



MASSACHUSETTS RENTAL VOUCHER PROGRAM (MRVP) RELOCATION PACKET

- 1. Mutual Termination Agreement** or equivalent notice must be submitted before or at the same time as the MRVP Property Owner Packet is submitted. The MRVP Property Owner Packet submitted without a proper notice to terminate the current lease cannot be accepted.
- 2. MRVP Property Owner Packet**



MUTUAL TERMINATION AGREEMENT

Instructions: Use this form to end a tenant's lease and allow them to qualify for a relocation voucher to move with their rental assistance. At least thirty (30) days' notice is recommended. If the tenancy needs to be extended past the lease termination date, the property owner and tenant may sign a **Reinstatement of Lease**.

The lease between the tenant, _____ (print tenant name),

and the property owner, _____ (print property owner name),

for the rental unit # _____ located at:

Unit Address: _____

City: _____ State: _____ Zip: _____

shall by this Agreement be mutually terminated as of: _____
Date

Date

Property Owner's Signature

Date

Tenant's Signature

Return this form to Berkshire Housing to process your request to move.

Note: Berkshire Housing policy has restrictions on moves under certain conditions. If the tenant is ineligible to move, the submission of this mutual termination form will not result in Berkshire Housing allowing the tenant to move with their voucher. Please contact our Rental Housing Department if you wish to know about restrictions or exceptions for moves. | **Fax:** (413) 496-9831 | **Phone:** (413) 499-1630

Mail to: PO BOX 1180 Pittsfield, MA 01202-1180 Attn: Rental Housing Department

Massachusetts Rental Voucher Program (MRVP) Property Owner Packet

RE: (Tenant's Name)

Dear Prospective Property Owner:

The Massachusetts Rental Voucher Program (MRVP) Mobile is a state-funded program that provides rental subsidies to low-income households. Eligible program participants are issued vouchers enabling them to find market-rate units in neighborhoods of their choice. Under MRVP, the household must contribute at least 30% of income towards the rent but no more than 40% at initial occupancy. Berkshire Housing determines the monthly household contribution and voucher payment. The household pays their contribution directly to property owners and Berkshire Housing pays the voucher payment directly to property owners. Program participants remain on the program for as long as they remain income-eligible and in good standing with the program.

The following is a list of documents required to be submitted to Berkshire Housing before subsidy payments can be authorized:

- 1) **Request for Program Payment** (attached) – please ensure it is signed and dated by both parties
- 2) **W-9 Form** (attached) – the name on the W9 is required to match the deed / real estate tax bill
- 3) **Direct Deposit Form** (attached) – All property owners are required to sign up for direct deposit. Please submit the completed form along with one of the following: a copy of a voided check, a letter from the bank or a bank statement containing the account name, the routing number and the bank account number.
- 4) **Request for Rent Approval** (attached) – please complete
- 5) **Certificate of Fitness (COF)** – To obtain the Certificate of Fitness or equivalent inspection report confirming that the unit is in compliance with Article II of the State Sanitary Code, please contact your local Board of Health, a third-party Certified Health Officer or a Registered Sanitarian. The inspection can be scheduled through the local Board of Health.
- 6) **Proof of Ownership** – acceptable verifications are either a copy of your most recent real estate tax bill or a registered deed.
- 7) **Lead Paint Certificate (LOC)** – If a child under the age of 6 will be residing in a unit built before 1978, certification from a Certified Lead Inspector is required to verify that the unit is in compliance with applicable lead paint laws. If the unit was built in 1978 or after, a copy of the building permit is required instead.

Please send the completed MRVP Property Owner Packet to: RBurmaster@berkshirehousing.com.

Please allow 15-30 days for Berkshire Housing to approve the documents above and to determine rent reasonableness. The tenant should not move into the unit until Berkshire Housing has notified both parties that the unit is approved. The tenant may be responsible for the full contract rent if moving in prior to approval.

Following approval, the relocation specialist will: (1) confirm the move-in date with the property owner; (2) determine the monthly voucher payment and the household contribution; and (3) send the MRVP Voucher Payment Contract and the MRVP Lease Addendum to the property owner.

Property owners may use their own lease or request the MRVP Model Lease. Only one lease may be used. The MRVP Lease Addendum must be attached to the lease, regardless of which lease is used.

If you will be using your own lease, it must contain:

- a) full address of the unit;
- b) beginning and ending dates of the 12-month lease (for example: 1/5/2019-12/31/2019);
- c) utility responsibilities; and
- d) the contract rent

Under MRVP, the lease and contract are not signed annually if the terms of the lease and or contract don't change. For lease and contracts received on or before the 18th of any given month, voucher payments (including retroactive payments, if applicable) will be issued to you on the first of the following month. Payments may be delayed by a month for leases and contracts received after the 18th.

Voucher payments will be issued around the first of the month each month for as long as the tenant resides in the unit and remains on the program.

OTHER INFORMATION:

MRVP does not pay for utilities, security deposits, or any other fee or charge owned by the tenant and does not make any advance voucher payments for last month's rent. MRVP will pay the voucher payment for first month's rent once there is a signed lease and contract in place and once the tenant occupies the unit.

Tenants requesting assistance with housing-related costs should contact our Housing Consumer Education Center (HCEC). More information can be found on our website.

We are required to provide property owners with information about their rights and obligations under the Violence Against Women Act (VAWA) when they begin their participation in MRVP. These forms can be found here: <http://bit.ly/VAWAcertification> (the Certification of Domestic Violence, Dating Violence Sexual Assault, and Stalking); <http://bit.ly/VAWANotice> (the Notice to Property Owners and Property Managers Regarding VAWA).

Berkshire Housing administers MRVP vouchers in all towns in the Berkshires. In instances where the unit falls outside of our service area, Berkshire Housing is required to transfer the tenant's file by mail to the regional administering agency. The transfer takes up to 15 business days. Berkshire Housing will notify the property owner and the tenant in writing and or by phone that the voucher is being transferred and will provide contact information for a staff member at the receiving regional administering agency. The new administering agency will complete the leasing process.

For any questions, please contact (413) 499-1630. You can also find more information on our website: www.berkshirehousing.com.

Sincerely,
MRVP, Leased Housing

Enclosures: MRVP Request for Program Payment, W9 Form, Direct Deposit Form, Request for Rent Approval

REQUEST FOR PROGRAM PAYMENT
MASSACHUSETTS RENTAL VOUCHER PROGRAM

1. **REQUEST** The undersigned Owner and Participant hereby request _____, the AA to make payment under the Massachusetts Rental Voucher Program (MRVP) to the Owner or Owner’s agent for the dwelling unit located at:

_____, MA _____
Street Address _____ **Apt. #** _____ **City** _____ **Zip** _____

The unit consists of ____ bedrooms and is proposed to be leased at a total rent of \$ _____ per month.

HANDICAP ACCESSIBILITY: Sensory Mobility N/A **YEAR BUILT:** _____

HEAT (check appropriate box): Owner Tenant **ELECTRIC** (check appropriate box): Owner Tenant

2. **RESPONSIBILITIES**

The OWNER, by executing this Request:

- a) Agrees to provide, prior to the proposed occupancy date, verification that this unit is in compliance with Article II of the State Sanitary Code and is lead safe (if applicable);
- b) Agrees that the Owner’s Lease will include word-for-word all of the provisions in the MRVP Lease Addendum;
- c) Intends to enter into a Voucher Payment Contract for this unit with the AA;
- d) Understands that the AA has not screened the Participant’s suitability for tenancy and that all tenant screening is the Owner’s responsibility; and
- e) Certifies that this unit is made available, managed, and operated in accordance with applicable federal and state fair housing laws regarding race, ethnicity, color, creed, religion, sex, gender, familial status, disability, age, genetic information, sexual orientation, ancestry, marital status, veteran/military status, presence of children, receipt of public assistance, gender identity, or national origin.

The PARTICIPANT, by executing this request, represents that he/she has seen the dwelling unit and that he/she finds it acceptable for habitation.

3. **DATES OF AVAILABILITY FOR OCCUPANCY**

The dwelling unit will be available for occupancy by the PARTICIPANT on _____.

4. **EXECUTION**

All statements made herein are true and accurate. Signed under the pains and penalties of perjury.

| | |
|--|---|
| Printed Name of <input type="checkbox"/> Owner or <input type="checkbox"/> Agent | Printed Name of Participant |
| Owner or Agent Signature Date | Participant Signature Date |
| Owner or Agent Address | Participant Address of Participant |
| Owner or Agent Telephone # | Participant Telephone Number |
| Owner or Agent Email | Participant Email |

Please return completed RFPP to: _____ | _____

_____ (p) | _____ (f) | _____



REQUEST FOR RENT APPROVAL (MRVP Mobile Only): For New Lease-Ups and Rent Increases
(Increases only: Attach a copy of the original notice sent to the tenant)

Upon receipt of this form, Berkshire Housing will determine if the requested rent is reasonable by comparing rents of equivalent units in the private market. We will notify you in writing regarding the outcome of your request within thirty (30) days.

Mobile Rent Increase Eligibility Requirements:

- The tenant must be notified in writing, and a copy of the request must be submitted to Berkshire Housing at least 60 days, but not more than 120 days, prior to the lease renewal date.
- Only one rent increase can be approved within any 12-month period.

If the above criteria are not met, a rent increase cannot be considered at this time. For project-based rent increases, please contact CVeazie@berkshirehousing.com.

| For internal use only: | |
|--|---------------------------------------|
| <input type="checkbox"/> Eligible | <input type="checkbox"/> Not Eligible |
| <input type="checkbox"/> Rent approved | |
| Final Rent: \$ _____ | |
| Effective date: _____ | |
| <input type="checkbox"/> Rent denied | |
| Reason: _____ | |
| Reasonable rent: \$ _____ | |

Please complete this form and send with any attachments to: Berkshire Housing, PO BOX 1180, Pittsfield, MA 01202-1180, Attn: Robin Burmaster **Email:** Rburmaster@berkshirehousing.com **Fax:** 413-496-9831. If you have any questions, you may call (413) 445-7681.

- Type of request (select one): New lease-up Rent Increase
- What is the requested rent for the unit? \$ _____
Rents for mobile units must fall within MRVP maximum rent limits (under MRVP forms at www.berkshirehousing.com)
- Number of habitable bedrooms: _____
- Tenant Name: _____
- Rental Unit Address: _____ Unit #: _____ City/State/Zip: _____
- Legal Owner's Name: _____ Property Manager (if different): _____
- Property Manager Address: _____ City/State/Zip: _____
- Owner's/Property Manager's Phone Number: _____ Email: _____
- Select the type of house/apartment: Single Family Detached Duplex/2-Family 3-Family
 Row House/Town House Low-Rise (3 or 4 stories) High-Rise (5 or more stories) Multi-family
- Please complete the table below by indicating the fuel type and payment responsibility for each utility (*required*):

| Utility Type | Fuel Type | | | Payment Responsibility | |
|-------------------|--|------------------------------|-----------------------------------|--------------------------------|---------------------------------|
| Heating fuel | <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Electric | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |
| Cooking fuel | <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Electric | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |
| Hot Water | <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Electric | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |
| Other Electricity | | | | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |
| Water | <i>Sub-metering form required if family pays for water</i> | | | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |

- (Increase only) Will the payment responsibility for the utilities change? No Yes (New lease required)
- Question 12 (a-d) is optional but will aid in performing a more accurate market analysis.
 - Please indicate which of the following features and amenities are included in the rent: Central AC Refrigerator
 Microwave Assigned parking space Parking garage In-unit washer & dryer W/D hook-up Dishwasher
 Other (specify): _____
 - How many bathrooms are in the unit? 1 1.5 2 Other: _____
 - What is the square footage of the unit? _____ sq. ft.
 - What year was the property originally built? _____ (if there have been recent renovations, attach documentation)

| (Increase Only) Tenant Notification (You must select at least one): | |
|--|---|
| <input type="checkbox"/> | I (the tenant) have acknowledged the notice of rent increase, and by signing I certify that the owner has notified me within the required timeframe. Tenant Signature: _____ Date: _____ |
| <input type="checkbox"/> | I (the owner) have attached a copy of the rent increase notice sent to the tenant at least sixty (60) days prior to the lease renewal. The tenant does <u>not</u> need to sign a rent increase request if they are properly notified and Berkshire Housing receives a |

By executing this request, I am certifying that the information above is true and correct:

Signature of Owner or Property Manager: _____ **Date:** _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

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

| | | | |
|-----------------------|---|---|--|
| Print or type. | See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p> |
| | | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/> | <p>Requester's name and address (optional)</p> <hr/> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

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.

| | | | | | | | | |
|--|---|---|---|--|---|---|---|---|
| Social security number | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - |
| | | | | | | | | |
| - | - | - | - | | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - |
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Part II Certification

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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 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.



Direct Deposit Enrollment Request Form Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check one)

New Request for Direct Deposit **OR** Change Current Direct Deposit Information

Section 2 : Customer / Vendor / Payee Information

Name _____

Social Security # or Tax I.D. # _____ Daytime Phone Number _____

Address _____ City, State, Zip Code _____

E-mail Address (please print) _____

Section 3 : Direct Deposit Information:

Checking **OR** Savings

Account Holder's Name _____

Bank Name _____

Routing Number1 _____

Account Number2 _____

Please attached with **voided check** from the specified checking account.

Substitute documentation **for account without paper check**: 1) Bank statement; or 2) Letter from bank that indicate account name; account number and routing information

I authorize Berkshire Housing to make electronic deposits to the specified account.
If monies to which I am not entitled are deposited to my account, I authorize Berkshire Housing to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature (required) _____ Date _____

Call (413) 499-1630 if you have any questions. *Please note:* You may receive one or more "paper" checks before your direct deposit enrollment is processed and becomes active.

¹ The first nine numbers from the left at the bottom of your deposit slip if using a savings account or your check if using a checking account is the bank routing number. This number is always nine digits.

² Your account number is at the bottom of your check or savings deposit slip, after the bank routing number (and before the check number if using a check). If there are zeros before or after your account number, please include them.

For internal use Only:

Program: MTW / Section 8 or MRVP / CoC Program or HomeBASE / RAFT

Staff Name : _____