

"MOVE-IN" PACKET INSTRUCTION CHECK LIST

The documents attached are the "Move-in" Packet. **ALL** forms attached must be completed, signed and submitted to the Housing Authority for **EVERY** new move in. Please be aware that timeframe for processing from receipt to inspection is up to 10 business days. Packet may be delayed due to missing documents, missing information and/or rent negotiations.

PACKET WILL <u>NOT</u> BE ACCEPTED IF IT IS INCOMPLETE DUE TOMISSING DOCUMENTS THAT ARE REQUIRED OR IT IS MISSING INFORMATION!

DOCUMENTS PROVIDED IN PACKET

- □ 1. Unit Characteristics Please complete all sections that apply
- **2. Economic Disclosure Statement -** Completed and signed by Owner/Agent
- **3. Lead Based Paint Form -** Signed and initialed by both Landlord AND Tenant
- 4. Request for Tenancy Approval (RFTA) Completed and signed by both Landlord AND Tenant
- □ **5. W-9 Tax Form -** Completed and signed by Owner/Agent (Information listed on W-9 tax form must match the information provided on Direct Deposit Form and voided check. If owner is different than listed on W-9, a management agreement or owner declaration form must be submitted.)
- **6. Direct Deposit Authorization Form –** Completed, signed and provide a voided check

DOCUMENTS REQUIRED TO BE PROVIDED BY OWNER

- □ **1. Copy of Proposed Lease -** Unsigned by Tenant until LCHA approval.
- 2. Proof of Ownership (Examples: Warranty Deed, Closing Statement or most recent Tax Bill. Property Address must appear on document provided.) Oopy of recent tax bill may be found at: <u>http://lakecountyil.gov/2854/Property-Tax-Information</u>
 *Proof of Ownership is required for EVERY move-in packet submitted.
- □ 3. Village Rental Permit/ License Required for the following cities: Beach Park, Fox Lake, Hainesville, Island Lake, Mundelein, Round Lake Beach, Round Lake Heights, Round Lake Park, Wauconda, Waukegan and Zion. Please contact the Village/Township office for the town in which your property is located if you have questions.
- □ 4. Crime Free Addendum for the following areas: Mundelein, Round Lake Beach and Round Lake Heights. Please contact the Village/Township office for the town in which your property is located if you have questions.

Be aware all final rent amounts must be approved by the Inspector after the HQS inspection.

Please send completed documents to: owner@lakecountyha.org



UNIT CHARACTERISTICS

This form is to be used for a **new move-in RFTA** (Request for Tenancy Approval **AND** for a **Request for Rent Increase** Packet. Please complete all boxes under "Characteristics" that apply.

Please circle Yes or No, or enter pertinent information. Please be advised, in the event the proposed rent has to be negotiated based on tenant affordability or rent reasonableness, the landlord/owner will base 1 business day to reach a decision once notified.

Category	Description	Characteristics
	Actual # Bedrooms	
Size and Type	# Bathrooms	
	# Half-Bathrooms	
	Living Area Sq. Ft.	
	Property Type: e.g. Apt., House, Townhouse, Condo, Duplex, etc.	
Age, Condition and	Year Built	
Quality	Property Condition: Fair or Good	
Quanty	Building Quality, e.g. Fair, Good, etc.	
	Lights & Gen Electric Included in Rent	Yes / No
	Heating Fuel Type: gas, electric, bottle gas, oil or coal	
	Is Heating Included in Rent	Yes / No
	Hot Water Fuel Type: gas, electric, bottle gas, oil, or coal	
Utilities	Is Hot Water Included in Rent	Yes / No
	Cooking Fuel Type: gas, electric, bottle gas, oil, or coal	
	Cooking Fuel Included in Rent	Yes / No
	Sewer Type: public sewer or septic tank	
	Sewer Included in Rent	Yes / No
	Water Type: city or well	
	Water Included in Rent	Yes / No
	Cooling Type: central, window unit or none	
	Cooling Included Rent	Yes / No
	Heating Style: e.g. central, furnace, baseboard, boiler,	
	radiator or window unit	
	Trash Removal Included in Rent	
Maintenance	Lawn Care Included in Rent	Yes / No
	Pest Control Included in Rent	Yes / No

Category	Description	Charac	cteristics
	Laundry Type: e.g. Washer and Dryer, Dryer only,		
	Washer only, Laundry Rm., Hook-ups only, etc.		
Amenities & Housin	g Dishwasher	Yes	/ No
Services	Stove	Yes	/ No
	Refrigerator	Yes	/ No
	Garbage Disposal	Yes	/ No
	Security System	Yes	/ No
	Age Restricted	Yes	/ No
	Parking Type: e.g. 1/2/3 car garage, 1/2/3 assigned space, street parking, etc.		
	Lift / Elevator	Yes	/ No
	Microwave	Yes	/ No
	Fireplace	Yes	/ No
Other Amenities	Swimming Pool	Yes	/ No
	Ceiling Fan	Yes	/ No
	Fenced Yard	Yes	/ No
	Gated Community	Yes	/ No
	Cable /Satellite Included	Yes	/ No
	Additional comments:		
Tenant Name (PRINT)			
Property Address			
Landlord Name (PRI	NT)	5	0
Landlord Signature/E	Date		
	Signature		Date
Complete	and return this document with	VOUI	r RFTA
-	omission <u>or</u> Rent Increase Requ	-	

FCONOMIC	DISCLOSURE	STATEMENT
ECONOMIC	DISCLUSURE	JIAIEIVIEINI

Unit Address:			
Street Apt. #	City	Zip	
Estimated Square Footage:			
Owner/Agent Name:			
Owner's Email Addresst			
1			
Owner's Work Number:	Cell Number	:	
I,(Owner's/Agent's name)	attest to the fact th	at:	
	~		
 I, as agent, certify that the le by 		ty listed above is held	
The Tenant	is no	ot an owner, partner or	
	t's name)	interest in this unit.	
		20	
Owner or Agent's Signature	Data	0	
Owner or Agent's Signature	Date		

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS

JNIT ADDRESS:			
	STREET	CITY	ZIP CODE
DIS		RMATION ON LEAD-BASED PAIN	T AND
		ASED PAINT HAZARDS	
taken care of properly. Lead e housing, landlords must disclo	v contain lead-based paint. xposure is especially harm se the presence of known	d Warning Statement Lead from paint, paint chips, and dust can oful to young children and pregnant women. lead-based paint and lead-based paint haz et on lead poisoning prevention.	Before renting pre-1978
Lessor's Disclosure (in	itial)		
	lead-based paint and	lead-based paint hazards (check or /or lead-based paint hazards are pro	
hazard	s in the housing.	lead-based paint and/or lead-based	l paint
andlord Initial D Lessor	has provided the less	the lessor (check one below): ee with all available records and rep t and/or lead-based paint hazards i	
lead-ba	ased paint hazards in	ords pertaining to lead-based paint a	and/or
Lessee's Acknowledge	ment (initial)		
(c) Lessee has re	ceived copies of all inf	ormationlisted above.	
(d) Lessee has re	ceived the pamphlet F	Protect Your Family from Lead in Yo	ur Home.
Agent's Acknowledgen	nent (initial)		
	med the lessor of the onsibility to ensure cor	lessor's obligations under 42 U.S.C. npliance.	4582(d) and is aware
Certification of Accura The following parties hav information provided by t	ve reviewed the inform	nation above and certify, to the best and accurate.	of their knowledge, that the
Lessor signature	Date	Lessor signature	Date
_essee signature	Date	Lessee signature	Date
Agent signature	Date	Agent signature	Date
ΩP	LEASE CHECK HER	E IF YOUR UNIT WAS BUILT AFT	ER 1978

Request for Tenancy Approval

U.S Department of Housing and Urban Development

Housing Choice Voucher Program

Office of Public and Indian Housing

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA)		2. Address of Unit	: (street address, unit	#, city, state, zip code)	
3. Requested Lease Star Date	rt Number of Bedrooms 5. Yea	ar Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type			10. If this unit is	subsidized, indicat	te type of subsidy:
Single Family De	tached (one family under one roof)		Section 202	2 Section 221	L(d)(3)(BMIR)
Semi-Detached	(duplex, attached on one side)		🔲 Tax Credit	П номе	
Rowhouse/Towr	house (attached on two sides))	Section 236	6 (insured or uninsu	red)
Low-rise apartm	ent building (4 stories or fewer)		Section 515	Rural Developmen	t
High-rise apartm	ent building (5+ stories)	$\boldsymbol{\mathcal{A}}$	Other (Desc or local subs		including any state
11. Utilities and Appl The owner shall provid	de or pay for the utilities/appliances dicated below by a " T ". Unless other		w by an " O ". The t	enant shall provide	
Item	Specify fuel type				Paid by
Heating	🗆 Natural gas 🗌 Bottled gas	Electric	Heat Pump	🗆 Oil 🔲 Othe	er
Cooking	□ Natural gas □ Bottled gas	Electric		Othe	er
Water Heating	□ Natural gas □ Bottled gas	Electric		🗆 Oil 🔷 Othe	er
Other Electric					
Water					
Sewer					VA
Trash Collection					
Air Conditioning					
Other (specify)	Do Not Lo	aco Until:			Provided by
Refrigerator	Do Not Le				
Range/Microwave					

Previous editions are obsolete

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 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 if the unit is not approved.

Print or Type Name of Owner/Ow	ner Representative	Print or Type Name of Househo	nd Head
Owner/Owner Representative Sig	gnature	Head of Household Signature	
Business Address		Present Address	5
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/ywyy)

► Go to www.irs.gov/FormW9 for instructions and the latest information.

d blows (as shown on	wour income tay return)	. Name is required on this line; do not leave this line blank.
I I Name las snown on	YOUR INCOME Lax return).	, Name is required on this line, do not leare the line blant.

3 Check appropriate box for federal tax classification of the person whose name is entered on lifetiowing seven boxes.	line 1. Check only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Individual/sole proprietor or C Corporation S Corporation Partners	ship 🗍 Trust/estate	Exempt payee code (if any)
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, F Note: Check the appropriate box in the line above for the tax classification of the single-m LLC if the LLC is classified as a single-member LLC that is disregarded from the owner uni another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwi- is disregarded from the owner should check the appropriate box for the tax classification of the tax classification of the tax classification of tax classification of the tax classification of tax classifi	ember owner. Do not check less the owner of the LLC is ise, a single-member LLC that	Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
Other (see instructions) Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	
TIN, later. Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer identification number
Number To Give the Requester for guidelines on whose number to enter.	

Certification Part II

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I arr waiting for a number to be issued to me); and
 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interestor dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA re

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retiren t (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct II ne instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►	K	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- · Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prize ls, or aross awa. proceeds)
- Form 1099-B (stock or mutual fund sales and call tain a transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transage)
- Form 1098 (home mortgage interest), 1098-E (student loan inter 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Request for Taxpayer Identification Number and Certification

ternal Revenue Service	Go to www.lrs.gov/FormW9 for instruction	ns and the latest information.	
1 Name (as shown on yo	ur Income tax return). Name is required on this line; do not leav	ve this line blank.	
2 Business name/disrega	arded entity name, If different from above		
이 collowing seven boxes.	rletor or C Corporation S Corporation	Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	pany. Enter the tax classification (C=C corporation, S=S corpo	ration R-Partnership)	Exempt payee code (if any)
Note: Check the ap LLC if the LLC is cla another LLC that is	party. Enter the fax classification $C = 0$ corporation, $S = S$ corporate box in the line above for the tax classification of the sissified as a single-member LLC that is disregarded from the o not disregarded from the owner for U.S. federal tax purposes, the owner should check the appropriate box for the tax classified of tax class	single-member owner. Do not check wner unless the owner of the LLC is Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)
Contraction of the set		ication of its owner.	(Applies to accounts maintained outside the U.S.;
5 Address (number, stree	and apl, or suite no.) See instructions.	Requester's name	and address (optional)
6 City, state, and ZIP coo	le		
7 List account number(s)	here (optional)	· · · · · · · · · · · · · · · · · · ·	
art I Taxpayer I	dentification Number (TIN)	· · · · · · · · · · · · · · · · · · ·	
ter your TIN in the appropri	ate box. The TIN provided must match the name given	on line 1 to avoid Social se	curity number
sident alien, sole proprietor, tities, it is your employer id	iduals, this is generally your social security number (SS , or disregarded entity, see the instructions for Part I, la entification number (EIN). If you do not have a number,	ter. For other	
V. later.		or	

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Certification Part II

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. pers
- 4. The FATCA code(s) entered on this for

Certification instructions. You must cro you have failed to report all interest and d acquisition or abandonment of secured p other than interest and dividends, you are

Sign	Signature of
Here	U.S. person ►

General Instructions

Section references are to the Internal R noted.

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Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following,

Form 1099-INT (interest earned or paid)

- The link to the Form W-9 (Rev. 10-2018) can ause be found, complete with instructions, through the following link:
 - Form 1099-B (stock or mutual fund sales and certain other
 - transactions by brokers)

https://www.irs.gov/pub/irs-pdf/fw9.pdf

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transaction)
- Form 1098 (home mortgage interest), 1098-E (student loan interest) 1098-T (tuition)

Employer identification number

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Lake County Housing Authority 33928 North US Highway 45 Grayslake, IL 60030 PH: 847.223.1170 FAX: 847.223.1174 www.lakecountyha.org

The Housing Authority requires direct deposit for Housing Assistance Payments. Direct Deposit will give you earlier access to your money. There will be no waiting for mail delivery of your check and no waiting at the bank to deposit funds. All payments should be in your account on the 5th of the month. Please allow for delays if the 5th of the month falls on a weekend or a holiday.

Please complete and sign the enclosed authorization form. You may wish to make a copy for your records. Return the form to us, along with a voided check (must not be a temporary check) for the account to which you wish us to deposit your HAP payment.

All owner/ landlord information must match on documents provided (W-9 tax form, Ownership documents, Direct Deposit Form and voided check). If there is a property management company involved and they will be receiving payments, then they must be listed on W-9 tax form and we will also require a copy of the Management Agreement. Please DO NOT submit a deposit slip, since routing numbers may differ from those on checks.

As you will not receive a monthly breakdown of subsidy payments, you should refer to your current HAP Contracts and Amendments for this information. We will send notices of any adjustments or changes to your subsidy payments. Additionally, limited information will be transmitted to your bank each month with the deposit. Individual banks may vary on the information they provide to their customers regarding these deposits.

You can also view your HAP transactions in your Housing Caté account with the Housing Authority. If you have not created an account as of yet, please contact us and ask for your Housing Caté Registration Code. You can access the Housing Caté through our website address. Select Landlords in Heading and select Housing Caté. Here you can update your contact information, as well as see information regarding your units, etc. If email address is provided you will receive monthly payment notification and a breakdown of payments for tenant/s.

IMPORTANT NOTICE: Do not close or change your direct deposit account without notifying the Housing Authority Accounts Payable Specialist.

We thank you for your cooperation. If you have any questions, please do not hesitate to call our office at (847) 223-1170 ext. 1203.

Sincerely,

Gerald Cole

Gerald Cole Lake County Housing Authority



Lake County Housing Authority Housing Choice Voucher Landlord Direct Deposit Authorization Form

hereby authorize the Housing Authority to credit the bank account, as listed below, for my monthly Housing Assistance Payment. Please find attached a voided check for the account I am designating for direct deposit.

Tenant Information (please print)			
Tenant.Name:			_
Address of Unit:			_
Payee Information (please print)			
Name:			_
Address:			_
E-mail address:	Phone #:		_
Social Security # or Tax ID #:			_
FINANCIAL INST	TUTION INFORMATIO	N	
Account Name:			_
Account Number:	<u> </u>		_
ABA Number (Bank Routing Number):			_
Name of Bank:			_
Account Type: Checking	Savings	20	
ATTACH VOIDED CHECK HERE o No temporary checks	or Bank Direct Deposit <i>i</i> s or deposit slips accep		
Are you already enrolled in Direct Deposit?	Yes	□No	
Are you changing your current account?	□Yes	No	
Our system only allows for deposit to one acc	count per Landlord.		2
Signature		Date	



Dear Landlord:

The Housing Authority's objective is to continually improve its relationship with participating landlords by addressing and resolving their issues and concerns in a timely manner. One of the most significant measures taken by this agency started in January 1999 with designated staff working exclusively in the community to conduct Housing Quality Standard (HQS) inspections.

A clean, safe, and sanitary unit must be made available as stated by the Department of Housing & Urban Development regulations. A landlord who wishes to prepare for a "**MOVE-IN**" inspection can follow the listed "**MOVE-IN**" procedures for unit inspection readiness:

- □ Unit must be vacant (unless prospective HCV tenant is already residing in unit)
- □ Unit must have fresh or clean paint throughout and carpeting must be cleaned
- □ No cracking or peeling paint especially with houses built before 1978
- Smoke detectors, with new batteries, located on every floor and in each sleeping room (Effective January 1, 2013 the Housing Authority adopted Illinois Property Maintenance Code which requires a smoke detector be installed in every room used for sleeping.)
- Carbon monoxide detector within 15 feet of bedrooms, must have battery backup
- All appliances clean and in working order, i.e. stove burners light without match
- Locks on 1st floor windows and doors
- Screens on every window
- All windows made to open must open and stay up when opened
- D No electrical hazards, i.e. exposed wires, cracked outlets, cracked outlet covers
- □ Working light bulbs in all fixtures
- Denomination Non-metallic pull strings on light fixtures with pull strings
- □ No plumbing issues
- □ All closet doors on track
- Handrail for any staircase with more than three stairs
- Unit free from any hazards or potential hazards

Only one re-inspection will be granted. If unit doesn't pass re-inspection, tenant will be issued new move-in papers so that they can look for a new unit. It is <u>imperative</u> that the unit pass all areas of housing quality standards before the tenant can occupy unit and have a subsidy paid on their behalf. Additional inspection related resources are available on our website at <u>www.lakecountyha.org</u>. Select "Landlords Tab" and click "Helpful Documents" link.





We look forward to working with you. If you have any questions regarding the above policies, please call our office or send us an e-mail at owner@lakecountyha.org

Sincerely,

Lake County Housing Authority