



April 27, 2021

Mid-Missouri Public Housing Agency
Housing Choice Voucher Program
800 North Providence Rd, Columbia MO 65203
(P) 573-443-8706 Ext: 1050 (F) 573-340-1513



ATTENTION ALL LANDLORDS

Central Missouri Community Action's Housing Department is pleased to inform you that we can provide monetary incentives to all landlords for any new tenant leased effective June 1, 2021. Funding from the Department of Housing and Urban Development (HUD) and the CARES Act allows us to make this available. Our goal is to increase the number of landlords and the number of units available to housing Choice voucher holders as we ride out the COVID pandemic. New lease ups are eligible to receive a one time \$500 payment per lease. New lease ups are not to replace existing tenants.

If you are interested in this incentive opportunity, please contact our office at 573-443-8706 Ext 1050 and inform us of any unit(s) you have available. WE hope that this incentive helps you to keep your unit in eligible status and to address any costs associated with participation in the Housing Choice Voucher program.

Our agency values and appreciates your partnership in the Housing Choice Program. Incentives are only available for newly leased families that have one of our Housing Choice Vouchers. Incentive payments will be available while funding lasts so please consider this opportunity quickly.

Should you have any questions or concerns, please contact me at the following number.

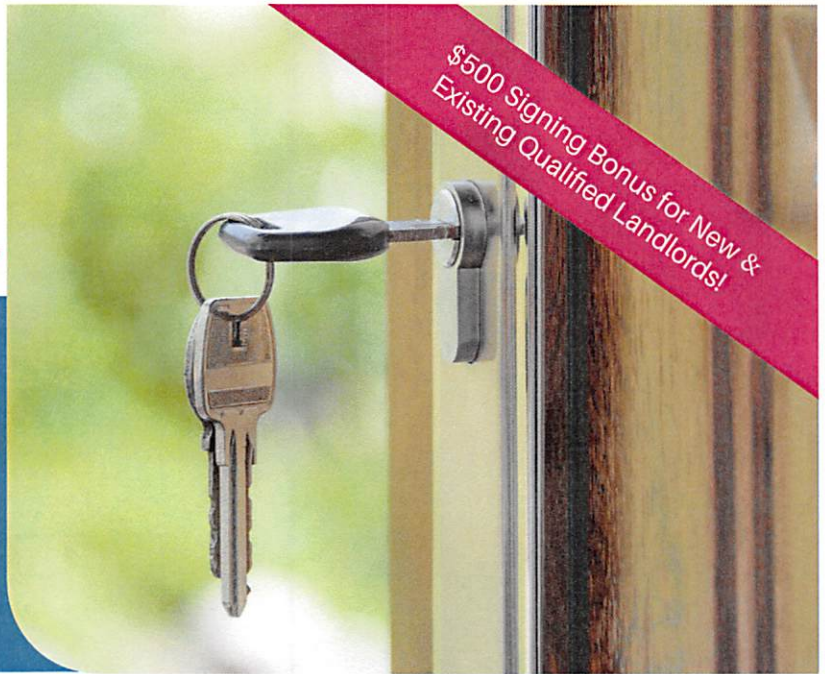
Sincerely:

Colita Harvey
Program Officer
(P) 573.443.8706 Ext. 1050
(F) 573.340.1513



MID-MO PUBLIC HOUSING AGENCY

LANDLORD INCENTIVE PROGRAM



WHY SHOULD LANDLORDS PARTICIPATE IN THE HOUSING CHOICE VOUCHER PROGRAM (HCVP)?



The HCV Program is a federally funded rental assistance program for low-income families, including elderly individuals and persons with disabilities. The program provides financial assistance for participants to afford decent, safe, and sanitary housing in the private rental market. Property owners offer valuable housing options for qualified families. With federally funded rental assistance provided on their behalf, HCVP participants are able to locate housing, including single-family homes, doubles, townhouses and apartments.

The HCV Program is mutually beneficial. The participant benefits by finding quality affordable housing, while the landlord benefits by receiving guaranteed monthly Housing Assistance Payments (HAP).

PARTNERING WITH CMCA MMPHA HAS ITS BENEFITS!



MMPHA has developed a Landlord Incentive Program aimed at:

- Supporting, retaining, and recruiting new landlords
- Increasing the number of units available for HCVP families to rent
- Reducing the time period it takes to locate a unit
- Ensuring that landlords are ready to pass a HQS unit inspection

INCENTIVE PROGRAM FACTS

- \$500 Signing Bonus available until funds are depleted
- Landlords can lease up multiple units
- Signing bonuses only apply to new HCVP participants
- Landlords and HCVP participants cannot be family members

NEW PROPERTY OWNERS REQUIREMENTS

- Recorded Copy of Act of Sale/Deed
- Valid Government-Issued ID
- Property Management Agreement or Power of Attorney (If Applicable)
- Social Security Card or IRS Registration
- Valid W-9 Form
- Voided Check for Direct Deposit
- Articles of Incorporation (If Applicable)

FOR MORE INFORMATION CONTACT

Central Missouri Community Action
Mid Missouri Public Housing Agency
573.443.8706, ext. 1050

cmca.us/get-help/housing/



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Landlord Incentive Fee Agreement Form

Property Manager Information

I, _____ agree to enter in a rental agreement with
 (Name of Landlord or Property Management Company)

the following applicant(s):

Lease Information

Type of Housing: ____ Single Family Detached; ____ Semi-Detached/Row House;
 ____ Manufactured Home; ____ Garden/Walkup; ____ Elevator/High-Rise;

Total # Bedrooms: _____

The property is located at: _____
 (Street Address) (Unit #/Apt #)

 (City) (Zip Code)

Furnishings: Furnished Unfurnished

Rent Includes: Electricity Water Gas Trash Other: _____

Amenities: Stove Refrigerator Parking ADA Compliant Other: _____

Monthly Rent: \$ _____ Security Deposit: \$ _____

Move-In Date: _____ / _____ / _____
 (Month) (Day) (Year)

Lease Terms: 12-Month

PAYMENT INFORMATION

Please make checks payable to:

(Checks to be made only to the Property Owners our Authorized Management Company) Landlord/ Property Management

Name: _____

Address: _____

Telephone Number:(_____) _____

E-mail Address: _____

I, certify that I am the landlord/property manager of the unit and all the information that I have provided on this form is true and correct. I certify the property does not have a current foreclosure or a pending real estate sale.

Lastly, I understand that I will receive a Landlord Incentive payment after I have submitted the signed HAP and Lease for the unit mentioned above to

Landlord/ Property Manager Signature: _____

Date: _____