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 Dat	e of Lease 4. Num	ber of Bedrooms 5.	Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Ur	nit Available for Inspecti	ion
9. Type of House/Apartmen Single Family Deta		ni-Detached / Ro	w House	Manufactured Ho	ome Garden / W	alkup	Elevator / High-R	ise
10. If this unit is subsidized, Section 202 Home		sidy. (d)(3)(BMIR)	Section 2	36 (Insured or no	ninsured) Se	ection 515 F	Rural Development	t
Other (Describe O	ther Subsidy, Inclu	uding Any State or	Local Subsidy)					
11. Utilities and Appliances The owner shall provide or by a "T". Unless otherwise						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	Electric	Coal or Other			
Water Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other			
Other Electric								
Water								
Sewer								
Trash Collection								
Air Conditioning					_			
Refrigerator								
Range/Microwave								
Other (specify)								

 The program regulation requires the to the housing choice voucher tenant is not other unassisted comparable units. Owne units must complete the following section 	t more than the re ers of projects wi	nt charged for the more than 4	c. Check one of the following: Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.			
comparable unassisted units within the	premises.		property was saint orror and saintary 1, 1016.			
Address and unit number 1.	Date Rented	Rental Amount	The unit, common areas servicing the unit, and exterior painted 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.			
3.			13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.			
family of such determination) that approvin ing such relationship, would provide reason member who is a person with disabilities. Print or Type Name of Owner/Owner Representations of the such as th	able accommoda		owner and family as to whether or not the unit will be approved. Print or Type Name of Household Head			
Signature			Signature (Household Head)			
Business Address			Present Address of Family (street address, apartment no., city, State, & zip code)			
Telephone Number	D	Pate (mm/dd/yyyy)	Telephone Number Date (mm/dd/yyyy)			
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12.

Owner's Certifications.