covered parties" must report any type of fraud when they become aware of such activity and must cooperate fully with the DIG in any ensuing investigation.

Please contact HUD DIG Hotline (GFI), fax complaint to (202) 708-4829 or mail to: 400 Virginia Avenue, SW, Room C-120, Washington, DC 20024

Management officials will support the Fraud Policy and ensure compliance with this policy.

4. PENALTIES FOR FAILURE TO REPORT FRAUD

Penalties for failure to report fraud in a timely manner can include: disciplinary action, up to and including dismissal, against ARHA employees and officials; loss of contract and/or debarment from future contracts by contractors, subcontractors, vendors and any other individuals or entity doing business with the ARHA; and other action deemed appropriate by ARHA officials.

5. AWARENESS AND ACKNOWLEDGEMENT OF FRAUD POLICY BY COVERED PARTIES

The following individuals will be required to sign this policy acknowledging that they have read it, will adhere to it, and are aware of the penalties for failure to comply: all new ARHA employees and officials, all new contractors, subcontractors and consultants; and other individuals and/or representatives of companies which do business with the ARHA.

6. CONFIDENTIALITY

All information reported to the DIG is confidential, and the identity of those reporting information to the DIG will be protected.

7. WHISTLE BLOWER PROTECTION

Anyone who provides information to the OIG may be not discharged, demoted or otherwise subject to any adverse action as a result of reporting wrong doing. Any person who retaliates against someone for reporting wrongdoing may be subject to disciplinary action and/or civil liabilities and penalties.

ARHA management supports the position that "whistle blowers" will be protected and commended for their honesty and dedication to the ARHA.

ACKNOWLEDGEMENT: I am aware of the contents of this policy and the possible penalties for failure to comply with this policy.

Owner/Agent Signature

Owner/Agent Name (Printed)

Tax ID# (SSN) / Employer Identification Number

Date

VIOLENCE AGAINST WOMEN ACT (VAWA)

VAWA: OWNER NOTICE

In January 2005, a law known as 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 tenants of public housing or who are 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, or stalking (ARHA'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 if 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 terminating the assistance, tenancy or occupancy rights of the victim of that violence.
- Additionally, you may not terminate a 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* terminate 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 days, concerning the incident or incidents that raises the 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 Occupancy Specialist, (2) provide a police report or court record, or (3) have a 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 a specific type of 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 your request for certification or the tenant may not claim protection under VAWA.

4. Confidentiality: Information provided by a tenant about an incident or incidents of domestic violence, dating violence or stalking must be held by the owner, manager, and/or ARHA in confidence and not shared without the tenant's consent, except that this information may be disclosed in an eviction proceeding or otherwise as 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 ARHA 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 ARHA must make tenants aware of their rights under VAWA.

7. Moving to Another Location. If a household is otherwise in compliance with its lease and other HCV Program requirements, and the tenant reasonably believes that the household must relocate to protect a member of the household from an imminent threat of harm by domestic violence, dating violence, or stalking, ARHA may issue a voucher to the household to permit a move (port) to another location even though this action would break an existing lease. ARHA may request the certification described above before issuing the voucher.

8. For Additional Information: New Owners: contact the Housing Choice Voucher department. Existing Owners: contact your Occupancy Specialist.

I HAVE READ AND DO UNDERSTAND THIS INFORMATION

Owner/Agent Signature

D

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)			2. Address of Unit (street address, apartment number, city, State & zip code)		
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

9. Type of House/Apartment

Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 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 <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
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.

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.

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)

AUTHORIZATION FOR DIRECT DEPOSIT OF HOUSING ASSISTANCE PAYMENTS

Owner Name: _____ Vendor ID: _____

Unit Information

Unit Information: _____
Street Apt # City State Zip

Please Select One:

- Update** Please check this box if this unit has previously been part of the HCV program and you would like to update your banking information for all units recorded under this Federal Tax ID
- Add** Please check this box to add banking information if this unit is new to the HCV program
- No Change** Please check this box only if this unit has previously been part of the HCV program and there are no banking updates

Bank Account Information

Do not fill out this section if there is no change in Direct Deposit Information.

Payee Name: _____ Telephone: _____

I HEREBY AUTHORIZE the Alexandria Redevelopment and Housing Authority to initiate credit entries to my account.

Select One. Checking Savings

Please indicate below the financial institution where you wish the Housing Authority Payments to be deposited:

Name of Financial Institution: _____

City: _____ State: _____

Routing Number: _____ Account Number: _____

Please attach a copy of a voided check (or a letter from the bank, on their letterhead, with the routing number, your account name, and account number) to this form.

Authorization Confirmation

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE ALEXANDRIA REDEVELOPMENT AND HOUSING AUTHORITY HAS RECEIVED WRITTEN NOTIFICATION FROM THE OWNER/AGENT OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE ALEXANDRIA REDEVELOPMENT AND HOUSING AUTHORITY AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

Owner Name: _____ Tax ID #: _____

Date: _____ Signature: _____

Mail or Fax Form to:
Alexandria Redevelopment & Housing Authority
Attention: Finance Department thuntley@arha.us
401 Wythe Street Alexandria, VA 22314 Fax: 703-838-2825

AGENT AUTHORIZATION

If there is an existing Agent Authorization or Management Agreement in place for this unit, please attach to the Leasing Packet. If there is not an Agent Authorization or Management Agreement in place, this authorization is to be completed by the legal owner of the designated property when an individual or entity, other than the owner, will be managing the property. Please keep a copy of this authorization for your records.

Property Address: _____
Street Apt # City State Zip

Tenant Name: _____

AUTHORIZATION

I, _____, hereby authorize
(Owner's Name)

_____, known as my Agent,
(Agent's Name)

to conduct the following business with the Alexandria Redevelopment and Housing Authority (ARHA) on my behalf for the above referenced unit.

Please indicate the agent's authorized responsibilities:

- | | | |
|--|------------------------------|-----------------------------|
| Contract with ARHA and tenant (i.e. negotiate rent, execute tenant lease and HAP contract) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grant access to the rental unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Access contract and payment information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintain the unit and responsibility for repairs and inspections | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inform the Owner of obligations and responsibilities to ensure compliance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AGENT CONTACT INFORMATION

Contact information for my Agent is as follows:

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

If the Agent's responsibilities are described in a separate agreement, I will provide a copy of that document and any amendments thereto to ARHA. I acknowledge that the appointment of the Agent does not in any way abridge, negate, modify or otherwise eliminate my/our responsibilities and requirements under the Housing Assistance Payments (HAP) Contract with ARHA and that I am responsible for ensuring that the Agent and Property comply in all respects with such responsibilities and requirements.

Signature of Legal Owner

Date

Signature of Agent

Date

**ALEXANDRIA REDEVELOPMENT AND HOUSING AUTHORITY
Unit Availability Form**

**401 Wythe Street
Alexandria, Virginia 22314
703-549-7115
703-838-2825 (fax)**

Date Listed: _____ Date Available: _____

Unit Address: _____

City/State/Zip: _____

Contact: _____

City/State/Zip: _____

Phone: _____

Unit Type (check one)

- | | | |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Duplex/Single Family |
| <input type="checkbox"/> High-Rise | <input type="checkbox"/> End Unit | <input type="checkbox"/> Middle Unit |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Den | <input type="checkbox"/> Basement |

_____ Year Build ___#of Bedrooms #of Bathrooms Rent

Handicapped accessible:

Utilities: (Mark "O" if included in rent, "T" if tenant pays for utilities:

__ Heat __Trash __Water __ Electricity __Gas

Amenities: (Check all that apply)

- | | | | | |
|------------------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|
| <u>A/C</u> | <u>Washer/Dryer</u> | <u>Parking</u> | <u>Appliances</u> | <u>Other</u> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> In unit | <input type="checkbox"/> Driveway | <input type="checkbox"/> Range | <input type="checkbox"/> Cable TV |
| <input type="checkbox"/> No | <input type="checkbox"/> In building | <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Microwave | <input type="checkbox"/> Pool |
| | <input type="checkbox"/> In complex | <input type="checkbox"/> Lot | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Deck/Porch |
| | | <input type="checkbox"/> Street | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Fireplace |
| | | | | <input type="checkbox"/> Tennis Court |
| | | | | <input type="checkbox"/> Pets Allowed |

Transportation:

Is the unit close to transportation? _____

If yes, what bus or metro station? _____

By signing the filed-in form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is e(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation, or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(f)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(f)

F—A dealer in securities, commodities, or derivative financial instruments (including nonlateral principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box, if you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ³

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government), school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

- To reduce your risk:
- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, *Identity Theft Information for Taxpayers*.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@ftc.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/identitytheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you, mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3405, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Bed Bugs

Making a Come Back

Bed bugs have once again emerged as a nuisance pest problem in the United States. Alexandria has seen increasing infestations, affecting hotel rooms to apartments to residential homes. Because bedbugs aren't known to transmit disease, *they are not considered a public health threat*. However, their re-emergence and the increasing number of inquiries and infestations have prompted the Alexandria Health Department to take a **pest can still cause skin irritation and sleepless nights.**

What are Bed Bugs?

The bed bug (*Cimex lectularius*) is a wingless, red-brown, blood-sucking insect (as seen the picture) that grows up to 7 mm in length and has a lifespan from 4 months up to 1 **Bed bugs hide in cracks and crevices in beds, wooden furniture, floors, and walls during daytime and emerge at night to feed on their preferred host: humans.**



Issues involving bed bug complaints in the City of Alexandria were first noted in 2005. dwelling complexes like hotels, apartments, and assisted living homes have reported bed infestations. Incoming calls to the Vector-borne Illness Prevention Program regarding bugs are on the rise.

Bed Bug Brochures

Public education efforts are ongoing and target specific audience groups, like senior citizens, rental apartment dwellers and managers, and hotel management authorities, to help manage this escalating public health nuisance. In response to the re-emerging bedbug public health issue, a brochure was developed in order to help people understand the recommendations put forth to aid in the control and riddance of bed bugs. The recommendations are important to prevent bugs from being transported to other areas and to aid in proper treatment.

These documents have been distributed to various City Agencies and businesses. Click on the link below to get copies of these brochures:

- [Don't Let the Bed Bugs Bite! \(.pdf\)](#) ** *(en español)*
- [Control of Bed Bugs in Hotel Rooms \(.pdf\)](#)

Tips on Bed Bug Prevention

- **Take precautions when traveling:**
 - o Use a soft bag that can be put in the washer and dryer.
 - o Upon checking in to a hotel room, inspect the mattress, headboard, behind hanging pictures or loose wallpaper, along the baseboards, and on the fabric straps of the luggage rack for live bugs or evidence of an infestation, such as fecal or blood spots, eggs, and molted skins.
 - o Keep your luggage on the luggage rack (inspect carefully, especially under the fabric straps). Luggage may also be kept on a table away from the bed or in the bathroom.
 - o Don't put clothes in the dresser drawers.
- Vacuum suitcases and put all clothes (clean and dirty) into the dryer immediately upon return.
- Do not store luggage in the bedroom.
- **Vacuum carpets and along baseboards regularly. Throw vacuum bag away outdoors as soon as you are done vacuuming.**
- Do not pick up used furniture that someone has put out for trash. The better the item looks, the more likely it is infested with bed bugs. Leave it by the curb!
- Protect your mattress and box springs with bed bug proof mattress covers.
- Reduce clutter in your home to reduce places where bed bugs can hide.
- Be careful when buying used items. Inspect them for bed bugs before bringing them into the house.
- **Be conscious of visitors to your home:**

- o Encase guest room mattresses and box springs with bed bug proof mattress covers.
- o Remove as much clutter as possible from the room.
- o If possible, discreetly inspect luggage and clothes while unpacking.
- o Keep luggage away from the bed and off the floor. You may consider having the guest store their belongings in a plastic storage bin with the lid on.
- o After the guest leaves, inspect the room and vacuum thoroughly, especially along baseboards, and inspect the mattress, headboard, drawers, and the place where luggage was stored.

If You Have a Bed Bug Problem

Immediately report the problem to your landlord or management company; they may have a plan already in place to deal with the problem. Simply discarding beds and bedding is NOT a sound approach to bed bug management. Bed bugs will spread quickly to walls, molding, ceilings, light fixtures, electronics, picture frames and spaces within and along floor boards, and the edges of carpets. It is difficult to manage a bed bug problem by yourself, so it is always a good idea to hire a licensed Pest Control company. Bed bugs are likely being transferred from place to place through infested furniture and discarded objects. DO NOT take furniture from in or around a trash area *even* though you may not see bugs they may be present. If you are discarding furniture that may have bed bugs be sure to slash mattresses and plush furniture, break box spring frames, and label items with the word "bed bugs" to prevent the spread of bed bugs in your community. Wrap discarded items in plastic sheeting and tape to avoid dropping bed bugs during transport.

Responsibilities of building management and staff:

- Encourage tenants or guests to report bed bugs (unreported and uncontrolled bed bugs will spread quickly)
- Keep records of bed bug (or other pest) complaints on site in a log book
- Respond quickly to complaints with an inspection and intervention
- Develop an aggressive bed bug control protocol with elimination as the goal
- **Raise tenant or guest awareness about bed bugs**
- **Institute a prevention program, centered on awareness**
- Refer tenants and guests to the proper sources of help (medical, health, financial, and social services)

Responsibilities of residents:

- Read and follow all guidelines given by building management for reporting signs of bed bugs, and for cleaning and room preparation.
- Cooperate with staff and management in preventing and controlling bed bugs whether your individual living space is infested or not.
- Know the signs of bed bugs and check constantly for signs of them in your living space.
- Encourage other tenants to follow guidelines and cooperate with management.

Treatments for Bed Bug Elimination

- Controlling bed bugs is a difficult and time consuming activity. However, bed bugs can be eliminated with a coordinated effort that includes cooperation of the residents and landlord or property management. There is no single tool or activity that, used alone, will eliminate bed bugs, including pesticides. Multiple techniques are always required because bed bugs are small, good at hiding, and can live without feeding for up to a year. Treatment of a living area for bed bugs should focus on containment of the infestation. Do everything possible to avoid spreading bed bugs to new locations. A combination of the following steps will be needed for bed bug control:
 - Clean and organize the bed, bedroom, other living areas, furniture and belongings, including elimination of clutter
 - Physical removal of bed bugs and eggs using a vacuum (dispose of the vacuum bag immediately, bugs can survive and crawl back out of the bag)
 - **Barriers, such as mattress encasements and sticky barriers (sticky traps may be useful for monitoring but will not help control bed bugs)**
 - Steam or cold treatments (to kill all life stages)
 - Eliminate bed bug hiding spots
 - o Fix peeling wallpaper and paint
 - o Caulk or seal cracks and crevices around the room and on furniture
 - o Seal floors or the spaces between floor boards or tiles
 - o Make other repairs to the living area to reduce hiding spots

- a Chemical applications
 - o Low risk pesticides
 - o Professional use pesticides
 - o Professional fumigation

What to Look for When Hiring a Pest Management Professional

- The pest management company should be licensed by the state and insured.
- The company should be a member of a professional organization, such as the National Pest Management Association
- The company should have a staff entomologist or access to one.
- Technicians should have experience with bed bug management.
- Choose a company based on their quality of service, not the price. Get several proposals for service if possible and compare them.
- A pre-inspection should be conducted to assess the scope of the work.
- The proposed work should follow the steps of integrated pest management, not just pesticide application.
- Technicians should be straightforward and open when discussing details of their service.
- Understand what guarantees are being offered. Bed bug management may be difficult to guarantee, because re-infestation from an outside source is possible.

Additional Resources

- Bed bug fact sheets from the Virginia Department of Agriculture and Consumer Services
<http://www.vdacs.virginia.gov/pesticides/bedbugs-facts.shtml>
- For more information on the Biology and Control of Bed Bugs click to view a Bed Bug presentation.
- For bed bug problems or questions please call 703-746-4910.