

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 <u>cannot be accepted</u>.
- 2. MRVP Property Owner Packet
- 3. MRVP Payment Standards (Maximum Allowable Rents)



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** (found at MetroHousingBoston.org).

The lease between the tenant,		(print tenant name),			
and the property owner,		_ (print property owner name),			
for the rental unit #locat	ted at:				
Unit Address:					
City:	State:	Zip:			
shall by this Agreement be mutually	/ terminated as of:	Date			
 Date	Property Owner's	Signature			
Date	Tenant's Sign	nature			

Return this form to Metro Housing|Boston to process your request to move.

Note: Metro Housing|Boston policy has restrictions on moves under certain conditions. If the tenant is ineligible to move, the submission of this mutual termination form will <u>not</u> result in MetroHousing|Boston allowing the tenant to move with their voucher. Please contact our Leased Housing Department if you wish to know about restrictions or exceptions for moves.

Email: gateway@metrohousingboston.org | Fax: (617) 532-7670 | Phone: (617) 425-6611

Mail to: 1411 Tremont Street, Boston, MA 02120 Attn: Leased Housing Gateway



Massachusetts Rental Voucher Program (MRVP) Property Owner Packet

RE:	(Tenant's Name)
Ν⊑.	(Terrant's Maine

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. Metro Housing|Boston determines the monthly household contribution and voucher payment. The household pays their contribution directly to property owners and Metro 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 Metro Housing|Boston 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 cannot be scheduled through Metro Housing|Boston.

If you own a property in Boston and will be requesting the inspection through Boston Inspectional Services, you will need to submit the following to Boston Inspectional Services:

- a) A document indicating that the subsidizing agency requires the inspection
- b) A check for the inspection fees (inspections are \$50 per unit for a building with 1-3 units and \$75 for a building with 4 or more)
- c) Registration with the city's rental registration database if the building does *not* have an official lodging house license
- d) Request for an Inspection Letter to be drafted by Metro Housing. This letter will be sent to you when we receive this Property Owner Packet.

Please contact Boston Inspectional Services with any questions regarding these requirements at isd@boston.gov, or (617) 635-5300.

- 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: gateway@metrohousingboston.org.

Please allow 15-30 days for Metro Housing|Boston to approve the documents above and to determine rent reasonableness. The tenant should not move into the unit until Metro Housing|Boston 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.

<u>Following approval</u>, 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. <u>Only one</u> 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).

Metro Housing|Boston administers MRVP vouchers in over 30 towns in the Greater Boston Area. A full list can be found on our website under About Us, Communities We Serve. (*Please note: Lynn Housing Authority is administering MRVP vouchers for units located in Lynn.*) In instances where the unit falls outside of our service area, Metro Housing|Boston is required to transfer the tenant's file by mail to the regional administering agency. The transfer takes up to 5 business days. Metro Housing|Boston 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 (617) 425-6611 or <u>Gateway@metrohousingboston.org</u>. You can also find more information on our website: www.metrohousingboston.org.

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

 <u>REQUEST</u> The undersigned Owner and Participant under the Massachusetts Rental Voucher Program located at: 			
		-	_, MA
Street Address	Apt. #	City	Zip
The unit consists of bedrooms and is proposed to	be leased at a total re	nt of \$	per month.
HANDICAP ACCESSIBILITY: Sensory ☐ Mobility ☐ N	/A □ YEAF	R BUILT:	_
HEAT (check appropriate box): Owner \square Tenant \square	ELECTRIC (c	heck appropriate box): O	wner Tenant
 2. RESPONSIBILITIES The OWNER, by executing this Request: a) Agrees to provide, prior to the proposed occupancy State Sanitary Code and is lead safe (if applicable); b) Agrees that the Owner's Lease will include word-for c) Intends to enter into a Voucher Payment Contract for Understands that the AA has not screened the Partic Owner's responsibility; and e) Certifies that this unit is made available, managed, a housing laws regarding race, ethnicity, color, creed, sexual orientation, ancestry, marital status, veteran, gender identity, or national origin. 	-word all of the provision or this unit with the AA; cipant's suitability for ten and operated in accordar religion, sex, gender, far	ns in the MRVP Lease Adder nancy and that all tenant so nce with applicable federal nilial status, disability, age,	ndum; reening is the and state fair genetic information
The PARTICIPANT, by executing this request, repress acceptable for habitation. 3. DATES OF AVAILABILITY FOR OCCUPANCY The description of the control of th			
4. EXECUTION All statements made herein are true and accurate.	Signed under the pain	s and penalties of perjur	у.
Printed Name of \square Owner or \square Agent	Prir	ited Name of Participant	
Owner or Agent Signature	Date Par	ticipant Signature	Date
Owner or Agent Address	Par	ticipant Address of Partic	cipant
Owner of Agent Telephone #	Par	ticipant Telephone Numb	per
Owner or Agent Email	Par	ticipant Email	
Please return completed RFPP to:		l	
(n)	(f)		



People First. Housing Always.

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, Metro Housing|Boston 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:

- 1. The tenant must be notified in writing, and a copy of the request must be submitted to Metro Housing|Boston at least 60 days, but not more than 120 days, prior to the lease renewal date.
- 2. 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 ownerservices@metrohousingboston.org.

For internal use only:						
☐ Eligible	□ Not Eligible					
□Rent approve	ed					
Final Rent:	\$					
Effective da	ate:					
☐Rent denied						
Reason:						
Reasonabl	e rent: \$					

Please complete this form and send with any attachments to: Metro Housing|Boston, 1411 Tremont Street, Boston, MA 02120, Attn: Owner Services. Email: ownerservices@metrohousingboston.org. Fax: 617-532-7563. If you have any questions, you may call the Owner Services Team at (617) 425-6765. Type of request (select one): ☐ New lease-up ☐ Rent Increase 1. What is the requested rent for the unit? \$____ Rents for mobile units must fall within MRVP maximum rent limits (under MRVP forms at www.metrohousingboston.org) Number of habitable bedrooms: _____ 3. Tenant Name: 4. Unit #:_____ City/State/Zip:_____ Rental Unit Address: Property Manager (if different):_____ Legal Owner's Name: _____ City/State/Zip:____ Property Manager Address: 7. Owner's/Property Manager's Phone Number: Email: 9. 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 10. 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 ☐ Electric ☐ Owner ☐ Tenant □ Gas ☐ Gas □ Oil Cooking fuel ☐ Electric ☐ Owner □ Tenant Hot Water ☐ Gas ☐ Oil ☐ Electric ☐ Owner □ Tenant Other Electricity □ Owner ☐ Tenant Sub-metering form required if family pays for water Water □ Owner □ Tenant 11. (Increase only) Will the payment responsibility for the utilities change? ☐ Yes (New lease required) 12. Question 12 (a-d) is optional but will aid in performing a more accurate market analysis. a. Please indicate which of the following features and amenities are included in the rent: \square Central AC \square Refrigerator ☐ Microwave ☐ Assigned parking space ☐ Parking garage ☐ In-unit washer & dryer ☐ W/D hook-up ☐ Dishwasher ☐ Other (specify): b. How many bathrooms are in the unit? \Box 1 \Box 1.5 \Box 2 \Box Other: c. What is the square footage of the unit? _____ sq. ft. d. What year was the property originally built? _____ (if there have been recent renovations, attach documentation)

(Inc	rease Only) Tenant Notification (You must select at least one):	
	I (the tenant) have acknowledged the notice of rent increase, and by signing	g I certify that the owner has notified me within the
	required timeframe.	
	Tenant Signature:	Date:
	I (the owner) have attached a copy of the rent increase notice sent to the te	enant at least sixty (60) days prior to the lease renewal.
	The tenant does not need to sign a rent increase request if they are proper	ly notified and Metro Housing Boston receives a copy.

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

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
	2 Business name/disregarded entity name, if different from above									
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	_	ne of		certa	ain enti uctions	ies, no on pa	,	,	,
ype.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rshin) ▶			Exem	ірі рау	ee cou	e (if any)		
Print or type. c Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes.	wner. Do r owner of th gle-membe	e LLC	C is	code	nption e (if any		ATCA re	portir	ng
г iệi	is disregarded from the owner should check the appropriate box for the tax classification of its own	ner.			(4			4-114-	:	
bec	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.	Requeste	r's na	ame	1			tained outs	ide trie	0.5.)
96	7 Add occ (Italias), strong and apt. of state its.) occ moradions.	rioquooid	, 0110	21110	una ac	iai 000 i	option	A1)		
Ō	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
	- Lat account names (c) not (c									
Par	Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		Socia	al se	curity	numbe	r			
reside	up withholding. For individuals, this is generally your social security number (SSN). However, the alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other as, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>				_		_			
TIN, la		<u>c</u>	r							
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and	Empl	loye	r ident	ificatio	n num	ber		
Numb	per To Give the Requester for guidelines on whose number to enter.				-					
Par	t II Certification									1
Unde	r penalties of perjury, I certify that:									
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have n	ot be	en	notifie	d by th	ne Inte			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is corre	ect.							

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,

		red property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments ou 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

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 taxpaver 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, 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,



People First. Housing Always.

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

Section 1 : Type of request (check	<u>cone)</u>			
New Request for Direct Deposit	OR]] Change Cur	rent Direct Deposit Information
Section 2 : Customer / Vendor / Pa	<u>iyee Inform</u>	<u>nation</u>		
Name				
Social Security # or Tax I.D. #		Daytime	Phone Number _	
Address		City, S	tate, Zip Code _	
E-mail Address (please print)				<u> </u>
Section 3 : Direct Deposit Informate [] Checking	tion: OR	[] Savings	
Account Holder's Name				-
Bank Name				-
Routing Number1				-
Account Number2				_
Substitute documentation for account wit account name; account number and routing information of a lauthorize Metro Housing Boston and Bank of If monies to which I am not entitled are deposit to return said funds. This authority will remain in me in writing.	f America to mated to my according	ake electroni unt, I authori	c deposits to the	e specified account. g Boston to direct the financial institution
Signature (required)		_ Date		
Call (617) 425-6616 if you have any questions. If deposit enrollment is processed and becomes a 1 The first nine numbers from the left at the bottochecking account is the bank routing number. The 2 Your account number is at the bottom of your conumber if using a check). If there are zeros before	active. om of your depo his number is a check or saving	osit slip if usi always nine o gs deposit sli	ng a savings acc ligits. o, after the bank	count or your check if using a routing number (and before the check
For internal use Only:				
Program: [] MTW / Section 8 or	[] MRVF	P / CoC P	ogram or [] HomeBASE / RAFT
Staff Name :				

MRVP Applicable Payment Standards - Metro Housing | Boston Service Area

Current Area-Wide Fair Market Rent (FMR)

Effective January 1, 2023

<u>Please note:</u> All contract rents must be rent reasonable. Section 8 Payment Standards do not apply to MRVP.

	SRO	ESRO	Studio/	1	2	3	4	5	6
City/Town			0 BDR	Bedroom	Bedrooms	Bedrooms	Bedrooms	Bedrooms	Bedrooms
Arlington	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Bedford	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Belmont	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Boston	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Braintree	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Brookline	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Burlington	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Cambridge	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Chelsea	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Everett	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Holbrook	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Lexington	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Malden	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Medford	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Melrose	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Milton	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Newton	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
N. Reading	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Quincy	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Randolph	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Reading	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Revere	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Somerville	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Stoneham	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Wakefield	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Waltham	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Watertown	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Weymouth	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Wilmington	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Winchester	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Winthrop	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602
Woburn	\$1,519	\$1,671	\$2,025	\$2,198	\$2,635	\$3,207	\$3,540	\$4,071	\$4,602

The above MA cities and towns are in Metro Housing|Boston's service area. For MRVP Applicable Payment Standards for other MA cities and towns, please visit: https://www.huduser.gov/portal/datasets/fmr.html.