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. 9/30/2002)

Public reporting burden for this collection of information is estimated to average 5 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. 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.

1. Name of Public Housing Agency (PHA)			2. Address of U	2. Address of Unit (street address, apartment number, city, State & zip code)			
Requested Beginning Date of Lease 4. Number of Bedrooms 5. Year Constructed		ructed 6. Proposed Rent	7. Security Deposit Amount	t 8. Date unit available for inspection			
9. Type of House/Apartmen Single Family Det		ached / Row House	Manufactured	Home Garden / V	I Valkup E	Elevator / High-Rise	
10. If this unit is subsidized, Section 202	indicate type of subsidy: Section 221(d)(3)(BM	IIR) Section 2	236 (Insured or noninsu	red) Section 515	Rural Develop	ment	
11. Utilities and Appliances The owner shall provide or p a "T". Unless otherwise spe				rovide or pay for the utilities ar owner.	d appliances indi	cated below by	
Item	Specify fuel type				Provided by	Paid by	
Heating	Natural gas	Bottle gas	Oil or Electric	Coal or Other			
Cooking	Natural gas	Bottle gas	Oil or Electric	Coal or Other			
Water Heating	Natural gas	Bottle gas	Oil or Electric	Coal or Other			
Other Electric							
Water							
Sewer							
Trash Collection							
Air Conditioning							
Refrigerator							
Range/Microwave							
Other (specify)						_	

a. The most recent rent charged for the above per month. This rent included the following upon the second control of the second		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 or Tribal certification program.			
The reason for any differences between the pri proposed rent in Block 6 is:	or rent and the	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.			
b. The owner (including a principal or other inte parent, child, grandparent, grandchild, sister or brothe family, unless the PHA has determined (and has notifamily of such determination) that approving rental of ing such relationship, would provide reasonable according member who is a person with disabilities.	r of any member of the fied the owner and the the unit, notwithstand-	 13. PHA Determinations. a. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility. b. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum. c. 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 or Other Party Authorized to E	Execute the Lease	Print or Type Name of Family			
Signature		Signature (s)			
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)			
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)		

c. Check one of the following:

12. Owner's Certifications. By executing this request, the owner certifies