

## EXHIBIT E

### Verification Related to Chapter 20A "Fair Housing and Mixed Income Housing" of the City Code (Ordinance 32195) for Office of Economic Development (OED) Incentive Projects containing Residential Units

#### Provision 1:

Owner, the entity or person who owns the development or property during the rental affordability period, including the owners' employees, agents or contracts (i.e. property management company), shall register as a vendor with local providers of housing vouchers.

- Compliance shall mean that verification of a minimum of one local provider registration is completed at least 12 months prior to project completion, as defined in the agreement, and such registration is maintained throughout the affordability period
- Verification may include a screenshot or copy of written documentation of registration, including the property name and vendor number as provided by the local provider agency and, if applicable, an inspection report from the local provider agency
- How:
  - 1) For Dallas Housing Authority (DHA) vendor registration, see exhibit attachment entitled "DHA Requested for New Vendor Account Set-Up" (note that registration with other local providers of housing vouchers is valid), and
  - 2) If the provider inspects the development per Section 20A-31(e)(6)(C), an inspection report shall be made available to the Office of Economic Development (OED)

Registration submitted, maintained and accepted by City of Dallas OED or Housing Department at least 12 months prior to project completion, not to be unreasonably withheld, and submittal of inspection report, if applicable

#### Provision 2:

Multifamily housing accommodation must make best efforts to lease up to 10 percent of the project's dwelling units to holders of housing vouchers for a minimum of 15 years from the date of the initial issuance of the housing accommodation's certificate of occupancy.

- Compliance shall mean the following:
  - Housing voucher holders shall be prioritized for lease and occupancy of reserved units and selection of tenants from a written waiting list shall be selected in such order, insofar as is practicable; note that reserved units may "float" meaning that comparable units can switch from affordable to market and vice versa over the affordable set-aside period.
  - Ten percent of the dwelling units shall be prioritized for voucher holders; however, if a reserved unit is available and no waiting list exists at such time, such unit or units may be leased to a household meeting the affordability requirements of the project (80% of AMFI or as otherwise required by OED's incentive and associated development

agreement) after 10 working days of seeking a voucher holder. During such time that lease is made to non-voucher holder, Owner shall continue best efforts to lease and occupy comparable units to voucher holders but at no time is the Owner required to set-aside more than the required affordable units, including those for voucher holders.

- Verification shall include the following:
  - 1) Identification of voucher holders on each OED Mixed Income Housing Certification Letter,
  - 2) Notice provided to one or more local providers of housing vouchers that project has available units if 10 percent of the units are not leased and occupied by voucher holder and such notice shall be made each quarter that units are available (when 10 percent of the units are not occupied by voucher holders) and
  - 3) Documented waiting list
- How:
  - 1) The OED Mixed Income Housing Certification Letter, as required by OED's incentive and associated development agreement and accompanying exhibit, shall identify units that are leased and occupied by voucher holders (the voucher provider agency would be appreciated but not required information),
  - 2) Copy or receipt of notice to a minimum of one local provider of housing vouchers if less than 10% voucher holder occupancy during reporting period, and
  - 3) The applicant waiting list shall be made available, if requested, during on-site inspections by City staff and any voucher holders shall be identified on such list

OED Mixed Income Housing Certification Letter identifies units leased to voucher holders and, if less than 10 percent of the project's units are occupied by voucher holders, proof that notice has been made to a minimum of one provider of vouchers; waiting list has been provided during on-site inspection, if applicable

### **Provision 3:**

Owner shall create written policies and retain written records

- Compliance shall mean that Owner creates written policies and retains written records related to reasonable accommodations, affirmative marketing, applicant screening criteria, tenant selection criteria, policies for opening and closing the waiting list, waiting list preferences (if any), procedures for rejecting ineligible tenants, occupancy standards, non-renewal and termination notices, and unit transfers (including but not limited to "floating" units).
- Verification shall include availability of written policies and written records upon request during on-site inspections by City staff
- How: Create policies and provide to Property Manager(s); keep written records related to the policies for the affordability period

Written policies have been created and provided to Property Manager(s) and such policies and access to written records has been provided to City staff during on-site inspections, if applicable.



Housing Solutions for North Texas

## REQUEST FOR NEW VENDOR ACCOUNT SET-UP

3939 N. Hampton Rd., Dallas, TX 75212 | Phone: 214.951.8300 | Fax: 214.951.8800 | [www.dhantx.com](http://www.dhantx.com)

The following forms/documents must be completed and/or submitted in order to process your request for a new vendor account:

1. Vendor Number Verification form (included in this packet)
2. W-9 for each person listed on the Warranty Deed. [Download](#) the W-9, enter your information digitally, then print and sign to submit.
3. Copy of Social Security Card(s) (Owner(s)) or SS-4 letter for EIN users
4. Valid Government Issued ID (Owner(s))
5. Warranty Deed, filed and recorded or Owner verification from County Appraisal website
6. Direct Deposit form (included in this packet) with voided check OR a letter from the bank with the account holder(s) name, account number, routing number, and type of account.
  - *To submit the Direct Deposit form digitally, you may take a digital photo of your voided check then upload and attach to this form. Please see digital photo guidelines on [page 4](#).*
7. Management Agreement (if applicable)

**Please be advised that ALL items list above must be submitted before processing begins. Packets that are submitted with missing and/or incomplete documents will not be accepted or processed.**

**This form can be printed by clicking the [PRINT](#) button or digitally signed and emailed to DHA automatically by clicking the [SUBMIT](#) button. Click on each signature field to sign digitally before submitting.**

**If you have questions, please feel free to contact us.**



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## VENDOR NUMBER VERIFICATION

This form should be completed by new and existing Owners/Agents

Assisted Unit Address: \_\_\_\_\_

Apartment Name (if applicable): \_\_\_\_\_

Total Number of Units in Complex: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Owner Vendor #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/Soc. Sec. #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Agent Vendor #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/Soc. Sec. #: \_\_\_\_\_

Agent Agreement Attached:  Yes  No

1. Make all Housing Assistance Payments (HAP) payable to:  Owner  Agent
2. Do you have other properties on the Housing Choice Voucher program for which you are currently receiving monies from the DHA?  Yes  No
3. Are you a new participating landlord on the Housing Choice Voucher program?  Yes  No
4. If no, and you are not currently receiving HAP, has your bank account information changed?  Yes  No

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**NOTE:** If you have a new account, you must also complete a Direct Deposit Form and attach a copy of a voided check OR a letter from the bank with the account holder(s) name, account number, routing number, and type of account.

5. Are all of your properties participating in the Housing Choice Voucher Program associated with the above Tax ID or Social Security Number?  Yes  No



DHA is a Fair Housing and Equal Opportunity Agency.  
Individuals with disabilities may contact the 504/ADA Coordinator at 214-951-8348,  
7-1-1 for Relay Texas assistance, or [504ADA@dhantx.com](mailto:504ADA@dhantx.com)

Revised DHA-NVF (05.18)



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The IRS W-9 form must be completed for both the owner and the agent (listed on Page 2) for this property along with proof of your Tax ID/Social Security number. Housing Assistance Payments cannot be processed until these documents are received. Proof of ownership must also be provided.

Download the official IRS W-9 form by clicking the button to the right [Download W-9](#)  
Complete the form online, then save and print to sign and submit to DHA. The digital W-9 form may require Acrobat Reader, download the FREE desktop/mobile application by [clicking here](#).

OWNER, BY DESIGNATING AN AGENT, AGREES AND ACKNOWLEDGES THAT OWNER'S AGENT SHALL BE DEEMED AS PAYEE UNDER THE HAP CONTRACT AND THE SOLE POINT OF CONTACT FOR DHA CONCERNING SUCH PAYMENTS AND ANY AND ALL OTHER RELATED AGREEMENTS. OWNER'S AGENT SHALL REMAIN PAYEE AND THE SOLE POINT OF CONTACT UNTIL OWNER PROVIDES WRITTEN NOTICE OF A CHANGE OF CONTACT INFORMATION. ANY TAX INFORMATION CONCERNING HAP MONIES PAID TO AGENT ON BEHALF OF OWNER (IRS FORM 1099, ETC.), SHALL BE SENT DIRECTLY TO AGENT. OWNER AGREES HEREIN TO HOLD DHA, ITS EMPLOYEES, OFFICERS AND REPRESENTATIVES HARMLESS FROM LIABILITY CONCERNING ANY INFORMATION PROVIDED TO OWNER'S AGENT.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DIRECT DEPOSIT SIGN-UP AND CHANGE FORM FOR VENDORS

DHA constantly looks for ways to better serve our landlords. In an effort to ensure timely monthly payments, DHA will make regular rent payments to landlords by direct deposit. DHA will only mail checks under special circumstances.

Direct deposits will be sent to your bank. To find out when funds from your deposit will be available to you, please call your bank representative.

### To sign-up for direct deposit: (30 to 60 days prior notice required)

1. Please fill out the form completely and attach a "voided" check (from the account that will receive the direct deposit) OR a letter from the bank with the account holder(s) name, account number, routing number, and type of account. Make a copy for your records, then return the completed form along with the voided check to DHA with your Request for Tenancy Approval (RFTA) packet or change of ownership information.
2. You may also upload a photo of your voided check by taking a digital photo with your mobile device or digital camera. Click the upload image box on the following page, browse the check image and click OK to attach the image. Please be sure the check image, your account and routing numbers are clear and visible in the image.
3. There is a 30 to 60 day processing period before actual dollars can be transmitted into a new or changed account.

### To make changes for direct deposit: (30 to 60 days prior notice required)

1. Follow the instructions above.
2. Payments will continue to be deposited into the old account until the new account has been set up and tested (approximately 30 to 60 days).

If you have any questions regarding completing this form, email your questions to [LL-hotline@dhantx.com](mailto:LL-hotline@dhantx.com). Please mail completed forms to 3939 N. Hampton Road, Dallas, Texas 75212, Attention: Voucher Program. If you are completing this form with a new RFTA packet, please attach this form along with the required documents to the packet.

Check the correct choice:  Owner  Agent

Vendor Type:  New Sign-Up  Change

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/Soc. Sec. #: \_\_\_\_\_

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## DIRECT DEPOSIT SIGN-UP AND CHANGE FORM FOR VENDORS cont'd

Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_ Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

### INSTRUCTIONS:

- Write void on the check from the account that will receive the direct deposit.
- Use the camera on your mobile device or a digital camera to take a photo of the check.
- Ensure the check photo fills the camera window image space.
- Be sure the check, routing number and account number are clearly visible.
- Click on box below, browse for the voided check photo, select it and click OK.
- The photo will automatically size to fit the box below.
- If the photo does not appear clearly, retake the photo and click the box below again to re-upload the new photo.

### CLICK TO UPLOAD VOIDED CHECK IMAGE

I, \_\_\_\_\_ do declare that I am authorizing DHA to deposit my Housing Assistance Payments to the above bank account and initiate, if necessary, debit entries in case of an error.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PROPERTY ADDRESS:**

Please note that (NAME OF OWNER OR OWNER'S AGENT): \_\_\_\_\_ shall indemnify and hold harmless DHA from any and all claims which may arise from DHA's reliance on this letter and on the (DOCUMENT TYPE, i.e., TRUSTEE'S DEED ETC.: \_\_\_\_\_) from (NAME OF PREVIOUS OWNER: \_\_\_\_\_) conveying title to the Property to (NAME OF CURRENT OWNER: \_\_\_\_\_) ,and (NAME OF TRUSTEE, IF ANY: \_\_\_\_\_) dated as of \_\_\_\_\_ and recorded as Document Number/Volume, Page Number \_\_\_\_\_ in the Real Property Records of Dallas County, Texas, a copy of which is attached hereto.

By signing below, I represent that I am authorized to execute this letter and that I have sought and received legal representation concerning the obligations and indemnities provided herein.

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**PRINT NAME**

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**SIGN NAME**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ . Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Notary Public Name/Seal

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Email completed application to: [Shirley.Sanders@dhantx.com](mailto:Shirley.Sanders@dhantx.com), or click button ⇒

**SUBMIT**