## 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. 9/30/2010)

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.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Name of Public Housing Agency (PHA)				2. Address of Unit (street address, apartment number, city, State & zip code)				
3. Requested Beginning Dat	e of Lease 4. No	umber of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit An	it. 8. Date U	nit Available for Inspec	ction
9. Type of House/Apartmen Single Family Det		emi-Detached /	Row House	Manufactured H	Home Garden /	Walkup	Elevator / High-F	₹ise
10. If this unit is subsidized, Section 202	Section 2	21(d)(3)(BMIR)	Section 2	236 (Insured or n	noninsured)	Section 515	Rural Developme	nt
Other (Describe O	Tax Cred		e or Local Subsidy)					
			o or zoodr odbordy,					
11. Utilities and Appliances The owner shall provide or by a "T". Unless otherwise	pay for the utilities	and appliances inc	licated below by an " <b>O</b> y for all utilities and ap	". The tenant shall propliances provided b	rovide or pay for the utilitie: y the owner.	and appliance	s 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	S Oil	Electric	Coal or Other			
Water Heating	Natural gas	Bottle gas	S Oil	Electric	Coal or Other			
Other Electric								
Water	•							
Sewer								
Trash Collection								
Air Conditioning	•							
Refrigerator								
Range/Microwave								
Other (specify)								

<ul> <li>a. The program regulation requires the to the housing choice voucher tenant is not other unassisted comparable units. Owner units must complete the following section comparable unassisted units within the</li> </ul>	t more than the re rs of projects wi on for most rece	ent charged for the	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.				
Address and unit number	Date Rented	Rental Amount	The unit, common areas servicing 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 knowr 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.				
b. The owner (including a principal or o			<ol> <li>The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.</li> </ol>				
parent, child, grandparent, grandchild, siste family, unless the PHA has determined (an family of such determination) that approvin ing such relationship, would provide reason member who is a person with disabilities.	ld has notified the g leasing of the u	owner and the nit, notwithstand-	15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.				
Print or Type Name of Owner/Owner Represe	entative		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	Da	te (mm/dd/yyyy)	Telephone Number Date (mm/dd/yyyy)				
	<b>'</b>		<u>,                                      </u>				

12.

Owner's Certifications.