



**The Housing Authority of the City of Los Angeles
Homeless Incentive Program (HIP)**

FACT SHEET

- The Homeless Incentive Program is also known as H.I.P.
- H.I.P. is HACLA's incentive program which provides incentives to hold a vacant unit, to house applicant families from HACLA's homeless programs.
- The incentive is up to **one month's rent, based on number of bedrooms and current Fair Market Rents**, to hold an eligible vacant unit for 30 days.
- All documents below are required to move forward with the pre-inspection process.

Required Documents:

- Pre-RFTA (Pre-Request for Tenancy Approval) / RFTA
- Vacant Unit Holding Fee Agreement
- W-9 (Submit the most recent W-9, even if you believe you have one on file.)
- Letter of Authorization
- Direct Deposit Form

Please e-mail all completed forms to hip@hacla.org

Process:

1. Landlords complete ALL required documents.
2. HACLA Staff will contact the landlord to schedule an inspection of the vacant unit.
3. Unit passes pre-inspection, and eligible homeless program applicants are referred to the vacant unit.
4. Incentive will be given at the end of the 30-day holding period OR within 5-10 business days after unit passes inspection.

Questions?

E-mail: hip@hacla.org | Telephone: (213)252-1619

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)
PRE-REQUEST FOR TENANCY APPROVAL (RFTA)**

OFFICE USE ONLY: REG/CLIENT NO _____		V BRS _____		V EXP DATE _____	
HACLA Rep. _____		Office _____		Phone _____	
Map Ref _____		1st Insp. Date _____		2 nd Insp. Date _____	
Adults _____		Disabled: Y N		Children Under 6: Y N	
				EIBLL Y N	
				Date Verified _____	
				3 rd Insp. Date _____	

A. UNIT INFORMATION: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW.

Address: _____ **Apt.#:** _____ **City:** _____ **Zip:** _____

Date the Unit will be ready for Inspection	Requested Beginning Date of Lease	Number of Bedrooms	Year Constructed	Proposed Rent	Security Deposit Amount (Maximum is set by Law)

BUILDING TYPE (Circle): House Duplex Apt.1-4 stories Apt. 5+ stories ___ On Lot Town/Row House
Mobile Home Mobile Home Space

IF THIS UNIT IS SUBSIDIZED, CIRCLE THE TYPE OF SUBSIDY: Sec 23 Sec.202 Sec. 221(d)(3)(BMIR)
Sec. 236 (insured or non-insured) HOME Program Tax Credit Other: _____

B. UTILITY RESPONSIBILITY

Enter a "T" if the tenant pays for or provides the utility or appliance. Enter an "O" if the owner will pay for or provide the utility or appliance.

	Gas	Electric	Water paid by	Basic Electricity (lights) paid by	Stove	Refrigerator	A/C paid by	Trash Collection
Space Heating								
Cooking								
Water Heating								

C. OWNER'S CERTIFICATIONS – BY MY SIGNATURE IN SECTION D BELOW:

I certify that the rents for the most recently leased comparable (same size, type, number of bedrooms) unassisted units within the premises are:

Date rented:	Rent: \$	# bedrooms:	Address/Unit#:
Date rented:	Rent: \$	# bedrooms:	Address/Unit#:
Date rented:	Rent: \$	# bedrooms:	Address/Unit#:

HACLA assumes no responsibility for subsidy payments prior to approval & execution of a Section 8 (HAP) contract.

D. OWNER AND PAYEE INFORMATION:

Legal Owner(s) Name (s) PLEASE PRINT

Owner Address _____ City _____ State _____ Zip _____ Telephone Number (Daytime) _____

Owner/Agent Signature(s) _____ Date _____

Payee name and address if different _____ Section 8 Owner Number (if any) _____

**HOMELESS INCENTIVE PROGRAM (HIP)
VACANT UNIT HOLDING FEE AGREEMENT**

This Agreement Regarding Vacant Unit Holding Fees (the "Agreement") is made by and between _____ ("Owner"), and, the Housing Authority of the City of Los Angeles ("HACLA").

The Owner and HACLA (collectively, the "Parties") hereby acknowledge and agree as follows:

1. The Owner owns the building located at _____, California, and unit number _____ (the "Unit") within the building is vacant.
2. HACLA desires that the Owner maintain the Unit in its current vacant state, and that the Owner lease the Unit to a HACLA homeless applicant and not lease it to any other third-party during the period commencing on the date the unit passes HACLA's HQS Inspection ("Effective Date") and terminating 30 days from the passed inspection date ("Termination Date"). The 30 day period is the term of the Agreement ("Term"). In consideration for this action, HACLA has agreed to pay to Owner the amount of \$ _____ (the "Payment").
3. Owner acknowledges receipt of the Payment, and in consideration for the Payment, Owner agrees that Owner shall lease the Unit to a HACLA homeless applicant and not lease it to any other third party during the Term. In addition, during the Term, the Owner shall meet in good faith with the HACLA to review potential tenants for the Unit referred by HACLA to the Owner. Such potential tenants shall all be individuals that are enrolled in HACLA homeless rental subsidy programs.
4. When the Owner enters into a lease with a HACLA homeless applicant prior to the expiration of the Term, the homeless rental subsidy program in which the tenant is enrolled will commence and the Owner may retain the balance of the payment. In the event that, by the end of the Term, the Owner has not entered into a lease with an individual referred by HACLA, then this Agreement shall terminate without further action of the Parties, and the Owner shall be entitled to retain the Payment.
5. At any time during the Term, either party may terminate this Agreement upon 5 days written notice to the other party. In the event that Owner is the terminating party, then: (i) the Payment shall promptly be returned to HACLA within 30 days of the termination. In the event that HACLA is the terminating party, then: (i) the owner shall retain the Payment previously made by HACLA, and (ii) HACLA shall have no further obligation to the Owner. The Owner's obligation to return the funds to HACLA, as set forth above, shall survive the termination of this Agreement.
6. Nothing in this Agreement shall be deemed to obligate the Owner to lease the Unit to any particular applicant referred by HACLA, and nothing in this Agreement shall be deemed to grant HACLA any right to occupy the Unit during the Term. HACLA shall have no duty or obligation regarding the Unit. This Agreement merely establishes the parties' mutual intent to negotiate in good faith for the referral and lease up of a homeless applicant in the Owner's Unit.
7. This Agreement shall be governed by the laws of the State of California.
8. This Agreement may be executed in counterparts, and multiple originals, each of which shall constitute one and the same document.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

OWNER: _____

Owner Signature: _____ Date: _____

Authorized Agent Full Name: _____

Authorized Agent Signature: _____ Date: _____

TO BE COMPLETED BY HACLA STAFF ONLY

HACLA Authorized Agent Name: _____

HACLA Authorized Agent Signature: _____ Date: _____

Effective Date: _____ Termination Date: _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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. person (defined below).

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 on page 4.

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

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

LETTER OF AUTHORIZATION

**To: Housing Authority of the City of Los Angeles
Homeless Incentive Program (HIP) Unit
2600 Wilshire Blvd., 2nd Floor
Los Angeles, CA 90057**

FAX: (213) 252-2738

Email: HIP@hacla.org

From: _____

FAX: (_____) _____

Email: _____

This letter will authorize the following person(s) to negotiate and sign a Section 8 contract with the Housing Authority of the City of Los Angeles

(Please print all information)

Name: _____

Title: _____

Address: _____

Telephone: _____

For the property located at: _____

All Housing Assistance Payment (HAP) checks should be made payable and mailed to:

Name: _____

Address: _____

Telephone: _____

OWNERS (print name)

SIGNATURES

Phone: _____

Date: _____





HOUSING AUTHORITY OF THE CITY OF LOS ANGELES AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

NOTE: At least two-thirds of all owners must sign the document.

I hereby authorize the Housing Authority of the City of Los Angeles to initiate credit entries to the following account information.

Select one only: **Checking Account** **Savings Account**

By acceptance of the funds through direct deposit, the owner(s) certifies that to the best of their knowledge the information on this form is correct and relates to the entity or business named on their vendor application form. If any action taken by the owner(s) results in non-acceptance of the electronic funds transfer by the owner's financial institution, the owner(s) understands that the Housing Authority assumes no responsibility for processing replacement payment until the funds are returned to the Housing Authority by the owner's financial institution.

**Anyone submitting fraudulent information is subject to fine or imprisonment.
(Title 18 U.S.C. 1001)**

Written notification of all changes must be submitted to the Housing Authority at least *thirty days* prior to payment date. Notify the Purchasing Department of an address change. Resubmit a new Authorization Agreement for Automatic Deposit to the Accounts Payable Department should the business account change.

For checking accounts: **Attach a voided check**
For savings accounts: **Attach a letter from the financial institution**

Please Deposit My Supplier Payments with the Following Bank

Bank Name (Print) _____

Branch Name _____

Bank Address _____

City _____ **State** _____ **Zip Code** _____

Owner E-mail Address _____
(Direct deposit statements will be e-mailed here)

Your Financial Institution must be a member of the "Automatic Clearing House (ACH)".
If you are not sure, please check with your financial institution.

Bank Routing Number (verify routing number with your bank)

Authorized Signatory 1 Name _____ **Signature** _____

Authorized Signatory 2 Name _____ **Signature** _____

Authorized Signatory 3 Name _____ **Signature** _____

Authorized Signatory 4 Name _____ **Signature** _____

Owner Phone Number _____ **Vendor Number** _____
(if available)

Name on Bank Account _____
(must match business name)

Account Number **Checking Acct** **Savings Acct**