

Thank you for your interest in the Housing Choice Voucher (HCV) Program and for making it possible for low-income families to enjoy quality, affordable housing.

To complete a change of ownership, please submit the documents via email, mail or deliver them in person during normal business hours (8:00 a.m.-4:30 p.m.).

- **Email:** intake@cmhanet.com
- **Mail:** Columbus Metropolitan Housing Authority, 1407 Cleveland Avenue, Columbus, OH 43211
- **In-person:** CMHA Client Service Center, 1407 Cleveland Avenue, Columbus, OH 43211 during the following hours:

Monday-Thursday: 8:30 a.m. – 11:30 a.m. & 1:30 p.m. – 3:30 p.m.

Friday: 8:30 a.m. – 11:30 a.m.

Please submit contracting inquiries to contracts@cmhanet.com.

Required Documentation for RFTA Submissions

1. Completed RFTA Packet

- See required forms in the *Submission Guide*.

2. Original Voucher

- Must be signed by the applicant/tenant and have a valid expiration date.

3. Copy of Owner's Proposed Lease

- ***Do not sign the lease until after the rent is approved and the unit has passed the NSPIRE inspection.***
- You must include all recurring monthly charges in the total contract rent (security deposit waiver fee, damage waiver fee, reimbursed water fee, reimbursed pest control fee, renter's insurance, etc.)

HOUSING ASSISTANCE PAYMENTS (HAP) CAN NOT BEGIN UNTIL THE DAY FOLLOWING THE PASSED INSPECTION

Please ensure the RFTA Packet is fully completed, and that all required documents are attached. An incomplete submission will result in rejection and delay in the housing assistance payment. Ensure that contact information, such as phone numbers and email addresses, is both accurate and easily readable.

Limited English Proficiency

For language assistance services, please contact 1-833-378-2220 (TTY: 1-800-750-0750).

Para servicios de asistencia lingüística, llame al 1-833-378-2220 (TTY: 1-800-750-0750).

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भाषा सहायता सेवाहरूका लागि, कृपया 1-833-378-2220 (TTY: 1-800-750-0750) मा सम्पर्क गर्नुहोस् ।

خدمات المساعدة اللغوية، يُرجى الاتصال بالرقم 1-833-378-2220 (الهاتف النصي: 1-800-750-0750).

Pour des services d'assistance linguistique, veuillez contacter le 1 833 378 2220 (téléscripteur : 1 800 750 0750).



Message to the Applicant/Participant

1. Review the *Submission Guide* on the next page.
2. Return a copy of your **signed** voucher with this packet.
3. Sign and date page 2 of the RFTA.
4. Please consider the cost of utilities when searching for an affordable unit.

Message to the Owner/Landlord

1. Review the *Submission Guide* on the next page.
2. Complete, sign and date the RFTA.
3. If you are a new landlord, complete the pages 11-15.

What happens after CMHA receives the completed RFTA Packet?

- A P.R.O. Agent will review all documents submitted within 2 business days of receipt to determine if:
 - The unit is affordable for the family based on the HUD prescribed calculation and affordability test.
 - Whether the rent is comparable with other similar units in the unassisted market where the unit is located.
- CGI will contact you to coordinate an initial inspection to confirm compliance with HUD's NSPIRE (National Standards for the Physical Inspection of Real Estate). Initial inspections are scheduled within 10 calendar days of RFTA approval.
- Within 5-7 business days from the inspection pass date, a P.R.O. Agent will contact you with the Housing Assistance Payment (HAP) Contract next steps.
- Once you return the executed HAP Contract and lease, a P.R.O. Agent will process the contract within 4 business days, and payment will be issued at the next check run. Currently, check-runs occur on the 1st and 15th of each month.
 - Please note electronic signatures must include an IP address along with a date and timestamp.
 - Ensure that the effective date of the HAP contract and lease start on the same day to avoid processing delays.
 - The ongoing HAP portion of rent is to be issued on the 1st of every month thereafter.



Rental Scams

Stay alert and protect yourself from rental scams with the following tips. Here is how to recognize fraudulent listings, prevent falling victim, and what actions to take if you suspect you have been scammed.

What is a rental scam:

A rental scam occurs when someone **fraudulently uses a rental listing** to steal **money** or **personal information**. Scammers may copy legitimate listings, invent fake properties, pose as owners or agents, pressure applicants into sending money before verifying anything.

Common signs of a scam:

- The “owner” will not meet you in person, claiming to be out of the country or on missionary work.
- They want to move you in immediately – no tour allowed.
- They insist on wire transfers, gift cards, or cryptocurrency for payment.
- They request rent and/or security deposit before the lease is signed.
- The price seems unrealistically low compared to similar rentals.
- The listing contains typos, poor grammar, or odd punctuation.
- There is no tenant screening process.
- They ask you to sign an incomplete or vague lease.

Protect yourself from a rental scam:

- Always request a property tour.
- Ignore listings that appear suspicious of anything that feels “off.”
- Insist on speaking directly with the property owner.
- Never pay using cash, wire transfers, gift cards, or cryptocurrency.
- Do not share personal or financial information with anyone claiming to represent the owner or rental company.
- Verify property ownership via the Franklin County Auditor (www.franklincountauditor.com/online-tools) or the rental company website.

How to report fraud:

If you think you have been a victim of a rental scam, immediately contact the police, notify the ad publisher, and file a complaint with the Federal Trade Commission (FTC) and/or the Ohio Attorney General’s Office.

Federal Trade Commission
1-877-FTC-HELP (382-4357)
<https://reportfraud.ftc.gov/>

Ohio Attorney General’s Office
1-800-282-0515
<https://www.ohioprotects.org/file-a-complaint>



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Submission Guide

Please refer to this guide as you navigate through the RFTA Packet to ensure all necessary information is completed before submitting it to CMHA.

Page(s)	Form	Form Requirements
1-2	Request for Tenancy Approval Form (HUD-52527)	Required Document Must be signed by both Owner and Tenant
3-4	Rent Reasonableness Addendum	Required Document Completed by Owner Identifies Property Amendments
5	Lead Based Paint Disclosure	Required Document if built prior to 1978 Must be signed by both Owner and Tenant
6	Owner/Tenant Utility Billing Affidavit	Required Document Must be signed by both Owner and Tenant
7	Vendor and Property Management Form	Required Document Must be signed by Owner
8-9	Landlord Certification of Responsibility	Required Document Completed and signed by Owner
10-11	CMHA Addendum	Required Document Completed and signed by both Owner and Tenant
12	New Vendor Setup Form	Required for New Vendors ONLY Must be submitted for contract execution
13	Assignment of Housing Assistance Payments (HAP)	Required Document Completed and signed by Owner
14	Authorization Agreement for ACH Payments	Required for New Vendors ONLY Must be submitted for contract execution
15	IRS W-9 Form	Required for New Vendors ONLY Must be submitted for contract execution
16	Vendor and Property Management Contact Form	Optional Document Completed by Owner Identifies Property Contacts
17	Rent Burden Test	Reference Only Use to determine Maximum Rent
18-20	SAFMR Payment Standard Look Up Tables	Reference Only Used to determine Maximum Rent for Tenant and overall affordability
21	Owner Notice	Reference Only <i>Please read carefully</i>
22	Housing Choice Voucher (HCV) Subsidy Standards	Reference Only
23-24	Calculation of Income and Family Rent Portion for the HCV Program	Reference Only
25-28	Utility Allowance Tables for Tenant Paid Utilities	Reference Only Utility Allowance Calculation based on unit type and bedroom size

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. 04/30/2026

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.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

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.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



Rent Reasonableness Addendum

Tenant Name: _____ Client #: _____

Tenant Address: _____ City: _____ Zip: _____

Owner Name: _____ Owner #: _____

Owner Address: _____ City: _____ Zip: _____

Owner Email: _____

Unit Information

Building Type (select one):

Semi-Detached Single Family Townhouse/Rowhouse Low/High Rise Manufactured/Mobile Home

Bedrooms: _____ Year Built: _____ Appx. Sq. Ft: _____ # Bathrooms: _____

Unit condition: _____

Owner Provided Amenities (check all that apply):

- Basement/Attic Washer/Dryer Hookups Carpeting
 Ceramic Tile Floors Cable/Internet Ready Central AC Unit
 Elevator Ceiling Fan Deck/Balcony/Patio/Porch
 Hardwood Floors Covered and/or Off-Street Parking Dishwasher
 Pool Fenced Garage
 Storage Garbage Disposal Handicap Accessible
 Business/Fitness Center Modern Appliance Playground/Courts
 Clubhouse Refrigerator Security System
 Energy Efficient Certified Unit Window/Wall AC Unit Working Fireplace
 Laundry Facilities Yard Sprinkler System
 Other: _____



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Owner Provided Utilities (check all that apply):

- Air Conditioning Cooking Heating Other Electric Sewer Trash Collection
- Water Water Heating Other: _____

Unit Renovations

Have any major renovations been made to the unit? Yes No

If yes, please check the renovation and the year it was completed:

New wiring throughout unit

Year Completed: _____

New kitchen cabinets

Year Completed: _____

New roof

Year Completed: _____

New flooring throughout unit

Year Completed: _____

New plumbing throughout unit

Year Completed: _____

Other: _____

Year Completed: _____

Monthly Rent: \$ _____ HAP Payment \$ _____



Disclosure of Information of Lead-Based Paint and/or Lead-Based Paint Hazards

This form must be completed and attached to the Request for Tenancy Approval Form

Lead Warning Statement: Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based pain and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure. Please select one box in sections (a) and (b) and initial in the space provided.

(a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing. Please provide a brief explanation:

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check one below):

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below):

Lessor has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement. Please read initial in the spaces provided below.

(c) Lessee has received copies of all information listed above.

(d) Lessee has received the Protect Your Family from Lead in Your Home pamphlet

Agent's Acknowledgement. Please initial in the space provided below.

(e) Agent/Landlord/PM has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of their responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Lessor Signature

Date

Lessee Signature

Date



Owner/Tenant Utility Billing Affidavit

Assisted Unit Address:

1. All separately metered utilities that are the tenant’s responsibility must be billed in the name of the tenant or the tenant’s assigned designee within 30 days of the move-in date.
2. For any utility that is the tenant’s responsibility, which is not separately metered, and for which the landlord is billing the tenant, the landlord must bill the tenant using the same ratio, percentage, or calculation that is used for like units that are unassisted.
3. The landlord hereby certifies that for any such non-metered utility for which the tenant is being billed, the landlord is billing the tenant using the same ration, percentage or calculation that is used for like units that are unassisted.
4. Failure to have utilities on as described above can result in an abatement of rent, termination of assistance or the cancelation of a contract at the sole discretion of CMHA.

Head of Household Signature

Date

Head of Household Email

Owner/Agent Signature

Date



Vendor and Property Management Information

Completed by New Vendors

Is the unit listed on the Franklin County Auditor website? No Yes **If yes**, please complete the following:

Who is listed as the owner on the Franklin County Auditor website? _____

Vendor Address: _____

Contact Name: _____ Vendor Phone #: _____

Email: _____

To obtain a vendor ID #, new vendors must complete and submit an IRS Form W-9. It is important to note that payment on the Housing Assistance Payment (HAP) Contract may be delayed if the IRS Form W-9 is not received by CMHA.

Completed by Existing Vendors

Vendor ID#: _____ Vendor Name: _____

Vendor Address: _____

Contact Name: _____ Vendor Phone #: _____

Email: _____

Is there a Property Management Agreement or authorized agent contracted for the unit? No Yes
If yes, please complete the following:

Property Management Company: _____

Property Management Address: _____

Contact Name: _____ Contact Phone #: _____

Note: Vendors with a Property Management Agreement, Power of Attorney, or guardianship documentation must submit verification to CMHA. Please note that initial payments on the HAP Contract may be delayed until all necessary documentation is received by CMHA.

For privacy concerns, please avoid submitting personal and company-sensitive information via the family.



Landlord Certification of Responsibility

Assisted Unit Address:

1. I certify that I am the legal or the legally designated agent for the above referenced unit, and that the tenant has no ownership in this dwelling.
2. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety and property of others.
3. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess amounts that I charge to unassisted tenants.
4. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants.
5. I understand that the family members listed on the Housing Assistance Payments (HAP) Contract are the *only* individuals permitted to reside in the unit. I understand that CMHA and I must grant prior written approval of other persons to be added to the household.
6. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
7. I agree to comply with all requirements contained in the lease, tenancy addendum, HAP Contract, parts A, B, and C. I understand that it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum and the HAP Contract.
8. I understand that I must submit to the tenant for their consideration and to CMHA for their review, any new lease, lease, or lease revision a minimum of 60 days in advance of the effective date of the lease or the lease revision.
9. I understand that I must provide CMHA with a written request for any rent increase a minimum of 60 days in advance of the increase and in accordance with the provision of the lease and HAP Contract.
10. I understand that the tenant's portion of the contract rent is determined by CMHA and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease, which has not been specifically approved by CMHA.



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11. I understand that I may not lease a unit to my family members, including all occupants, who are related to me in any of the following ways: parent, child, grandparents, grandchild, sister or brother. I understand that CMHA may grant prior written approval if the rental unit provides a reasonable accommodation for a family member who is a person with disabilities.
12. I understand that I may not assign the HAP Contract to a new owner without prior written consent of CMHA.
13. I understand my obligations in compliance with the HAP Contract to perform necessary maintenance, so the units continue to comply with NSPIRE.
14. I understand that should the assisted unit become vacant, I am responsible for notifying CMHA immediately in writing. I also understand that the HAP Contract and payment will terminate immediately.
15. I understand that I should only contact CMHA in writing for serious disputes between the tenant and me that we are unable to resolve.
16. I understand that I must promptly give CMHA a copy of an owner-eviction notice to the tenant and to comply with all state and local eviction procedures.
17. I acknowledge that I have been briefed on the Housing Choice Voucher (HCV) Program. I understand that my failure to fulfill the above may result in the withholding, abatement or termination of the housing assistance payments for the contract unit or another unit; and or being barred from participating in CMHA housing programs.
18. I understand that knowingly providing false, incomplete, or inaccurate information is punishable under Federal and State law.

Owner/Agent Signature

Date

Warning: Title 18 U.S.C. Section 1001 states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felon. State law may also provide penalties for false or fraudulent statements.



CMHA Addendum

Vendor Name: _____

Client Name: _____

All Household Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subsidized Address (include zip and suffix):

Contract Rent: \$ _____

Security Deposit (must not exceed 1 month's rent): \$ _____

Utilities & Appliances

Utilities		
Utility	Responsibility	Initials
Electric		
Gas		
Sewer/Water		
Trash		

Appliances		
Appliance	Provided By	Initials
Stove		
Refrigerator		
A/C (Wall Unit)		

Month-to-Month Charges: If the lease converts to month-to-month or year-to-year status, following expiration of the original lease term, no conversion charges are permitted.

Notice to Vacate: No less than a 30-day window and no more than a 60-day notice is required and must be detailed in the lease.



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Rent Increase & Utility Changes: All rent increases must be approved by CMHA. A 60-day notice and Rent Review Request Form must be submitted for approval.

Non-Payment of Rent: The tenant is responsible for their portion of rent. Non-payment that leads to an executed eviction may cause the tenant's termination from the program.

Non-Payment of Utilities & Damages: The tenant is responsible for all utilities identified in this addendum. Vacating a unit leaving unpaid and/or unresolved utilities and bills for the landlord may cause the tenant's termination from the program. Damages beyond normal wear and tear that result in a court judgement exceeding \$1,000 may cause the tenant's termination from the program.

Lease Changes: No lease changes are permitted from either party that may affect HUD or CMHA policies or guidelines for this unit without approval from CMHA. This addendum will take precedence over any language or changes made in this lease agreement.

Late Fees: Late fees that cumulatively exceed a total of \$100 in any given month will be capped at \$100/month.

I/we understand and that if I/we knowingly supply false, incomplete, or inaccurate information within this program this program is punishable under Federal and State criminal law.

Head of Household Signature

Date

Other Adult Household Member Signature

Date

Other Adult Household Member Signature

Date

Other Adult Household Member Signature

Date

Other Adult Household Member Signature

Date

Owner Signature

Date



New Vendor Set-Up

To set up a new Vendor ID#, we require the following items:

- Proof of Ownership.** *Acceptable documentation includes:*
 - PDF copy of Franklin County Auditor's website Property Search function for the specific units(s)
 - Signed Settlement Statement (signed by the buyer and seller)
 - Recorded deed (registered with the Franklin County Auditor)
 - Current tax bill
 - Current insurance bill
- Assignment of Housing Payments Contract and Lease Form**
- Authorization Agreement for ACH Payments Form**
- Property Management Agreement** (if applicable)
- IRS Form W-9 with owner's information** (*not* property management company information)

Our goal is to process all ownership changes promptly. Typically, these changes are completed before the next check-run date once the necessary documentation is received by our office.

You will receive information for E-Disbursement (electronic payment) via email at the address you provide on the ACH Authorization Agreement Form.



Assignment of Housing Assistance Payments (Contract and Lease)

- Property owner or spouse must NOT be related to ANY member of the participating household.
- Payments to a new owner/management company cannot be processed until approved.
- The form must be completed for each Tenant-Based unit assisted by CMHA. If the property is a multi-unit apartment building, attach a list of assisted properties.
- CMHA reserves the right to reject an owner or management company’s participation in the Housing Choice Voucher (HCV) Program.
- Please attach proof of ownership.
- The new owner _____ of the property requests the assignment of all rights and interest in CMHA assisted unit(s).

I/we acknowledge and declare that the following statements are true and correct:

1. I/we am/are the rightful and legal owner(s) of this property.
2. I/we am/are not delinquent in the payment of real estate taxes to the Franklin County Auditor.
3. I/we have not been convicted in a court of law or pled guilty to any criminal proceedings regarding the use, possession, selling, or the manufacturing of illegal drugs and/or mortgage fraud.
4. I/we have no familial relationship with any family member who resides at this unit or any other CMHA assisted unit that I/we own.
5. I/we have received a current copy of the lease and HAP (Housing Assistance Payment) Contract for each assisted unit.
6. I/we have not been restricted from participating in any federally assisted housing program by HUD or CMHA.
7. I/we agree to provide an executed management agreement to CMHA if an agent or property management company manages this unit. The owner’s property manager or property management company must be currently registered to manage rental property by the state of Ohio.
8. I/we have provided the correct Tax ID # or Social Security Number for the IRS Form 1099 issuance.
9. I/we will register the property as a rental property with the Franklin County Auditor within 30 days from the date of my signature below. Failure to register this property may result in termination of the HAP contract.
10. If the ownership entity of the property is an entity other than a person or for multiple persons with an ownership interest, I am authorized to sign this assignment document on behalf of the ownership entity.

Owner Signature

Date

Owner Name (Print)



Authorization Agreement for ACH Payments

Please complete all requested information clearly and return the form to CMHA, allowing time for processing of your enrollment. Note that ACH enrollment is subject to internal deadlines established for issuing bi-monthly or semi-monthly payments.

The email address provided is used for both online ACH access, as well as all property management related correspondence and notification.

Do not send banking information. This information will be requested during the online registration process.

Landlord # (L): _____ Landlord Name: _____

Landlord Address: _____

Property Contact Name: _____

Property Contact Email: _____ Property Contact Phone #: _____

Authorization and Acknowledgement to receive ACH Payments:

1. I hereby authorize Columbus Metropolitan Housing Authority (CMHA) and its agents, including financial institutions, to deposit payments by electronic funds transfer (ACH).
2. I acknowledge that CMHA has the right to modify the terms of service provided by this electronic banking system at any time without advanced notice or obtaining my permission.

Signature

Date

Printed Name

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	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 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.

Social security number									
				-					
or									
Employer identification number									

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

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); and
4. 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Vendor & Property Management Contact Form

Accurate and specific contact information for the Owner or Property Management company is crucial during the occupancy process to ensure effective communication. With precise contact details for each step, CMHA can reach the correct person for any issue, preventing unnecessary delays and ensuring a smooth occupancy process.

To ensure you are the sole individual involved in each step of the occupancy process, please complete **Section A: Single Point of Contact**.

To provide multiple points of contact for the various steps in the occupancy process, please complete **Section B: Multiple Contacts**. Ensure that the contact information for each step is accurate and specific.

Section A: Single Point of Contact

 Contact Name Phone# Email

Section B: Multiple Contacts

Inspections Contact (schedule/call ahead of arrival, failed NSPIRE items, address maintenance, etc.)

 Inspections Contact Name Phone# Email

Leasing & Contracting Contact (RFTA approvals/rejections, rent negotiations, lease compliance, etc.)

 Leasing & Contracting Contact Name Phone# Email

Payments (New Vendor set up, over-payments, payment reconciliation, etc.)

 Payments Contact Name Phone# Email

Other (reason): _____

 Other Contact Name Phone# Email

**Rent Burden Test
Family Housing Assistance Payment (HAP) &
Rent Calculation Form**

Client Name: _____ Client #: _____ Voucher Size: _____

Monthly Adjusted Income (MAI): \$ _____ **Total Tenant Payment (TTP):** \$ _____ **Annual Adjusted Income (AAI):** \$ _____

Rent Burden Test

Refer to 2026 FMR Payment Standard Look Up Table (1/1/2026)

- ✓ Select **Payment Standard** based on the voucher size and zip code for the unit address.
- ✓ **Maximum Gross Rent** in Box A equals the Payment Standard plus MAI times 10%.
- ✓ When selecting a unit **smaller** than the issued bedroom size, the **smaller unit size will be used**.
- ✓ If the **Gross Rent** (Box B) **exceeds the Maximum Gross Rent** (Box A), the unit **cannot be approved**.

Box A		Box B	
Payment Standard:	\$ _____	Owner Contract Rent:	\$ _____
#Bedrooms:	_____	Utility Allowance:	\$ _____
MAI x 10%:	\$ _____	Gross Rent:	\$ _____
Maximum Gross Rent Allowed:	\$ _____		

Calculating the HAP & Family Rent to Owner

If the **Gross Rent** (Box B) is less than the **Maximum Gross Rent Allowed** (Box A), you **must** use the **Gross Rent Box** (Box B) as the **Payment Standard** in order to correctly calculate the amount of the voucher subsidy and Family Rent to the Owner.

Use Box C if the unit's Gross Rent is LESS THAN the Payment Standard		Use Box D if the unit's rent is GREATER THAN the Payment Standard	
Box C		Box D	
Total Tenant Payment (TTP):	\$ _____	Gross Rent:	\$ _____
Subtract Utility Allowance:	\$ _____	Minus Subsidy Standard:	\$ _____
= Family Rent to Owner:	\$ _____	Add TTP:	\$ _____
		= Family Total Expense	\$ _____
		Subtract Utilities	\$ _____
		= Family Rent to Owner	\$ _____



2025 Income Limits (Effective 4/1/2025)
Voucher Payment Standards (Effective 1/1/2026)
New HAP Contract Payment Standards (Effective 1/1/2026)
Small Area FMRs (SAFMR) (Effective 1/1/2026)

Income Limits by Family Size

Low Income (80%)

1	2	3	4	5	6	7	8
61,050	69,800	78,500	87,200	94,200	101,200	108,150	115,150

Very Low Income (50%)

1	2	3	4	5	6	7	8
38,150	43,600	49,050	54,500	58,900	63,250	67,600	71,750

Priority Income Limits (30%)

1	2	3	4	5	6	7	8
22,900	26,200	29,450	32,700	37,650	43,150	48,650	54,150

Voucher Payment Standards for Rental Assistance Demonstration (RAD) & Project Based Vouchers (PBV)

SRO	0 BD	1 BD	2 BD	3 BD	4 BD	5 BD	6 BD	7 BD
916	1222	1313	1573	1887	2120	2543	2862	3180

2026 SAFMR Payment Standard Table Organized by Low to High Payment Standard
 (Organized by Low to High Payment Standard)

Payment standards are used to calculate the maximum subsidy that the PHA will pay toward rent and utilities for families with Housing Choice Vouchers. Owners and tenants can identify the applicable payment standard areas using the unit's ZIP code.

The payment standard is the maximum subsidy that CMHA can pay on behalf of a family. Families may select units with rents that are more or less than the PHA payment standard, although the initial rent burden at lease-up may be no greater than 40 percent (40%) of the monthly adjusted income (MAI). The payment standard amount includes an allowance for any tenant-paid utilities. All rents are subject to rent reasonableness determinations by CMHA.



FY2026 SAFMRs at 110% by ZIP Code (Franklin County Only)

Zip Code	OBR 110%	1BR 110%	2BR 110%	3BR 110%	4BR 110%	5BR 110%	6BR 110%	7BR 110%
43050	891	957	1177	1518	1573	1888	2124	2360
43222	924	990	1188	1419	1606	1927	2168	2409
43146	935	1001	1199	1441	1617	1940	2184	2426
43055	957	1023	1232	1474	1661	1993	2243	2492
43113	957	1023	1232	1474	1661	1993	2243	2492
43203	979	1045	1254	1507	1694	2033	2287	2541
43211	1012	1078	1298	1551	1749	2099	2361	2624
43224	1012	1089	1309	1573	1760	2112	2376	2640
43205	1034	1111	1331	1595	1793	2152	2420	2690
43207	1056	1144	1364	1639	1837	2204	2479	2756
43232	1067	1144	1375	1650	1848	2218	2495	2772
43223	1078	1155	1386	1661	1870	2244	2524	2805
43023	1100	1188	1419	1705	1914	2297	2584	2871
43213	1100	1188	1419	1705	1914	2297	2584	2871
43204	1111	1199	1430	1716	1925	2310	2598	2888
43229	1111	1199	1430	1716	1925	2310	2598	2888
43056	1122	1199	1441	1727	1947	2336	2629	2921
43217	1133	1221	1463	1749	1969	2363	2658	2954
43209	1144	1232	1474	1771	1991	2389	2688	2987
43227	1155	1243	1485	1782	2002	2402	2703	3003
43228	1155	1243	1485	1782	2002	2402	2703	3003
43231	1155	1243	1485	1782	2002	2402	2703	3003
43137	1177	1265	1518	1815	2046	2455	2762	3069
43202	1177	1265	1518	1815	2046	2455	2762	3069
43125	1210	1309	1562	1870	2101	2521	2836	3152
43219	1210	1309	1562	1870	2101	2521	2836	3152
43110	1221	1309	1573	1881	2123	2548	2867	3185
43123	1221	1309	1573	1881	2123	2548	2867	3185
43214	1221	1309	1573	1881	2123	2548	2867	3185
43206	1243	1331	1595	1914	2145	2574	2895	3218
43216	1243	1331	1595	1914	2145	2574	2895	3218
43234	1243	1331	1595	1914	2145	2574	2895	3218
43068	1254	1353	1617	1936	2178	2614	2940	3267
43220	1265	1364	1628	1947	2189	2627	2955	3284
43119	1298	1397	1672	2002	2255	2706	3045	3383
43201	1320	1419	1694	2035	2288	2746	3089	3432
43086	1331	1430	1716	2057	2310	2772	3119	3465
43212	1353	1452	1738	2079	2343	2812	3164	3515



COLUMBUS METROPOLITAN HOUSING AUTHORITY
COMMUNITY. COMMITMENT. COLLABORATION.

43004	1375	1474	1771	2123	2387	2864	3223	3581
43085	1386	1485	1782	2134	2398	2878	3237	3597
43026	1441	1540	1848	2211	2486	2983	3356	3729
43235	1441	1551	1859	2233	2508	3010	3386	3762
43081	1452	1562	1870	2244	2519	3023	3401	3779
43230	1452	1562	1870	2244	2519	3023	3401	3779
43017	1485	1595	1914	2299	2574	3089	3475	3861
43221	1496	1606	1925	2310	2596	3115	3505	3894
43016	1639	1760	2112	2530	2838	3406	3831	4257
43054	1738	1870	2244	2695	3025	3630	4084	4538
43215	1837	1969	2365	2838	3190	3828	4306	4785



Notice to Owner

Owner Dwelling Lease Requirements

Owners must use their own lease on the Housing Choice Voucher (HCV) Program. However, the owner's lease, or any lease addendum that is required by HUD, must contain the information below and must match the same information that is contained in the HAP Contract:

1. The names of the Owner and Tenant;
2. The unit rented (address, apartment number, and any other information needed to identify the unit);
3. The term of lease (initial term and any provisions for renewal);
4. The amount of the monthly rent to owner; and
5. A specification of what utilities and appliances are to be supplied by the Owner and what utilities and appliances are to be supplied by the family.

All changes or modifications to the lease terms after initial execution must be approved by CMHA

Owners and families may execute agreements separate from the lease for services, appliances and other items not normally provided under the lease. However, the family must have the option of not utilizing the services, appliances, or other items. Any such agreement must be in writing and a copy provided to CMHA. However, the undisclosed side agreements will not be honored by CMHA and may subject the owner to being denied further participation in the HCV Program. CMHA may also terminate the family's participation in the HCV Program.

All owners must utilize HUD Form 52641-A (Tenancy Addendum) in compliance with **24 CFR 982.308(f)(1)**.

In addition to meeting HUD requirements and Ohio law, an owner's lease must contain the following provisions:

1. The lease must contain the address of the property owner (or property management agent).
2. The initial term of the lease must be 1 year.
3. The lease must include provisions for renewal after the initial term (i.e., month-to-month, year-to-year, etc.), however, automatic renewals may not exceed one year.
4. Prompt payment discounts in the lease are *prohibited*.
5. Incentives must be taken into consideration when asking for the initial contract rent amount or any rent increases.
6. Owners must provide an unsigned copy of the proposed lease with the Request for Tenancy Addendum (RFTA) form. The RFTA form must be signed by both the tenant and owner. *CMHA reserves the right to reject processing an RFTA Form if the lease is not submitted.*
7. An RFTA form may also be rejected if the tenant's contribution exceeds 40% of their monthly adjusted income or the rent is determined to be unreasonable for the unit. *CMHA's acceptance of the RFTA does not mean the contract rent or unit is approved.*
8. Subsidy cannot be paid until the unit passes the NSPIRE (National Standards for the Physical Inspection of Real Estate) inspection and the HAP (Housing Assistance Payment) Contract is executed by both CMHA and the owner. The HAP Contract must be signed within 60 days of the contract's effective date, or it will be void and HAP will not be issued.

Inspection Policies

CGI will make every attempt to schedule the initial inspection within 7-10 business days after the RFTA Form is submitted and approved. Please have your unit ready for immediate occupancy! This means that all necessary repairs have been made, and all utilities are turned on. *CMHA will not inspect units that are not ready for immediate occupancy.*

Retain for reference



Housing Choice Voucher Subsidy Standards

Voucher Size	Minimum # of Household Members	Maximum # of Household Members
SRO*	1	1
0 Bedroom*	1	1
1 Bedroom	1	4
2 Bedroom	2	6
3 Bedroom	3	8
4 Bedroom	4	10
5 Bedroom	5	12
6 Bedroom	6	14
7 Bedroom	7	16

**Project-Based (PBV) units*

The subsidy standards for the Housing Choice Voucher are subject to the following guidelines:

- It will not be necessary for persons of different generations or opposite sex, except for spouses (or those living as spouses) to occupy the same bedroom.
- Two children of the same sex may share a bedroom. CMHA may grant a larger bedroom size to accommodate different generations (5 years or more).
- A single head of household shall not be required to share a bedroom with their children.
- A single individual with no other children informs CMHA that they are pregnant at the time of the voucher issuance may be assigned a 2-Bedroom Voucher.



Calculation of Income and Family Rent Portion for the Housing Choice Voucher Program



This flyer provides a basic overview of how a public housing agency (PHA) determines payment standard and calculates income and the family rent portion for Housing Choice Voucher tenants.

Q What is a payment standard and can I go over that amount?

The payment standard is the maximum monthly amount that the PHA will pay for rent plus utilities. The PHA establishes payment standards according to bedroom size. The payment standard used for a family is the lower of:

- ✓ The payment standard for the family unit size indicated on their voucher OR
- ✓ The payment standard for the size of the unit leased by the family
- ✓ People with disabilities may request a payment standard exception of up to 120% from the PHA as a reasonable accommodation to allow the rental of a unit that meets their disability-related needs.

The payment standard is not a rent limit. In some cases, you can choose a more expensive unit. But you would have to pay the difference.

Q How does the owner get paid under the Housing Choice Voucher Program?

The payment is made of two parts.

- ✓ The PHA will calculate the portion of the rent amount that you will pay the owner. Typically, this will be 30 percent of your family's monthly adjusted income. The exact amount varies depending on which utilities are your responsibility. Typically this amount is referred to as the **Family Rent Portion** or **Total Tenant Payment**.
- ✓ The PHA pays the **Housing Assistance Payment** or HAP. HAP is the difference between the **Family Rent Portion** and either the **gross rent (the cost of rent plus any tenant-paid utilities)** or the **payment standard**.

Q How does the PHA typically determine the Family Rent Portion?

1. The PHA determines your annual income.
2. The PHA determines your annual adjusted income by subtracting any mandated or other deductions.
3. The PHA divides the annual adjusted income by 12 (months) to determine your monthly adjusted income.
4. The PHA will determine which is the highest of
 - The monthly income x 10%
 - The monthly adjusted income x 30%
 - For families receiving welfare, the portion of welfare that is set aside for housing costs (in certain states)



The highest amount will be the Family Rent Portion.

Q How does the PHA determine an annual income?




For initial admissions or recertifications that take place in between annual recertifications—known as interim recertifications—PHAs must use anticipated income (current income) (i.e., the family’s estimated income for the upcoming 12-month period).

For annual recertifications, the PHA must determine the family’s income from the past 12 months. The PHA will adjust this amount for the recertification to show current income adjustments. Adjustments include changes related to interim recertifications.

PHAs may use income verification from another federal means-tested program such as a public assistance program to verify gross annual income.

Q What is included in my annual income?

To estimate the family’s income for the upcoming 12-month period, the PHA will include:

-  All amounts from all sources not excluded in [24 CFR 5.609\(b\)](#) for each adult family member 18 years or older or the head of household or their spouse.
-  Unearned income by or on behalf of each dependent under 18 years.
-  Income from [net family assets with certain exceptions](#).

Q How is my annual income adjusted?

[Adjustments](#) to annual income can include required (also called “mandatory”) deductions such as those for dependents, elderly or disabled households. Mandatory deductions can include [health and medical care expenses and also reasonable attendant care and auxiliary apparatus expenses](#). The medical and attendant deductions are for costs you have paid and not been repaid for. They are above certain percentages of the annual income as phased in under certain circumstances or adjusted by hardship exemptions. Another required deduction is for reasonable child-care expenses if a family member needs child care to be able to work or go to school. A PHA might establish additional deductions.

Q How often is family rent portion calculated?

Family rent portion is calculated at move-in and recertification. You must also report changes in income that take place. A household or family should request a PHA review their family’s income between annual reviews if there are changes in a family situation or if there is a significant change in income.

Increases in income of 10% or more also require a PHA to review a household’s income in an interim recertification. A series of smaller reported increases in adjusted income that equal or exceed 10% will also require a review to assess if the rent needs to be changed. Ask your PHA about any exceptions.



For more HCV tenant resources, visit HCV Applicant and Tenant Resources at <https://www.hud.gov/helping-americans/housing-choice-vouchers-tenants>.



Contact your local PHA for more information about any additional income included or excluded or additional deductions. To receive deductions or exclusions, you may need to provide proof of eligibility.

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Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Columbus Metropolitan Housing Authority, OH		Unit Type: Multi-Family (Garden/Flat/High-Rise/Apartment/Row House/Townhouse/Semi-Detached/Duplex)					Date (mm/dd/yyyy)		
Utility of Service	Fuel Type	SRO	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	Natural Gas	\$14.00	\$18.00	\$21.00	\$24.00	\$27.00	\$31.00	\$34.00	
	Bottle Gas	\$54.00	\$72.00	\$84.00	\$98.00	\$109.00	\$127.00	\$138.00	
	Electric	\$21.00	\$28.00	\$33.00	\$45.00	\$56.00	\$67.00	\$79.00	
	Electric Heat Pump	\$19.00	\$25.00	\$29.00	\$35.00	\$39.00	\$43.00	\$48.00	
	Fuel Oil								
Cooking	Natural Gas	\$2.00	\$2.00	\$2.00	\$4.00	\$5.00	\$6.00	\$7.00	
	Bottle Gas	\$7.00	\$9.00	\$9.00	\$14.00	\$20.00	\$26.00	\$29.00	
	Electric	\$5.00	\$7.00	\$9.00	\$13.00	\$16.00	\$20.00	\$24.00	
Other Electric		\$21.00	\$28.00	\$33.00	\$45.00	\$58.00	\$71.00	\$83.00	
Air Conditioning		\$5.00	\$7.00	\$9.00	\$12.00	\$15.00	\$19.00	\$22.00	
Water Heating	Natural Gas	\$4.00	\$5.00	\$6.00	\$9.00	\$12.00	\$14.00	\$17.00	
	Bottle Gas	\$17.00	\$23.00	\$26.00	\$35.00	\$46.00	\$58.00	\$69.00	
	Electric	\$14.00	\$19.00	\$22.00	\$28.00	\$34.00	\$40.00	\$46.00	
	Fuel Oil								
Water	(City of Columbus)(Inside Cty)	\$22.00	\$29.00	\$30.00	\$38.00	\$47.00	\$55.00	\$63.00	
Water	(Avg)(Subdivisions)	\$31.00	\$41.00	\$42.00	\$54.00	\$66.00	\$78.00	\$89.00	
Sewer	(City of Columbus)(Inside Cty)	\$32.00	\$43.00	\$44.00	\$56.00	\$67.00	\$78.00	\$90.00	
Sewer	(Avg)(Subdivisions)	\$32.00	\$42.00	\$43.00	\$57.00	\$70.00	\$84.00	\$98.00	
Trash Collection		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Other specify: Electric Charge \$16.89		\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	
Other specify: Natural Gas Charge \$54.71		\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	
Range/Microwave		\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	
Refrigerator		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
Actual Family Allowances -May be used by the family to compute allowance while searching for a unit.						Utility/Service/Appliance	Allowance		
Head of Household Name						Heating			
						Cooking			
						Other Electric			
						Air Conditioning			
Unit Address						Water Heating			
						Water			
						Sewer			
						Trash Collection			
						Other			
Number of Bedrooms						Range/Microwave			
						Refrigerator			
						Total			



adapted from form HUD-52667
(04/2023)

Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Columbus Metropolitan Housing Authority, OH		Unit Type: Multi-Family (Garden/Flat/High-Rise/Apartment/Row House/Townhouse/Semi-Detached/Duplex)			Date (mm/dd/yyyy)		
Utility of Service	Fuel Type	6 BR	7 BR				
Heating	Natural Gas	\$37.00	\$40.00				
	Bottle Gas	\$150.00	\$161.00				
	Electric	\$85.00	\$91.00				
	Electric Heat Pump	\$51.00	\$55.00				
	Fuel Oil						
Cooking	Natural Gas	\$8.00	\$9.00				
	Bottle Gas	\$32.00	\$35.00				
	Electric	\$26.00	\$28.00				
Other Electric		\$90.00	\$96.00				
Air Conditioning		\$24.00	\$25.00				
Water Heating	Natural Gas	\$19.00	\$20.00				
	Bottle Gas	\$75.00	\$81.00				
	Electric	\$50.00	\$54.00				
	Fuel Oil						
Water	(City of Columbus)(Inside Cty)	\$69.00	\$75.00				
Water	(Avg)(Subdivisions)	\$97.00	\$96.00				
Sewer	(City of Columbus)(Inside Cty)	\$97.00	\$105.00				
Sewer	(Avg)(Subdivisions)	\$107.00	\$108.00				
Trash Collection		N/A	N/A				
Other specify: Electric Charge \$16.89		\$17.00	\$17.00				
Other specify: Natural Gas Charge \$54.71		\$55.00	\$55.00				
Range/Microwave		\$11.00	\$11.00				
Refrigerator		\$12.00	\$12.00				
Actual Family Allowances —May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
Head of Household Name					Heating		
					Cooking		
					Other Electric		
					Air Conditioning		
Unit Address					Water Heating		
					Water		
					Sewer		
					Trash Collection		
					Other		
Number of Bedrooms					Range /Microwave		
					Refrigerator		
					Total		



adapted from form HUD-52667
(04/2023)

Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and

Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Columbus Metropolitan Housing Authority, OH		Unit Type Single-Family (Detached House/Mobile Home)				Date (mm/dd/yyyy)	
Utility of Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	\$26.00	\$30.00	\$34.00	\$40.00	\$44.00	\$49.00
	Bottle Gas	\$104.00	\$118.00	\$138.00	\$161.00	\$179.00	\$199.00
	Electric	\$65.00	\$77.00	\$90.00	\$103.00	\$115.00	\$128.00
	Electric Heat Pump	\$35.00	\$42.00	\$50.00	\$56.00	\$62.00	\$68.00
	Fuel Oil						
Cooking	Natural Gas	\$2.00	\$2.00	\$4.00	\$5.00	\$6.00	\$7.00
	Bottle Gas	\$9.00	\$9.00	\$14.00	\$20.00	\$26.00	\$29.00
	Electric	\$7.00	\$9.00	\$13.00	\$16.00	\$20.00	\$24.00
Other Electric		\$41.00	\$48.00	\$66.00	\$85.00	\$104.00	\$123.00
Air Conditioning		\$6.00	\$7.00	\$15.00	\$23.00	\$32.00	\$40.00
Water Heating	Natural Gas	\$6.00	\$8.00	\$11.00	\$15.00	\$18.00	\$21.00
	Bottle Gas	\$26.00	\$32.00	\$43.00	\$60.00	\$72.00	\$84.00
	Electric	\$23.00	\$28.00	\$35.00	\$43.00	\$50.00	\$58.00
	Fuel Oil						
Water	(City of Columbus)(Inside Cty)	\$29.00	\$30.00	\$38.00	\$47.00	\$55.00	\$63.00
Water	(Avg)(Subdivisions)	\$41.00	\$42.00	\$54.00	\$66.00	\$78.00	\$89.00
Sewer	(City of Columbus)(Inside Cty)	\$43.00	\$44.00	\$56.00	\$67.00	\$78.00	\$90.00
Sewer	(Avg)(Subdivisions)	\$42.00	\$43.00	\$57.00	\$70.00	\$84.00	\$98.00
Trash Collection		N/A	N/A	N/A	N/A	N/A	N/A
Other specify: Electric Charge \$16.89		\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00
Other specify: Natural Gas Charge \$54.71		\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00
Range/Microwave		\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
Actual Family Allowances -May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
Head of Household Name					Heating		
					Cooking		
					Other Electric		
					Air Conditioning		
Unit Address					Water Heating		
					Water		
					Sewer		
					Trash Collection		
					Other		
Number of Bedrooms					Range / Microwave		
					Refrigerator		
					Total		



adapted from form HUD-52667
(04/2023)

Utility Allowance Schedule

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**U.S. Department of Housing and
Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2026)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Columbus Metropolitan Housing Authority, OH		Unit Type Single-Family (Detached House/Mobile Home)				Date (mm/dd/yyyy)	
Utility of Service	Fuel Type	6 BR	7 BR				
Heating	Natural Gas	\$53.00	\$57.00				
	Bottle Gas	\$213.00	\$230.00				
	Electric	\$139.00	\$148.00				
	Electric Heat Pump	\$73.00	\$79.00				
	Fuel Oil						
Cooking	Natural Gas	\$8.00	\$9.00				
	Bottle Gas	\$32.00	\$35.00				
	Electric	\$26.00	\$28.00				
Other Electric		\$132.00	\$142.00				
Air Conditioning		\$43.00	\$47.00				
Water Heating	Natural Gas	\$23.00	\$24.00				
	Bottle Gas	\$92.00	\$98.00				
	Electric	\$62.00	\$67.00				
	Fuel Oil						
Water		\$69.00	\$75.00				
Water		\$97.00	\$96.00				
Sewer		\$97.00	\$105.00				
Sewer		\$107.00	\$108.00				
Trash Collection		N/A	N/A				
Other specify: Electric Charge \$16.89		\$17.00	\$17.00				
Other specify: Natural Gas Charge \$54.71		\$55.00	\$55.00				
Range/Microwave		\$11.00	\$11.00				
Refrigerator		\$12.00	\$12.00				
Actual Family Allowances —May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
Head of Household Name					Heating		
					Cooking		
					Other Electric		
					Air Conditioning		
Unit Address					Water Heating		
					Water		
					Sewer		
					Trash Collection		
					Other		
Number of Bedrooms					Range / Microwave		
					Refrigerator		
					Total		



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(04/2023)

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