Request for Tenancy Approval Housing Choice Voucher Program

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

OMB Approval No. 2577-0169 (exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 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. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released ourside 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 assistance.

Name of Public Housing Agency (PHA)			Address of Unit (street address, apartment number, city, State & zip code)					
3. Requested Beginning Date	e of Lease 4. Nun	nber of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Ui	nit Available for Inspe	ection
9. Type of House/Apartment Single Family Deta		ni-Detached /	Row House	Manufactured Ho	ome Garden / W	alkup	Elevator / High	-Rise
10. If this unit is subsidized, Section 202 Home Other (Describe Of	Section 221 Tax Credit	I(d)(3)(BMIR)		236 (Insured or no	oninsured) Se	ction 515 F	Rural Developme	∍nt
11. Utilities and Appliances The owner shall provide or by a "T". Unless otherwise	pay for the utilities a specified below, the	and appliances in e owner shall pay	dicated below by an " of or all utilities and ap	O". The tenant shall poliances provided by the	provide or pay for the utilitie he owner.	s and applian	ces indicated below	
Item	Specify fuel type					Provided by	Paid by	
Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other			
Cooking	Natural gas	Bottle gas	oil Oil	Electric	Coal or Other			
Water Heating	Natural gas	Bottle gas	oil Oil	Electric	Coal or Other			
Other Electric								
Water								
Sewer								
Trash Collection								
Air Conditioning								
Refrigerator								
Range/Microwave								
Other (specify)								

a. The program regulation requires the P to the housing choice voucher tenant is not r other unassisted comparable units. Owners units must complete the following sectio comparable unassisted units within the p	more than the rer s of projects wi n for most rece	nt charged for the more than 4	c. Check one of the following: Lead-based paint disclosure property was built on or after Januar	requirements do not apply because this y 1, 1978.			
Address and unit number	Date Rented	Rental Amount		vicing the unit, and exterior painted			
1.			surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.				
2.			A completed statement is attached containing disclosure of known information on lead-based paint 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. 13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.				
3.							
b. The owner (including a principal or oth parent, child, grandparent, grandchild, sister family, unless the PHA has determined (and family of such determination) that approving ing such relationship, would provide reasona member who is a person with disabilities. Print or Type Name of Owner/Owner Represer	or brother of any has notified the leasing of the un able accommoda	y member of the owner and the nit, notwithstand-	HUD tenancy addendum.	de word-for-word all provisions of the ection of the unit and will notify the ot the unit will be approved.			
Signature			Signature (Household Head)				
Business Address			Present Address of Family (street address, apartment no., city, State, & zip code)				
Telephone Number		ate (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)			
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12.

Owner's Certifications.