



## Request for Tenancy Approval (RTA) Packet

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

Submit the Completed RTA Packet to CMHA by email to [intake@cmhanet.com](mailto:intake@cmhanet.com)

OR:

Hand-deliver to the CMHA Office:

1407 Cleveland Ave.

Columbus, OH 43211

Monday – Friday from 9:00 a.m. – 4:00 p.m.

Send USPS Mail:

880 E 11<sup>th</sup> Ave.

Columbus, OH 43211

Phone: 614-421-6000

Please submit Contracting Inquiries to [contracts@cmhanet.com](mailto:contracts@cmhanet.com)

## Required Documentation for RTA Submissions:

### 1. Completed RTA Packet

- Required forms listed in 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 and HQS inspection is approved.
- 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, charges for renter's insurance, etc.).

**PLEASE FILL OUT THE RTA PACKET COMPLETELY AND MAKE SURE ALL REQUIRED DOCUMENTS ARE ATTACHED.  
AN INCOMPLETE SUBMISSION WILL RESULT IN A REJECTION AND WILL DELAY THE HOUSING ASSISTANCE PAYMENT.**

**MAKE SURE THAT CONTACT INFORMATION SUCH AS PHONE NUMBER AND EMAIL ADDRESS ARE VALID AND LEGIBLE.**

#### 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).

Adeegvada kaalmada afka, fadlan kala xiriir 1-833-378-2220 (TTY: 1-800-750-0750).

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).



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## Message to Applicant/Participant

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1. **Please 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 RTA.**
4. **Please consider the cost of utilities when searching for an affordable unit.**



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## Message to Owner/Landlord

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1. **Please review the Submission Guide on the next page.**
2. **Please complete, sign, and date the RTA.**
3. **If you are a new landlord, you must complete the New Vendor Set-up forms on pages 11 – 15.**
4. **What happens after CMHA receives the completed RTA Packet?**
  - a. CMHA's Housing Specialist will review all documents submitted within 48 hours of receipt and:
    - Determine if the unit is affordable for the family based on the HUD prescribed calculation and affordability test.
    - Determine if whether the rent is comparable with other similar units in the unassisted market where the unit is located.
  - b. CMHA will contact you to coordinate an initial inspection to confirm compliance with HUD's Housing Quality Standards (HQS). Initial Inspections are scheduled within 10 days of RFTA approval.
  - c. Within 4 days from the inspection pass date, CMHA's Housing Specialist will contact you to establish the move-in date and send a Housing Assistance Payment (HAP) contract to be executed with you or your agent (if you have one).
  - d. Once you return the executed HAP Contract and lease, CMHA's Housing Specialist will process the Contract within 4 days and payment will be issued at the next check run. Currently, we process check runs on the 1<sup>st</sup> and 15<sup>th</sup> of each month.
    - Please note electronic signatures must include an IP address along with a date and time stamp.
    - **IMPORTANT NOTE:** 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 to be issued the 1<sup>st</sup> of every month thereafter.



## Rental Scams: How to Spot and Avoid Them

Here are some warning signs to watch out for, ways to prevent being scammed, and what to do if you're a victim of a fraudulent listing.

### What is a Rental Scam?

A rental scam is when someone deceptively uses rental property listing to gain access to someone else's personal information or finances.

### How to Spot a Rental Scam

- They don't want to meet you in person, they are out of the country, or they're missionaries from another country.
- They want you to move in immediately without seeing the property.
- They say you can only pay by wire transfer, gift card, or cryptocurrency.
- They ask for rent or security deposit before signing the lease.
- The price is *too good* to be true.
- The listing has typos, poor grammar, or excessive punctuation.
- There is no tenant screening process.
- They want you to sign an incomplete lease.



### How to avoid a rental scam

- Always request a tour
- Skip listings that look suspicious
- Never give personal or financial information to anyone who contacts you and claims to be working with the owner or rental company.
- Ask to speak to the property owner
- Never pay with cash, wire transfers, cards, or cryptocurrency.

### How to Report Fraud

If you suspect you've become a victim of a rental scam, call the police, contact the publisher of the ad, and file a complaint with the Federal Trade Commission.

Phone: 1-877-FTC-HELP (382-4357) or file a report online: <https://reportfraud.ftc.gov/>



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## Submission Guide

Refer to this guide as you navigate through the RTA Packet to ensure all necessary information is completed prior to submitting the packet to CMHA.

Form Title	Page	Form requirements
Request for Tenancy Approval Form	1 – 2	<b>Required Document.</b> Must be signed by both Owner and Tenant
Rent Reasonableness Addendum	3	<b>Required Document.</b> Completed by Owner. Identifies Property Amendments.
Lead Based Paint Disclosure	4	<b>Required Document if built prior to 1978</b> Must be signed by both Owner and Tenant
Owner/Tenant Utility Billing Affidavit	5	<b>Required Document.</b> Must be signed by both Owner and Tenant
Vendor and Property Management Form	6	<b>Required Document.</b> Must be signed by Owner.
Landlord Certification of Responsibility	7 – 8	<b>Required Document.</b> Completed and signed by Owner
CMHA Tenancy Addendum	9 – 10	<b>Required Document</b> Completed and signed by both Owner and Tenant
New Vendor Setup Forms	11 – 15	<b>Required for New Vendors only.</b> Must be submitted for a contract to be executed
Vendor and Property Management Contact Form	16	Optional Document. Completed by Owner. Identifies Property Contacts
Rent Burden Test	17	Reference Only – Use to determine Maximum Rent for Tenant and overall affordability
SAFMR Payment Standard Look Up Tables	18 - 21	Reference Only – Use to determine Maximum Rent for Tenant and overall affordability
Owner Notice	22	Reference Only– please read carefully
Housing Choice Voucher Subsidy Standards	23	Reference Only
Calculating the Rental Subsidy	24	Reference Only
Utility Allowance Tables for Tenant Paid Utilities	25 – 26	Reference Only; Utility Allowance Calculation based on Unit type, bedroom

**APPLICANT/PARTICIPANT MUST RETURN SIGNED VOUCHER WITH SUBMISSION**

**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) <b>Columbus Metropolitan Housing Authority</b>			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

<p>9. Structure Type</p> <p><input type="checkbox"/> Single Family Detached (one family under one roof)</p> <p><input type="checkbox"/> Semi-Detached (duplex, attached on one side)</p> <p><input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)</p> <p><input type="checkbox"/> Low-rise apartment building (4 stories or fewer)</p> <p><input type="checkbox"/> High-rise apartment building (5+ stories)</p> <p><input type="checkbox"/> Manufactured Home (mobile home)</p>	<p>10. If this unit is subsidized, indicate type of subsidy:</p> <p><input type="checkbox"/> Section 202    <input type="checkbox"/> Section 221(d)(3)(BMIR)</p> <p><input type="checkbox"/> Tax Credit    <input type="checkbox"/> HOME</p> <p><input type="checkbox"/> Section 236 (insured or uninsured)</p> <p><input type="checkbox"/> Section 515 Rural Development</p> <p><input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____</p>
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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		n/a
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 provide 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)





**Disclosure of Information on 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 paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention. Lessor's Disclosure (initial)

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

**Owner Initials**

**Must Check One**

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).  
\_\_\_\_\_

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):

**Owner Initials**

**Must Check One**

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 Acknowledgment (initial)**

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

**Tenant Initials**

\_\_\_\_\_ (d) Lessee has received the pamphlet, *Protect Your Family from Lead in Your Home*

**Tenant Initials**

**Agent's Acknowledgment (initial)**

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

**Agent Initials**

**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.

_____	_____	_____	_____	<b>Owner Sign and Date</b>
Lessor	Date	Lessor	Date	
_____	_____	_____	_____	<b>Tenant Sign and Date</b>
Lessee	Date	Lessee	Date	
_____	_____	_____	_____	<b>Agent Sign and Date</b>
Agent	Date	Agent	Date	



**Owner/Tenant Utility Billing Affidavit**

Re:

\_\_\_\_\_ Street Address of Assisted Unit

\_\_\_\_\_ City State Zip Code

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 ratio, percentage, or calculation that is used for like units that are unassisted.
4. Failure to have the utilities on as described above can result in the abatement of rent, termination of assistance or the cancelation of a contract at the sole discretion of CMHA.

\_\_\_\_\_ Signature of Tenant (Head of Household)

\_\_\_\_\_ Date

Tenant Sign and Date

\_\_\_\_\_ Tenant Email Address

\_\_\_\_\_ Signature of Owner/Agent

\_\_\_\_\_ Date

Owner/Agent Sign and Date



## Vendor and Property Management Information

**To be completed by New Vendors:**

Is the unit listed on the Franklin County Auditor Website?  YES or  NO (If yes, please complete below)

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

Vendor Address: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**To be completed by Existing Vendors:**

Vendor ID (required): \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is there a Property Management Agreement or authorized agent contracted for the unit?  YES or  NO

(If yes, please complete below)

Property Management Company: \_\_\_\_\_

Property Management Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**\*\*To obtain a vendor ID, new vendors must complete an IRS Form W-9. A letter will be e-mailed to the vendor. CMHA will utilize the contact information noted on this form. Please be advised that payment on the Housing Assistance Payment Contract (HAP Contract) may be delayed if the IRS Form W-9 is not received by the Occupancy Department. Please submit the IRS Form W-9 via e-mail to [leasing\\_contracting@housing.systems](mailto:leasing_contracting@housing.systems)**

**\*\*Vendors with a Property Management Agreement, Power of Attorney or guardianship documentation are required to submit verification to CMHA. Initial payment on the HAP Contract may be delayed until all documentation is received. Please submit via e-mail to [leasing\\_contracting@housing.systems](mailto:leasing_contracting@housing.systems)**

**\*\*Please do not submit personal and company sensitive information via the family for privacy concerns. (Example: IRS Form W-9 requires social security number or EIN).**



## **Section 8 Programs Landlord Certification of Responsibility**

Re:

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Street Address of Assisted Unit

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City

State

Zip Code

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, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or 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 Contract are the only individuals permitted to reside in the unit. I understand that CMHA and I must grant prior written approval for 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, Housing Assistance Payments 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 or lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease or lease revision.
9. I understand that I must provide CMHA with a written request for any rent increase a minimum of sixty (60) days in advance of the increase and in accordance with the provisions 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.
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, grandparent, grandchild, sister or brother. I understand that CMHA may grant prior written approval if the rental unit will provide reasonable accommodations 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 the prior written consent of CMHA.
13. I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the units continue to comply with Housing Quality Standards.



**Section 8 Programs Landlord Certification of Responsibility**

- 14. I understand that should the assisted unit become vacant, I am responsible for notifying CMHA immediately in writing. I also understanding that the HAP Contract and payment will terminate immediately.
- 15. I understand that I should attempt to resolve disputes between the tenant and me and contact CMHA in writing, only in serious disputes 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 Section 8 Program. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of 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 supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law.

**Owner/Agent  
Sign and Date**

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly make false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false of fraudulent statements.



**CMHA Addendum**  
**(All Fields Required)**

Vendor Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

All Household Members:  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete Subsidized Address (include zip code and suffix): \_\_\_\_\_  
 \_\_\_\_\_

Contract Rent: \_\_\_\_\_ Security Deposit (must not exceed 1-month rent): \_\_\_\_\_

**Utilities**

Utility:	Responsibility:	Initials:
<i>Electric</i>	_____	_____
<i>Gas</i>	_____	_____
<i>Water/Sewer</i>	_____	_____
<i>Trash</i>	_____	_____

**Appliances**

Appliance:	Provided By:	Initials:
<i>Stove</i>	_____	_____
<i>Refrigerator</i>	_____	_____
<i>A/C (wall unit)</i>	_____	_____

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

**Notices to Vacate:** No less than 30 days and no more than 60 days notice is required and must be detailed in the lease.

**Rent Increases/Utility Changes:** All rent increases must be approved by CMHA to take effect. A 60-day notice and rent review request form must be submitted to obtain approval.



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

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

**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 voucher program. Damages beyond normal wear and tear that result in a court judgment exceeding \$1,000 may cause the tenant's termination from the voucher 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 and changes made in the lease agreement.

I/We understand that knowingly supplying false, incomplete, or inaccurate information within this program is punishable under Federal or State Criminal Law.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Household Member Signatures: \_\_\_\_\_

Owner/Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **New Vendor Set Up**

You will need the following items to successfully setup a New Vendor ID:

Proof of Ownership:

This may be only in the form of a signed Settlement Statement (signed by the buyer and the seller), a recorded deed (registered with the Franklin County Auditor), a current tax bill, or a current insurance bill. The Franklin County Auditor site can be use as proof of ownership.

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)

It is our goal to process all new vendor requests in a timely manner. Please be advised that CMHA is unable to prepare your HAP Contract to disburse payment until we establish your vendor ID.

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



**Vendor and Property Management Information**

Vendor Name (OWNER): \_\_\_\_\_

Vendor #: \_\_\_\_\_

Leave blank if new to program or provide vendor ID if existing vendor with CMHA.

Address	City/State	Zip Code
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Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is there a Property Management Agreement or authorized agent contracted for the unit? Yes \_\_\_\_ No \_\_\_\_

If yes, a signed a copy of the Management Agreement is required and contact fields below must be completed.

Property Contact for ACH and all general correspondences                      Check here if same as above \_\_\_\_\_

Property Management Company or Owner: \_\_\_\_\_

Property Management Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_



## Assignment of Housing Assistance Payment (Contract and Lease) Housing Choice Voucher Program

- 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.
- This 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 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:

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 to 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 contract for each assisted unit.
6. I/we have not been restricted from participation 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 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/Agent  
Sign and Date

\_\_\_\_\_

Owner Name (Print)

Signature

Date

## Authorization Agreement for ACH Payments

Please type or clearly print all requested information and return the form to CMHA and allow time for processing your enrollment. ACH enrollment is subject to internal deadlines that have been established for issuing bi-monthly payments.

**NOTE:** The email address provided is used for both online ACH access, as well as all property management related correspondences and notifications.

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

Landlord ID # (L): \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Address
City/State
Zip Code

Property Contact Name: \_\_\_\_\_

Property Contact Number: \_\_\_\_\_

Property Contact Email: \_\_\_\_\_

(An e-mail address is required for bank website enrollment)

### Authorization and Acknowledgment to receive ACH Payments

1. I hereby authorize the 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Owner/Agent  
Sign and Date

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> <i>See Specific Instructions on page 3.</i>	<b>1</b>	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.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) _____ <b>Note:</b> 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) _____		<b>4</b> 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>	
	<b>3b</b>	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"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code		
<b>7</b>	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:

- 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.

<b>Sign Here</b>	Signature of U.S. person	Date
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## 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](http://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 and Property Management Contact Form

It is important to have accurate and specific contact information for the Owner/Property Management company during the Occupancy process so effective communication can be achieved. Having specific contact information for each step of the process will ensure that CMHA is contacting the correct person for the issue at hand and the Occupancy processing does not encounter any unnecessary delays.

For a single point of contact that will be the only person involved in the various steps of the Occupancy process, please complete Section A - Single Point of Contact.

For multiple points of contact for the various steps of the Occupancy process, please complete Section B - Multiple Contacts. Please make sure you list the accurate and specific contact information for each step of the process.

### Section A- Single Contact

Contact Name	Phone Number	Email Address
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### Section B- Multiple Contacts

This should be the person CMHA will contact to schedule the inspection, address failed HQS items, address maintenance, contact prior to arriving for inspection, etc.

Inspections Contact Name	Phone Number	Email Address
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This should be the person CMHA will contact regarding RTAs, RTA approvals/rejections, rent negotiation, lease compliance with HUD requirements and any corrections that are needed to lease, submission of Contracting documents, etc.

Leasing/Contracting Name	Phone Number	Email Address
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This should be the person CMHA will contact for new vendor set-up, over-payments, payment reconciliation, etc.

Payments Contact Name	Phone Number	Email Address
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Other Contact: Reason for Contact: \_\_\_\_\_

Contact Name	Phone Number	Email Address
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Standard HCV

**RENT BURDEN TEST  
FAMILY HAP & RENT CALCULATION FORM  
Housing Choice Voucher Programs Department**

Family Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Voucher Size: \_\_\_\_\_

Monthly Adjusted Income (MAI): \$ \_\_\_\_\_ Total Tenant Payment (TTP): \$ \_\_\_\_\_

Annual Adjusted Income (MAI): \$ \_\_\_\_\_

**• Refer to 2025 SAFMR PAYMENT STANDARD LOOK UP TABLE (Effective 10/01/2024)**

- Select Payment Standard based on voucher size and zip code for unit address.
- Maximum Gross Rent in Box A equals the Payment Standard plus MAI times 10%

**Rent Burden Test**

<p><b>Box A</b></p> <p>Payment Standard for _____ BR: _____</p> <p>MAI times 10% \$ _____</p> <p>Maximum Gross Rent Allowed: _____</p>	<p><b>Box B</b></p> <p>Owner Contract Rent: \$ _____</p> <p>Utility Allowance: \$ _____</p> <p>Gross Rent: \$ _____</p>
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- When selecting a unit **smaller** than the issued voucher 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.**

**CALCULATING HAP AND 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 as the Payment Standard in order to correctly calculate the amount of the Voucher Subsidy and Family Rent to Owner.

<p>If the unit's Gross Rent is <u>less than</u> the Payment Standard <b>use Box C.</b></p>	<p>If the unit's Gross Rent is <u>greater than</u> the Payment Standard <b>use box D</b></p>
<p><b>Box C</b></p> <p>Total Tenant Payment (TTP) _____</p> <p>Minus Utility Allowances _____</p> <p>Equals Family Rent to Owner _____</p> <p><b>REV. 10/17/2024</b></p>	<p><b>Box D</b></p> <p>Gross Rent _____ minus</p> <p>Subsidy Standard _____ = _____</p> <p>Add Total Tenant Payment (TTP) + _____</p> <p>Equals Family Total Expense _____</p> <p>Less Utilities _____</p> <p>Equals Family Rent to Owner _____</p>



**OWNER NOTICE!**

**OWNER DWELLING LEASE REQUIREMENTS**

Owners must use their own lease on the section 8 program. However, the owner’s lease, or any lease addendum that is required by HUD, must contain the following information. This information must match the same information that is contained in the HAP Contract:

1. The names of the Owner and the Tenant;
2. The Unit rented (address, apartment number, and any other information needed to identify the unit);
3. The term of the 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 service, appliance or other items. Any such agreements must be in writing and a copy provided to CMHA. However, secret side agreements will not be honored by CMHA and may subject the owner to being denied further participation in the Section 8 program. CMHA may also terminate the family’s participation in the Section 8 Program.

All owners must utilize the HUD 52641-A Tenancy Addendum in order to be in compliance with **24CFR982.308(f)(1)**.

In addition to meeting HUD requirements and Ohio law, an owner's lease must contain the following provisions as well: The lease must contain the address of the owner (or property management agent). The initial term of the lease must be for one year.

The lease must include provisions for renewal after the initial term (month-to-month, year-to-year, etc.), however, automatic renewals may not exceed one year.

Prompt payment discounts in leases are prohibited. Incentives must be taken into consideration when asking for the initial contract rent amount or any rent increases.

Owners must provide an unsigned copy of the proposed lease with the Request for Tenancy Approval (RFTA) form. The RFTA form must be signed by both the tenant and the owner. CMHA reserves the right to reject processing a RFTA form if the lease is not submitted with it.

A 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.

Subsidy cannot be paid until the unit passes the HQS inspection and the HAP 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 no HAP can be paid.

**Inspection policies**

CMHA will make every attempt to schedule the initial inspection within 10 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.

**Keep this page for your Reference**



## HOUSING CHOICE VOUCHER SUBSIDY STANDARDS

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

\* These vouchers are issued for project-based units.

The subsidy standards for the Housing Choice Voucher are also 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 (five years or greater)
- A single head of household shall not be required to share a bedroom with his/her children
- A single individual with no other children who informs CMHA that she is pregnant at the time of her voucher issuance may be assigned a 2-Bedroom Voucher

**Keep this page for your Reference**



## Calculating the Rental Subsidy

See Terms and Definitions Form in Briefing Packet

1. Total all sources of income—wages, interest income, and benefits such as Social Security (SSI) or Temporary Assistance to Needy Families (TANF).
2. Less deductions--\$400 for an elderly (62 years or older), disabled head of household, \$480 per dependent (must be less than 18 years old), out of pocket medical expenses (exceeds 3% of the household’s gross income), and/or childcare expenses that enable the head of household to work or attend school in a full-time basis.
3. Divide the amount computed in #2 by 12 equals monthly adjusted income (MAI)
4. M.A.I. times 30% (.30) equals Total Tenant Payment(TTP)
5. TTP is the amount the tenant pays for “rent” (payment made to the owner) and for tenant-paid utilities.
6. Subtract TTP from the Voucher subsidy for the bedroom size listed on the Voucher---this is the maximum rental subsidy that can be paid to an owner.

**Example #1—A less expensive unit.**

Gross Rent **Less** Than Subsidy Size

\$ 1164	Voucher Subsidy Size (1-BR)
<u>- 200</u>	TTP
<b>964</b>	Maximum Subsidy to Owner

  

\$1100	Gross Rent (includes \$100 for Tenant-paid utilities)
--------	---

  

\$ 200	TTP
<u>- 100</u>	Tenant-Paid Utilities*
<b>100</b>	Rent to Owner

  

\$ 1000	Contract Rent
<u>- 100</u>	Tenant Rent to Owner
<b>900</b>	Rental Subsidy paid by CMHA to the Owner

\* See Utility Allowance Schedules  
\* See Voucher Subsidy Standards Form

Note: If the bedroom size of the unit is smaller than the voucher subsidy size, use the subsidy amount of the smaller bedroom size.

**Example #2—A more expensive unit.**

Gross Rent **Exceeds** Subsidy Size

Same TTP and Utility Allowance as in Example #1.

\$1164	Voucher Subsidy Size Amount
<u>- 1200</u>	Gross Rent
<b>- 36</b>	Must be paid by the tenant in addition to the Tenant’s TTP

  

\$ 236	TTP plus extra rent
<u>- 100</u>	Tenant Paid Utilities
<b>136</b>	Rent to Owner

  

\$1100	Contract Rent
<u>- 136</u>	Rent to Owner
<b>964</b>	Rental Subsidy to the Owner

Add 10% of the MAI to the amount for the Voucher Subsidy Size to determine how much the gross rent can exceed the Voucher Subsidy Size. Tenants cannot pay more than 40% of their M.A.I. for rent and utilities. This calculation is done when a unit is submitted to CMHA.

**Keep this page for your Reference**



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

**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



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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



## **FY2026 CMHA Payment Standards for Rental Assistance Demonstration (RAD) & Project Based Vouchers (PBV)**

Below are the finalized FY2026 CMHA Payment Standards for the Franklin County Metropolitan Area. These values are applicable to families who lease in areas where Small Area Fair Market Rents (SAFMRs) are not applied.

### **Overview**

- HUD publishes annual FMRs for 0-4 bedroom sizes. CMHA applies HUD’s multipliers to calculate SRO, 5BR, 6BR, and 7BR values.
- CMHA sets the payment standards at 110% of the published FMRs for FY2026. These standards apply metro-wide, in contrast to SAFMRs, which are Zip Code-specific.

### **Operational Notes**

- Families retain full choices of where to live. These figures define the maximum subsidy CMHA can provide.
- Larger bedroom sizes show proportionally higher increases when applying HUD’s multipliers.

### **FY2026 Fair Market Rents (FMRs) at 110%**

<b>Category</b>	<b>SRO</b>	<b>0 BR</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>	<b>4BR</b>	<b>5BR</b>	<b>6BR</b>	<b>7BR</b>
<b>110% Payment Standard</b>	916	1222	1313	1573	1887	2120	2543	2862	3180

# 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 <b>Columbus Metropolitan Housing Authority, OH</b>		Unit Type <b>Single-Family (Detached House/Mobile Home)</b>				Date (mm/dd/yyyy) 4/1/2025	
Utility of Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	\$18.00	\$21.00	\$24.00	\$28.00	\$32.00	\$35.00
	Bottle Gas	\$98.00	\$112.00	\$131.00	\$152.00	\$169.00	\$188.00
	Electric	\$60.00	\$71.00	\$83.00	\$95.00	\$107.00	\$118.00
	Electric Heat Pump	\$33.00	\$38.00	\$46.00	\$51.00	\$57.00	\$63.00
	Fuel Oil	N/A	N/A	N/A	N/A	N/A	N/A
Cooking	Natural Gas	\$2.00	\$2.00	\$3.00	\$3.00	\$4.00	\$5.00
	Bottle Gas	\$8.00	\$8.00	\$14.00	\$19.00	\$24.00	\$27.00
	Electric	\$7.00	\$8.00	\$12.00	\$15.00	\$19.00	\$22.00
Other Electric		\$38.00	\$44.00	\$61.00	\$79.00	\$96.00	\$113.00
Air Conditioning		\$5.00	\$6.00	\$14.00	\$22.00	\$29.00	\$37.00
Water Heating	Natural Gas	\$4.00	\$6.00	\$8.00	\$11.00	\$13.00	\$15.00
	Bottle Gas	\$24.00	\$30.00	\$41.00	\$57.00	\$68.00	\$79.00
	Electric	\$21.00	\$25.00	\$32.00	\$39.00	\$46.00	\$53.00
	Fuel Oil	N/A	N/A	N/A	N/A	N/A	N/A
Water	<b>(City of Columbus)(Inside Cty)</b>	\$27.00	\$28.00	\$36.00	\$44.00	\$51.00	\$59.00
Water	<b>(Avg)(Subdivisions)</b>	\$38.00	\$39.00	\$50.00	\$61.00	\$72.00	\$83.00
Sewer	<b>(City of Columbus)(Inside Cty)</b>	\$41.00	\$42.00	\$53.00	\$63.00	\$74.00	\$85.00
Sewer	<b>(Avg)(Subdivisions)</b>	\$39.00	\$41.00	\$54.00	\$66.00	\$79.00	\$92.00
Trash Collection		N/A	N/A	N/A	N/A	N/A	N/A
<b>Other specify: Electric Charge \$16.80</b>		\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00
<b>Other specify: Natural Gas Charge \$51.92</b>		\$52.00	\$52.00	\$52.00	\$52.00	\$52.00	\$52.00
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
<b>Actual Family Allowances</b> -May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
Head of Household Name					Heating		
					Cooking		
Unit Address					Other Electric		
					Air Conditioning		
					Water Heating		
Number of Bedrooms					Water		
					Sewer		
					Trash Collection		
					Other		
					Range / Microwave		
					Refrigerator		
					Total		

# 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 <b>Columbus Metropolitan Housing Authority, OH</b>		Unit Type <b>Single-Family (Detached House/Mobile Home)</b>				Date (mm/dd/yyyy) 4/1/2025	
Utility of Service	Fuel Type	6 BR	7 BR				
Heating	Natural Gas	\$38.00	\$40.00				
	Bottle Gas	\$201.00	\$218.00				
	Electric	\$128.00	\$137.00				
	Electric Heat Pump	\$68.00	\$73.00				
	Fuel Oil	N/A	N/A				
Cooking	Natural Gas	\$6.00	\$6.00				
	Bottle Gas	\$30.00	\$33.00				
	Electric	\$24.00	\$26.00				
Other Electric		\$122.00	\$131.00				
Air Conditioning		\$40.00	\$43.00				
Water Heating	Natural Gas	\$16.00	\$17.00				
	Bottle Gas	\$87.00	\$92.00				
	Electric	\$58.00	\$62.00				
	Fuel Oil	N/A	N/A				
Water		\$64.00	\$70.00				
Water		\$90.00	\$90.00				
Sewer		\$92.00	\$99.00				
Sewer		\$100.00	\$102.00				
Trash Collection		N/A	N/A				
<b>Other specify: Electric Charge \$16.80</b>		\$17.00	\$17.00				
<b>Other specify: Natural Gas Charge \$51.92</b>		\$52.00	\$52.00				
Range/Microwave		\$11.00	\$11.00				
Refrigerator		\$12.00	\$12.00				
<b>Actual Family Allowances</b> -May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
Head of Household Name					Heating		
					Cooking		
Unit Address					Other Electric		
					Air Conditioning		
					Water Heating		
Number of Bedrooms					Water		
					Sewer		
					Trash Collection		
					Other		
					Range / Microwave		
					Refrigerator		
					Total		

# 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 <b>Columbus Metropolitan Housing Authority, OH</b>		Unit Type: <b>Multi-Family (Garden/Flat/High-Rise/Apartment/Row House/Townhouse/Semi-Detached/Duplex)</b>					Date (mm/dd/yyyy) 4/1/2025		
Utility of Service	Fuel Type	SRO	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	Natural Gas	\$10.00	\$13.00	\$15.00	\$17.00	\$19.00	\$22.00	\$24.00	
	Bottle Gas	\$51.00	\$68.00	\$79.00	\$92.00	\$103.00	\$120.00	\$131.00	
	Electric	\$20.00	\$26.00	\$31.00	\$41.00	\$52.00	\$62.00	\$73.00	
	Electric Heat Pump	\$17.00	\$23.00	\$27.00	\$32.00	\$36.00	\$40.00	\$44.00	
	Fuel Oil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Cooking	Natural Gas	\$2.00	\$2.00	\$2.00	\$3.00	\$3.00	\$4.00	\$5.00	
	Bottle Gas	\$6.00	\$8.00	\$8.00	\$14.00	\$19.00	\$24.00	\$27.00	
	Electric	\$5.00	\$7.00	\$8.00	\$12.00	\$15.00	\$19.00	\$22.00	
Other Electric		\$19.00	\$25.00	\$30.00	\$42.00	\$54.00	\$65.00	\$77.00	
Air Conditioning		\$5.00	\$7.00	\$8.00	\$11.00	\$14.00	\$17.00	\$20.00	
Water Heating	Natural Gas	\$3.00	\$4.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	
	Bottle Gas	\$17.00	\$22.00	\$24.00	\$33.00	\$44.00	\$54.00	\$65.00	
	Electric	\$13.00	\$17.00	\$20.00	\$26.00	\$32.00	\$37.00	\$43.00	
	Fuel Oil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Water	<b>(City of Columbus)(Inside Cty)</b>	\$20.00	\$27.00	\$28.00	\$36.00	\$44.00	\$51.00	\$59.00	
Water	<b>(Avg)(Subdivisions)</b>	\$29.00	\$38.00	\$39.00	\$50.00	\$61.00	\$72.00	\$83.00	
Sewer	<b>(City of Columbus)(Inside Cty)</b>	\$31.00	\$41.00	\$42.00	\$53.00	\$63.00	\$74.00	\$85.00	
Sewer	<b>(Avg)(Subdivisions)</b>	\$29.00	\$39.00	\$41.00	\$54.00	\$66.00	\$79.00	\$92.00	
Trash Collection		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>Other specify: Electric Charge \$16.80</b>		\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	
<b>Other specify: Natural Gas Charge \$51.92</b>		\$52.00	\$52.00	\$52.00	\$52.00	\$52.00	\$52.00	\$52.00	
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	
<b>Actual Family Allowances-</b> May be used by the family to compute allowance while searching for a unit.						Utility/Service/Appliance	Allowance		
						Heating			
Head of Household Name						Cooking			
						Other Electric			
						Air Conditioning			
						Water Heating			
Unit Address						Water			
						Sewer			
						Trash Collection			
						Other			
						Range/Microwave			
Number of Bedrooms						Refrigerator			
						Total			

# Utility Allowance Schedule

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**U.S. Department of Housing and Urban Development**

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

Locality/PHA <b>Columbus Metropolitan Housing Authority, OH</b>		Unit Type: <b>Multi-Family (Garden/Flat/High-Rise/Apartment/Row House/Townhouse/Semi-Detached/Duplex)</b>				Date (mm/dd/yyyy) 4/1/2025	
Utility of Service	Fuel Type	6 BR	7 BR				
Heating	Natural Gas	\$27.00	\$28.00				
	Bottle Gas	\$141.00	\$152.00				
	Electric	\$79.00	\$84.00				
	Electric Heat Pump	\$47.00	\$51.00				
	Fuel Oil	N/A	N/A				
Cooking	Natural Gas	\$6.00	\$6.00				
	Bottle Gas	\$30.00	\$33.00				
	Electric	\$24.00	\$26.00				
Other Electric		\$83.00	\$89.00				
Air Conditioning		\$22.00	\$23.00				
Water Heating	Natural Gas	\$13.00	\$14.00				
	Bottle Gas	\$71.00	\$76.00				
	Electric	\$46.00	\$50.00				
	Fuel Oil	N/A	N/A				
Water	<b>(City of Columbus)(Inside Cty)</b>	\$64.00	\$70.00				
Water	<b>(Avg)(Subdivisions)</b>	\$90.00	\$90.00				
Sewer	<b>(City of Columbus)(Inside Cty)</b>	\$92.00	\$99.00				
Sewer	<b>(Avg)(Subdivisions)</b>	\$100.00	\$102.00				
Trash Collection		N/A	N/A				
<b>Other specify: Electric Charge \$16.80</b>		\$17.00	\$17.00				
<b>Other specify: Natural Gas Charge \$51.92</b>		\$52.00	\$52.00				
Range/Microwave		\$11.00	\$11.00				
Refrigerator		\$12.00	\$12.00				
<b>Actual Family Allowances</b> -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		

# DO YOU WANT TO SUSTAIN YOUR HOME & YOUR HEALTH?

## HOME WEATHERIZATION ASSISTANCE

We have the experience and trust helping income-eligible households decrease energy bills while reducing health and safety hazards

by providing **FREE** services:

- Energy-efficient audits and safety tests
- Insulating attic(s) and possibly exterior walls
- Insulating ducts, pipes, floors, and crawl spaces
- Heating unit maintenance and repair/replacement if needed
- Hot water tank repair/replacement if needed
- Roof repair/replacement, if eligible
- Electrical and/or plumbing repair if needed
- Customer education about ways to conserve energy and reduce safety/health risks

+ A one year warranty on our services  
+ Helps reduce building maintenance costs & associated time for landlords!

### Contact Us :

📞 614-252-2799 prompt #4

✉ [weatherization@impactca.org](mailto:weatherization@impactca.org)



This program is for  
home owner & renters