## **Request for Tenancy Approval**

Housing Choice Voucher Program

1. Name of Public Housing Agency (PHA)

## U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169 exp. 7/31/2022

2. Address of Unit (street address, unit #, city, state, zip code)

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

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. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

| 3. Requested Lease Start<br>Date   | 4. Number         | of Bedrooms 5. | Year Constructed                    | 6. Proposed Rent    | 7. Security Deposit<br>Amt   | 8. Date Unit Available for Inspection |  |
|--|-------------------|----------------|-------------------------------------|---------------------|--|---------------------------------------|--|
| 9. Structure Type  |                   |                |                                     | 10. If this unit is | s subsidized, indic  | cate type of subsidy:                 |  |
| ☐ Single Family Deta   | ly under one ro   | ☐ Section 202  | Section 202 Section 221(d)(3)(BMIR) |                     |  |                                       |  |
| Semi-Detached (duplex, attached on one side)   |                   |                |                                     | ☐ Tax Credit        | ☐ Tax Credit ☐ HOME  |                                       |  |
| Rowhouse/Townhouse (attached on two sides)   |                   |                |                                     | ☐ Section 236       | Section 236 (insured or uninsured)                                   |                                       |  |
| Low-rise apartment building (4 stories or fewer)   |                   |                |                                     | ☐ Section 515       | Section 515 Rural Development  |                                       |  |
| High-rise apartment building (5+ stories)  |                   |                |                                     | ,                   | Other (Describe Other Subsidy, including any state or local subsidy) |                                       |  |
| Manufactured Home (mobile home)  |                   |                |                                     |                     |  |                                       |  |
| 11. Utilities and Applian<br>The owner shall provide<br>utilities/appliances indic<br>refrigerator and range/r | or pay for the u  |                |                                     |                     |  |                                       |  |
| Item 5   | Specify fuel type |                |                                     |                     |  | Paid by                               |  |
| Heating  | Natural gas       | ☐ Bottled ga   | s 🗆 Electric                        | ☐ Heat Pump         | □ Oil □ Ot   | :her                                  |  |
| Cooking  | Natural gas       | ☐ Bottled ga   | as 🗆 Electric                       |                     | □ ot   | :her                                  |  |
| Water Heating  | ☐ Natural gas     | ☐ Bottled ga   | as 🗌 Electric                       |                     | □ Oil □ Ot   | :her                                  |  |
| Other Electric   |                   |                |                                     |                     |  |                                       |  |
| Water  |                   |                |                                     |                     |  |                                       |  |
| Sewer  |                   |                |                                     |                     |  |                                       |  |
| Trash Collection   |                   |                |                                     |                     |  |                                       |  |
| Air Conditioning   |                   |                |                                     |                     |  |                                       |  |
| Other (specify)  |                   |                |                                     |                     |  |                                       |  |
|  |                   |                |                                     |                     |  | Provided by                           |  |
| Refrigerator   |                   |                |                                     |                     |  |                                       |  |
| Range/Microwave  |                   |                |                                     |                     |  |                                       |  |

| t<br>is<br>c<br>u<br>r                           | a. The program regulation requires the PHA to certify that<br>the rent charged to the housing choice voucher tenant<br>is not more than the rent charged for other unassisted<br>comparable units. Owners of projects with more than 4<br>units must complete the following section for most<br>recently leased comparable unassisted units within the<br>premises. |  |   |                                  | <ul> <li>Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.</li> <li>The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common</li> </ul>   |                     |  |  |
|--|---|--|---|----------------------------------|--|---------------------|--|--|
| Addr<br>1.                                       | ress and unit number  | Date Rented  | Rental Amount   | -                                | areas have been found to be lead-based paint fre<br>lead-based paint inspector certified under the Fed<br>certification program or under a federally accredi   |                     |  |  |
|  |   |  |   | -                                | State certification program.   | ederally accredited |  |  |
| 2.   |   |  |   | - 🖂                              | A completed statement is attached  | ad containing       |  |  |
| 3.   |   |  |   | Ш                                | disclosure of known information  | on lead-based paint |  |  |
| p<br>s<br>t<br>a<br>li                           | The owner (including a party) is not the parent sister or brother of any the PHA has determined and the family of such cleasing of the unit, not would provide reasonal member who is a perso   | , child, grandpar<br>member of the<br>d (and has notifi<br>determination) t<br>withstanding suc<br>ble accommoda | rent, grandchild,<br>family, unless<br>ied the owner<br>that approving<br>th relationship,<br>tion for a family | suit<br>res<br>14.<br>pro<br>15. | <ul> <li>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.</li> <li>13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.</li> <li>14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.</li> <li>15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.</li> </ul> |                     |  |  |
| Print or Type Name of Owner/Owner Representative |   |  |   | Prir                             | Print or Type Name of Household Head   |                     |  |  |
| Owner/Owner Representative Signature             |   |  |   | Hea                              | Head of Household Signature  |                     |  |  |
|  |   |  |   |                                  |  |                     |  |  |
| Business Address                                 |   |  |   | Pre                              | Present Address  |                     |  |  |
| Telep  | phone Number  | Date   | (mm/dd/yyyy)  | Tele                             | ephone Number  | Date (mm/dd/yyyy)   |  |  |

c. Check one of the following:

12. Owner's Certifications

| Disclosure  | Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards  |   |                                 |  |  |  |  |
|---|---|---|---------------------------------|--|--|--|--|
| Housing built<br>pose health h<br>children and p<br>presence of k | ing Statement before 1978 may contain lead-based azards if not taken care of properly. bregnant women. Before renting presentant lead-based paint and lead-based pamphlet on le                       | Lead exposure is especially had 1978 housing, landlords must sed paint hazards in the dwellin | armful to young<br>disclose the |  |  |  |  |
| Lessor's Di<br>(a)  | sclosure (initial) Presence of lead-based paint or lea  | ad-based paint hazards (check   | one below):                     |  |  |  |  |
|   | 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)   |   |                                 |  |  |  |  |
|   | 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 reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.   |   |                                 |  |  |  |  |
| Lessee's A<br>(c)<br>(d)  | cknowledgment (Initial) Lessee has received copies of all i Lessee has received the pamphlet  |   | I in Your Home.                 |  |  |  |  |
| Agent's Ac<br>(e)   | knowledgment (initial) Agent has informed the lessor of the is aware of his/her responsibility to   |   | U.S.C. 4852(d) and              |  |  |  |  |
| The following   | 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. |   |                                 |  |  |  |  |
| Lessor  | Date  | Lessor  | Date                            |  |  |  |  |
| <b>Lessee</b>   | Date  | Lessee  | Date                            |  |  |  |  |
| Agent   | Date  | Agent   | Date                            |  |  |  |  |
|   |   |   |                                 |  |  |  |  |