Form RD 3560-68 (xx-12)

## Request for Tenancy Approval Rural Development Voucher Program

Form Approved
OMB Approval No. 0575-####

U.S. Department of Agriculture Rural Development Rural Housing Service

Please List Full Address of Proposed Rental Unit for Inspection – this information must be complete, accurate, and legible:

| 1. Street Address<br>Apartment Number  |         |                   |   |                     |                           |  |  |
|--|---------|-------------------|---|---------------------|---------------------------|--|--|
| City, County   |         |                   |   |                     |                           |  |  |
| State , Zip Code   |         |                   |   |                     |                           |  |  |
| 2. Requested Beginning Da<br>Lease:  | nte of  | 3.<br>Bedrooms:   | 4. Year Constructed:  | 5. Proposed Rent:\$ | 6. Security<br>Deposit:\$ | 7. Date Unit Available for Inspection:                     |  |
| 8. Type of House/Apartment Single Family Detached Semi-Detached Row House Manufactured Home Garden / Walkup Elevator / High-Rise   |         |                   |   |                     |                           |  |  |
| 9. Owners Certification  | s. Che  | eck one of the fo | ollowing:   |                     |                           |  |  |
| Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.   |         |                   |   |                     |                           |  |  |
|  |         |                   | nit, and exterior painted surf<br>sector certified under the Fe |                     |                           | non areas have been found to be federally accredited State |  |
| 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. |         |                   |   |                     |                           |  |  |
| 10. RD has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.  |         |                   |   |                     |                           |  |  |
| 11 The owner's lease must include word-for-word all provisions of the tenancy addendum.  |         |                   |   |                     |                           |  |  |
| Print or Type Name of  | Owne    | er/Owner Rep      | resentative   |                     |                           |  |  |
| Signature  |         |                   |   |                     |                           |  |  |
| Business Address   |         |                   |   |                     |                           |  |  |
| Telephone Number   |         |                   |   |                     | Date                      |  |  |
| Owner/Owner Represe  | entativ | e Fax Numbe       | r   |                     |                           |  |  |
| Owner/Owner Represe  | entativ | e Email Addr      | ess   |                     |                           |  |  |

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-####. The time required to complete this information collection is estimated to average 10 minutes 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.

| I, the <b>Owner/Owner Representative</b> , understand unit, payments will be made via Electronic Funds this tenant must be at least a twelve-month term ar | Transfer (EFT) and not via hard copy ch | necks. I also understand that the lease that |  |
|--|---|--|--|
| Print or Type Name of Owner/Owner Representati   | ive                                     |  |  |
|  |   |  |  |
| Owner/Owner Representative Signature   | Date Signed                             |  |  |
| I, the <b>Voucher Holder</b> , understand and agree that<br>Contract is signed for this unit. If I move into a ur  |   |  |  |
| Print or Type Name of Voucher Holder   |   |  |  |
| Voucher Holder Signature   | Date Signed                             |  |  |
| Current Address of Voucher Holder (if differ   | ent from proposed unit):                |  |  |
|  |   |  |  |
| Telephone Number   |   | Date   |  |
|  |   |  |  |

12. RD will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

 $\label{eq:USDA} \textbf{us an equal opportunity provider, employer and lender.}$