

HCV BRIEFING

The Housing Choice Voucher Staff

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The Basics

▶ **ABOUT WMHA**

- ▶ Operating Hours: Monday-Friday 9:00-4:00
- ▶ Visit our Website: www.warrenmha.org for updated information and accessible forms
- ▶ Numbers: Phone-513.695.3380/Fax-513.695.1638
- ▶ Email: housing@warrenmha.org

▶ **WHAT IS HOUSING CHOICE VOUCHER?**

- ▶ Commonly known as HCV or Section 8
- ▶ Provides housing assistance for low-income families in the private rental market. Rental voucher holders select a unit from the private rental market. Rental assistance makes market-rate housing affordable.
- ▶ Program participants pay 30% but no more than 40% of their monthly adjusted income towards rent and utilities. The housing assistance payment subsidizes the balance of the rent to the property owner.

HCV Policies

▶ HCV POLICIES

- ▶ Our agency conducts annual Nspire Inspections to ensure that you are renting a safe, decent sanitary unit in good repair. During your participation on the HCV program, there will be a limit of three (3) attempts to conduct this inspection, prior to assistance terminating. Please make sure you or someone 18 years or older are home when these inspections are scheduled or contact our office to make arrangements.
- ▶ Our agency will conduct an annual recertification of your housing assistance, you are required to complete the annual paperwork that will be sent to you and return it to our office timely along with required documentation.
- ▶ All household changes must be reported on a WMHA Change Form within 10 business days from the date the change occurred. Change forms may be found on our website (www.warrenmha.org) and in our office lobby.

HCV Policies (continued)

▶ **HOUSEHOLD CHANGES**

- ▶ **Income-** Any change, **Increase** or **Decrease**, in money coming into the household. The change may be from any or all the following, but not limited to:
 - ✓ Wages from employment
 - ✓ Unemployment or Workers compensation
 - ✓ Child Support or Alimony
 - ✓ Public Assistance (OWF, ADC, TANF, etc.)
 - ✓ Social Security or SSI Benefits
 - ✓ Help from family or friends with household expenses or bills

- ▶ **Composition-** Any change in family members residing in the unit. If someone moves out of the unit, you must notify us within the 10-day reporting period. If you would like to **ADD** a member, prior written approval from the Housing Authority **MUST** be given before they can reside in the unit.

- ▶ **Timely Reporting-** will result in a 30-day notice being given to you in the event there is an increase in your portion of rent.

- ▶ **Untimely Reporting-**will result in **NO** notice being given to you, in the event of a rent increase. If the change occurred even earlier and was not reported, your rent will increase retroactively, and you will be responsibly to reimburse WMHA for the difference they paid your landlord. Failure to reimburse the agency will result in the termination of your participation form the HCV Program.

Family Obligations

When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participation in the HCV program.

► **The Family MUST:**

1. Supply any information that the HA or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify Social Security numbers and sign and submit consent forms for obtaining information.
3. Supply information requested by the HA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the HA in writing when the family is away from the unit for an extended period in accordance with HA policies (Policies is 30 calendar days)
5. Allow the HA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the HA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the HA in writing of the birth, adoption, or court awarded custody of a child.
9. Request HA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the HA in writing if any family member no longer lives in the unit.
11. Promptly notify the HA immediately, in the event the landlord serves you with a notice to leave the premises.
12. Pay all utilities listed on the lease as tenant responsibility and provide and maintain any appliances that the owner is not required providing.
13. Pay your tenant portion of rent to the landlord timely.

Family Obligations (continued)

► **The Family (including each family member) MUST NOT:**

1. Own or have any interest in the unit (other than in cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or leave the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or Local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program assistance while residing in a unit owned by a 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 rental of the unit, notwithstanding such relationship would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. You are responsible of the guests and visitors in your home.

Additional Briefing Documents

- ▶ Is Fraud Worth it?
- ▶ Fact Sheet “How Your Rent is Determined”
- ▶ Part C of HAP Contract: Tenancy Addendum
- ▶ A Good Place to Live!
- ▶ Are You a Victim of Housing Discrimination?
- ▶ Protect Your Family From Lead in your Home
- ▶ Violence Against Women Act

The Voucher

Voucher
Housing Choice Voucher Program

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

OMB No. 2577-0189
(exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number HCV-0001
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	2
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	1/9/2024
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date issued. Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	+ 60 days
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative John Smith	6. Signature of Family Representative <i>John Smith</i>	Date Signed (mm/dd/yyyy) 1/9/2024

7. Name of Public Housing Agency (PHA) Warren Metropolitan Housing Authority	8. Name and Title of PHA Official Logan Kleinberg	9. Signature of PHA Official <i>Logan Kleinberg</i>	Date Signed (mm/dd/yyyy) 1/9/2024
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1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

1. Unit Size (Bedroom)
 2. Issue Date
 3. Expiration Date
- Keep for your records!

About the Voucher

- ▶ **Initial Term:** The voucher is for 60 days from the date you receive it.
- ▶ **Extensions:** If you are unable to find housing within the first 60 days, your Voucher may be extended for an additional 30 days. A second 30-day extension may be granted if you have been actively looking for housing but are unable to find a home to fit your needs and affordability.
 - ▶ You **MUST** request your extensions in writing to WMHA prior to the voucher expiring and you **MUST** be actively looking for housing. We do require a log be kept by you listing the units you have enquired about and the reason you were unable to rent.
- ▶ Once you find a suitable unit, the Request for Tenancy Approval (RFTA) must be completed by your prospective landlord and returned to our office prior to the expiration date on your voucher. Once the RFTA has been received by our office, the clock will stop on your voucher pending approval of the unit by Housing Authority. Assuming the unit meets **affordability, rent reasonable** requirements, and passes the **Nspire Inspection**, the approval will be granted.

Please Note:

- ▶ The rent for your unit **MUST** be rent reasonable:
“**Reasonable**” for this area as determined by HUD's Fair Market Rent (FMR) and the Housing Authority surveys.
- ▶ The unit **MUST** be affordable:
“**Affordable**” based to your household income. Under the HCV program, participant families are responsible to pay 30 % of their adjusted household income towards rent and utilities. We cannot assist you in a unit, if your portion on rent and utilities is 40% or greater. The housing authority will determine your affordability prior to voucher assistance.
- ▶ The unit **MUST** pass an Nspire Inspection:
“**Nspire**” An inspection conducted by the housing authority to ensure the unit meets HUD regulations.

HCV Payment & Subsidy Standards

Payment Standards

Effective 1/1/2023

▶	0 Bedroom	-	\$804
▶	1 Bedroom	-	\$922
▶	2 Bedroom	-	\$1,202
▶	3 Bedroom	-	\$1,610
▶	4 Bedroom	-	\$1,809

Subsidy Standards

VOUCHER SIZE

PERSONS IN HOUSEHOLD

(Minimum-Maximum)

▶	1 Bedroom	1-2
▶	2 Bedrooms	2-4
▶	3 Bedrooms	3-6
▶	4 Bedrooms	4-8

Policy-WMHA will assign one bedroom for each two persons within the household, except in the following circumstances....

- Persons of the opposite sex (other than a spouse) will be allocated separate bedrooms.
- Live in aids will be allocate a separate bedroom.
- Single person families will be allocated ONE bedroom.

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Warren Metropolitan Housing Authority Request For Tenancy Approval

Family Name John Smith Date 1/9/2024

Same as Voucher
Expiration Date

This RFTA packet will expire on TBD. An extension may be granted if the written request is received and time date stamped in WMHA office by 4:00 PM on the date of expiration.

By signing below, I/We understand that the Housing Assistance Payment (HAP) from Warren Metropolitan Housing Authority will begin only AFTER all of the following conditions has been met:

- 1.) The Request For Tenancy Approval packet MUST be completed in its entirety and signed by both the landlord and the tenant and received by this office.
(Please note; if any area of this packet is left blank or not signed, there will be a delay in the processing. The packet will be returned for completion.)
- 2.) The HQS (Housing Quality Standards) inspection has been conducted and the unit has passed.
- 3.) The rental lease/contracts have been completed and signed by both the tenant and the landlord and a copy supplied to the Housing Authority.
- 4.) The tenant has received keys to the unit.

The RFTA

→ Request for Tenancy Approval Packet

→ The packet is given to the Landlord you want to rent from

→ Submitting the packet will stop your voucher from expiring

→ Ensure the unit is affordable and is the unit for you, before submitting this packet to the landlord

The RFTA (cont.)

On the back of page 1

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By signing below, I/We certify that I/We have read, understand, and agree to all of the above conditions.

Applicant/Tenant:

Signature _____ Date _____

Contact Number _____ Email Address _____

Owner/Agent:

Signature _____ Date _____

Contact Number _____ Email Address _____

On the back of page 2

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

The RFTA (cont.)- Lead Based Paint

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

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

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

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

(ii) _____ 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 (i) or (ii) below):

(i) _____ 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).

(ii) _____ Lessor has no reports or records 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.

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

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her 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 they have provided is true and accurate.

Lessor _____ Date _____ Lessor _____ Date _____

Lessee _____ Date _____ Lessee _____ Date _____

Agent _____ Date _____ Agent _____ Date _____

Apartment Hunting Worksheet

1. Bedroom Size (Voucher Size)
2. Family Size
3. Maximum Monthly Rent (Affordability)
(Rent to Owner + Utility Allowance)

Apartment Hunting Worksheet

Warren Metro Housing Authority
Voucher HCV

Family: Smith, John
live.

Use this sheet as a guideline in your search for a place to

live. You should look for a property that has less monthly rent than that indicated. Check the 'Approximate Utility Cost' for each unit, it will affect how much you can afford. The 'Total cost to you' includes the utility payment.

Bedrooms 2
Family Size 3
Dependents 2

Approximate Utility Cost: \$0.00
Maximum Monthly Rent: \$1,279.00

Address

Rent

Property #1: _____

Property #2: _____

Property #3: _____

Property #4: _____

Preliminary Rent Information

1. Current Annual Income
2. Adjusted Annual Income
3. Current Payment Standard

If your annual income is not correct, you will need to complete a waiting list change form.

H.M.S. for Windows
Applicant - Preliminary Rent Information
For Project: Voucher HCV

58-V

Smith, John

# Fam Mbrs:	3	Low Inc:(80%)	68,800.00	M-I Date:	Sec Deposit:
# Dependents:	2	V-Low Inc:(50%)	43,000.00	Pro-Rent:	Pet Deposit:
Bedrooms:	2	X-Low Inc:(30%)	25,800.00***		Key Deposit:
		Over Inc:(Y/N)	N		

Income:	10,223.00	←
Allowances:	960.00	
Adjusted Annual Income:	9,263.00	←
30 % of Adjusted Monthly Income:	232.00	
10 % of Monthly Income:	85.00	
Welfare Rent:	0.00	
Minimum Rent:	0.00	
<u>TTP:</u>	<u>232.00</u>	
Utility Allowance:	0.00	
Contract Rent:	0.00	
Gross Rent:	0.00	
Payment Standard:	1,202.00	←
<u>Tenant</u>	<u>0.00</u>	
<u>HAP:</u>	<u>0.00</u>	

Utility Allowance

What you need to know:

- What is the unit type? (House, Apt., Townhouse, Etc.)
- How many bedrooms is the unit?
- What are the utilities that you must pay for?

NOTE

- These will not be your actual utility amounts. Your utilities will vary based on your personal usage.
- If renting a larger unit than your voucher size, utilities will be calculated using the voucher size.

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.

Warren Metropolitan Housing Authority		Unit Type: Multi-Family (Garden Apartment/Townhouse/Duplex)					Date (01/01/2024)	
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	Natural Gas	\$19.00	\$24.00	\$27.00	\$30.00	\$33.00	\$38.00	
	Bottled Gas	\$68.00	\$78.00	\$90.00	\$101.00	\$115.00	\$130.00	
	Electric	\$22.00	\$26.00	\$35.00	\$44.00	\$53.00	\$63.00	
Cooking	Electric - Heat Pump	\$19.00	\$23.00	\$27.00	\$32.00	\$34.00	\$39.00	
	Fuel Oil	\$100.00	\$120.00	\$141.00	\$157.00	\$177.00	\$194.00	
	Natural Gas	\$3.00	\$3.00	\$5.00	\$5.00	\$8.00	\$8.00	
Other Electric	Bottled Gas	\$9.00	\$9.00	\$13.00	\$20.00	\$24.00	\$28.00	
	Electric	\$6.00	\$7.00	\$9.00	\$14.00	\$16.00	\$18.00	
	Other Electric	\$22.00	\$26.00	\$36.00	\$47.00	\$56.00	\$67.00	
Air Conditioning	Air Conditioning	\$6.00	\$7.00	\$8.00	\$10.00	\$14.00	\$16.00	
	Water Heating	Natural Gas	\$6.00	\$8.00	\$9.00	\$14.00	\$15.00	\$19.00
		Bottled Gas	\$22.00	\$24.00	\$32.00	\$42.00	\$53.00	\$64.00
Electric		\$15.00	\$17.00	\$22.00	\$27.00	\$32.00	\$36.00	
Water	Water	\$29.00	\$30.00	\$38.00	\$46.00	\$53.00	\$61.00	
	Sewer	\$32.00	\$33.00	\$39.00	\$45.00	\$51.00	\$57.00	
	Trash Collection	\$21.00	\$21.00	\$21.00	\$21.00	\$21.00	\$21.00	
Other - Electric Fee	Other - Electric Fee	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	
	Other - Gas Fee	\$42.00	\$42.00	\$42.00	\$42.00	\$42.00	\$42.00	
	Range/Microwave	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
Refrigerator		\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	
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			
John Smith					Cooking			
					Other Electric			
Unit Address					Air Conditioning			
					Water Heating			
					Water			
123 N. Main St. #B Lebanon, Ohio 45036					Sewer			
					Trash Collection			
					Other			
					Range/Microwave			
Number of Bedrooms					Refrigerator			
2					Total			

\$27
\$9
\$36
\$8
\$9
\$8
+ \$42

\$139-Total

Is the unit Affordable?

UNIT A

- ▶ Contract Rent - \$1,000
- +
- ▶ Utility Allowance - \$139
- =
- ▶ **Gross Rent - \$1,139**

UNIT B

- ▶ Contract Rent - \$1,150
- +
- ▶ Utility Allowance - \$139
- =
- ▶ **Gross Rent - \$1,289**

If your affordability amount is \$1,279. Which unit is affordable?

UNIT A!



Warren County Cities/Villages

- Franklin
- Lebanon
- South Lebanon
- Mason
- Butlerville
- Corwin
- Harveysburg
- Maineville
- Morrow
- Pleasant Plain
- Waynesville

Parts of:

- Carlisle
- Loveland
- Middletown
- Monroe
- Springboro
- Blanchester

Important Things to Remember

- ▶ To request an extension on our voucher, you must submit a request in writing to WMHA prior to your voucher expiring
- ▶ All changes must be reported on a change form within 10 business days from the change. Prior to moving in, you will complete a “waiting list” change form. After move in, you will complete a regular “change form”.
- ▶ Once a HAP contract is executed, you must reside in that unit for at least 12 months before you are able to move.
- ▶ If you currently reside in a subsidized unit, you must submit a written 30-day notice to your current landlord and provide a copy to WMHA.
- ▶ THE RFTA packet is the most important thing in your packet!

Steps to Obtain Housing Assistance

If you move into a unit prior to completing the following steps, you will be responsible for 100% of the rent.



1. Find a Rental



2. Submit RFTA



3. WMHA
Processes RFTA



4. Submitted for
Inspection



5. Unit has Passed
Inspection.
Sign the Lease



Congratulations!
Rental Assistance Begins

Commonly Asked Questions

HOW MUCH WILL MY RENT BE?

We are not able to determine your exact rent portion until a RFTA packet is submitted.

DOES WMHA HELP WITH DEPOSITS/APPLICATION FEES?

No, the tenant is responsible to pay the deposit/application fees for the unit and any utilities.

HOW CAN I GET AN EXTRA BEDROOM FOR MEDICAL EQUIPMENT OR OTHER MEDICAL REASONS?

You may submit a Request for a Reasonable Accommodation to your housing coordinator. If the request is approved by your doctor and WMHA, we will change your voucher size.

IF I FIND A UNIT THAT IS OVER MY AFFORDABILITY, CAN I PAY THE DIFFERENCE?

No, that is considered fraud and you could lose your housing assistance.

AM I ABLE TO RENT A UNIT LARGER THAN MY VOUCHER SIZE?

Yes, as long as the unit fits your affordability, you may rent a larger unit.

CAN I TRANSFER MY VOUCHER TO ANOTHER COUNTY/STATE?

This process is called porting. If the address you used on your original HCV application was a Warren County address and was your legal residence at that time, then yes you may transfer your voucher immediately. If you did not apply using a Warren County address on your application, then you must utilize your voucher in Warren County for at least 12 months before you are eligible to transfer.

Visit our website for additional programs & resources!

- ▶ Fair Housing Information
- ▶ How Portability Works
- ▶ Ohio Tenant Landlord Laws
- ▶ HCRP (Homeless Crisis Response Program)
- ▶ Repairs to Rentals
- ▶ Warren County Transit Service
- ▶ Family Self-Sufficiency Program
- ▶ Homeownership Program

www.warrenmha.org



THANK YOU!

Any Questions??