



HOUSING AUTHORITY OF THE CITY OF CHARLESTON

550 MEETING STREET, CHARLESTON, SOUTH CAROLINA 29403

TELEPHONE (843) 720-3970 FAX # (843) 720-3977 TDD (843) 720-3685

Arthur S. Milligan, Jr. (MBA, CCIM, CPM, PHM)

President & CEO

Dear Landlord,

This is to introduce the family of _____. They are participants in our Housing Choice Voucher Housing Choice Voucher (HCV) Program.

Should you consider leasing an available unit to this family, please be advised that upon your request, our Agency is willing to provide to you (if available) the following information concerning this family: 1) the names of previous and current owner(s) or property manager(s) that lease/have leased to this family; 2) current and previous address(es); 3) histories in relation to: a) their payment of rent and utilities; b) caring for the unit/premises; c) respecting others' rights for peaceful enjoyment of their housing; d) drug-related criminal activity or other criminal activity that is a threat to life, safety or property of others, and; e) compliance with other essential conditions of tenancy. Any screening beyond these points will be your responsibility.

The Housing Choice Voucher (HCV) Program no longer pays damage claims or vacancy losses.

Please find attached a Request for Tenancy Approval (RFTA) and a Form W-9. Should you consider leasing an available unit to this family, complete the RFTA **IN FULL**, sign it, and return it to our Office. You must then contact our Office for the purpose of scheduling a time and date for a housing quality standards (HQS) inspection to be done.

If you are unfamiliar with the housing quality standards of the HCV Program, a booklet can be provided to you for the purpose of advising you of the items for which we will be inspecting. All necessary repairs to the unit should be completed prior to calling for the inspection.

Finally, please sign and return page two of this document, as well as the attached W-9 Form.

Please be advised that the security deposit amount that you show on the RFTA must be within industry standards. One (1) month's rent or less is recommended. The collection of the deposit will be your responsibility. However, **THE COLLECTION OF SUCH SHOULD NOT TAKE PLACE UNTIL THE UNIT HAS BEEN INSPECTED AND APPROVED BY OUR OFFICE.**

1985
AWARD FOR
DESIGN EXCELLENCE
PRESIDENT RONALD REAGAN

1984
FEDERAL DESIGN
ACHIEVEMENT AWARD
NATIONAL ENDOWMENT
FOR THE ARTS

1986, 1991
HONOR AWARD
AMERICAN INSTITUTE OF ARCHITECTS

1997, 2014, 2018
FOUNDERS AWARD
HISTORIC CHARLESTON FOUNDATION

1989, 1990, 1997
CAROLOPOLIS AWARD
PRESERVATION SOCIETY
OF CHARLESTON

2000, 2006
HOUSING ACHIEVEMENT AWARD
S. C. STATE HOUSING FINANCE
AND DEVELOPMENT AUTHORITY

1991
SPECIFIC ACTIVITY AWARD
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

2011, 2013, 2014, 2015
HUMAN SERVICE AWARD
CCHRCO

2009, 2010, 2012
NATIONAL AWARD OF MERIT
NATIONAL ASSOCIATION OF HOUSING
AND REDEVELOPMENT OFFICIALS

1991-98
CERTIFICATE OF EXCELLENCE
IN MANAGEMENT OPERATIONS
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

1994, 1999
SUSTAINED PERFORMANCE AWARD
U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT

*Celebrating 85 Years of Service
Organized May 5, 1935*

2019
AIA/HUD SECRETARY AWARD
DESIGN EXCELLENCE
WILLIAMS TERRACE



Once the unit has been approved, the tenant has been given approval by our Office to move in, and leases and contracts have been signed, assistance payments are sent directly to you on behalf of the family on or about the first (1st) day of each month. It will be your responsibility to collect any portion of the rent that the family is responsible for.

If you have any questions about the Housing Choice Voucher Program on matters not covered in this letter, feel free to contact us at your convenience.

Sincerely,

Tina Okenfuss

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