ATTENTION LANDLORDS

PLEASE READ THE FOLLOWING!

Due to new HUD regulations, the Housing Authority can use the owner's lease as long as the following provisions are met:

- The lease must comply with State and local law.
- The lease must apply generally to unassisted tenants in the same property.
- The beginning date of the lease must agree with the beginning date of the Housing Authority's contract.
- The lease must contain the names of the owner and the tenant and list all household members who will be living in the unit.
- The lease must contain the address of the unit.

- The lease must identify the term of tenancy and provision for renewal. (Renewal terms)
- The lease must specify the amount of the monthly rent to the owner and the amount of security deposit.
- The lease must specify which utilities and appliances (range and refrigerator) are to be supplied by the owner and which are to be supplied by the family. Please specify who (landlord or tenant) is paying for which utilities.

FOR ALL LANDLORDS:

IF YOUR LEASE INCLUDES ALL OF THE ABOVE. WE MAY USE YOUR LEASE.

Please indicate how you wish to submit the lease for this unit by ($\sqrt{}$) checking one of the following:

- A copy of the executed lease is attached to this Request for Tenancy Approval. I understand that the beginning date of the lease must agree with the beginning date of the Housing Authority's contract.
- A copy of the executed lease will be provided by me at the time I come in to the Housing Authority office to sign the contract. I understand that the beginning date of the lease must agree with the beginning date of the Housing Authority's contract.
- I either do not have a standard lease or my standard lease does not contain all of the aforementioned criteria. I will be using the Housing Authority's model lease.

IN ADDITION, due to new HUD regulations on lead-based paint, Section 5 (year constructed) of this Request for Tenancy Approval Form must be answered, as well as Section 12(c). The Housing Authority cannot accept this Request for Tenancy Approval if either of these questions are not answered. If you are unsure as to the EXACT date this unit was built, please indicate whether it was built before 1960, between 1960 and 1978, or after 1978.

FOR NEW LANDLORDS ONLY

We are required to have this information. It will be your responsibility to contact this office with either your Social Security Number or your Federal Tax ID Number for tax purposes. Please call our office with that information if you do not feel comfortable stating it on the form

do not n	ser commentable stating it on the form			
Social S	Security Number:			
	Tax Identification Number:			
1.	Exact name and address of person Name:			
	Address			
	City:	State:	Zip:	
2.	Exact name and address of person Name:			
	Address:			
	City:	State:	Zip:	
	UD required data: Federal Law r Federal program. Therefore, ple		race and sex of anyone participating	ng
Rac Sex	e: White Black :: Male Female	Hispanic Asian o	or Pacific American Indian	
Signatu	ure of Owner or Manager	Title	Date	

Request for Tenancy Approval

Housing Choice Voucher Program

1. Name of Public Housing Agency (PHA)

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169 exp. 7/31/2022

2. Address of Unit (street address, unit #, city, state, zip code)

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

3. Requested Lease Start Date	4. Number of Bedrooms 5. Year Cons	structed 6. Proposed Rent 7. Security Depos Amt	sit 8. Date Unit Available for Inspection		
9. Structure Type		10. If this unit is subsidized, inc	dicate type of subsidy:		
Single Family Detached	d (one family under one roof)	Section 202 Section	Section 202 Section 221(d)(3)(BMIR)		
Semi-Detached (duple)	x, attached on one side)	☐ Tax Credit ☐ HOME			
Rowhouse/Townhouse	(attached on two sides)		_		
Low-rise apartment bui	lding (4 stories or fewer)		☐ Section 236 (insured or uninsured) ☐ Section 515 Rural Development		
High-rise apartment bu	ilding (5+ stories)	☐ Section 515 Rural Develop			
Manufactured Home (r	nobile home)		Other (Describe Other Subsidy, including any state or local subsidy)		
Utilities and Appliances The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.					
Item 5	Specify fuel type		Paid by		
Heating [☐ Natural gas ☐ Bottled gas ☐	Electric	Other		
Cooking	☐ Natural gas ☐ Bottled gas ☐	Electric	Other		
Water Heating	☐ Natural gas ☐ Bottled gas ☐	Electric Oil O	Other		
Other Electric	NOTE: Senarate meters must h	e provided for any tenant paid utilities			
Water	Tro 121 deparate meters mast s	e provided for any tenant paid dimines			
Sewer					
Trash Collection					
Air Conditioning	Select if applicable: Central Air	Window A/C None			
Other (specify)	Last rent Charged for this unit:				
	S		Provided by		
Refrigerator	Reason for rent increase:				
Range/Microwave					

12. Owner's Certifications				c.	Check one of the following:			
a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4				Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.				
units must complete the following section for most recently leased comparable unassisted units within the premises.				☐ The unit, common areas servicing the unit, and exteri painted surfaces associated with such unit or commo areas have been found to be lead-based paint free by				
Ad	dress and unit number	Date Rented	Rental Amount	_	lead-based paint inspector certified under the Federal			
1.				_	certification program or under a f State certification program.			
2.				-	A completed statement is attache	nd containing		
3.					disclosure of known information	on lead-based paint		
b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. *Included in the above are step relationships			sui res 14. pro 15. no	 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 responsibility. 14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum. 15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved. 				
Print or Type Name of Owner/Owner Representative				Print or Type Name of Household Head				
Owner/Owner Representative Signature			Hea	Head of Household Signature				
Business Address			Pre	Present Address				
Tel	ephone Number	Da	re (mm/dd/yyyy)	Tel	ephone Number	Date (mm/dd/yyyy)		

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Les	sor's Di	sclosure							
(a)	Presen	Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):							
	(i)	(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).							
	(ii)		ge of lead-l	pased paint and/or lead-based pa	aint hazards in the				
(b)	Record	housing. s and reports available to	the lessor	(check (i) or (ii) below):					
. ,		Lessor has provided the	e lessee wit	h all available records and repord paint hazards in the housing (l					
	(ii) Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.								
Les	see's Ao	knowledgment (initial)							
(c)		_ Lessee has received co	pies of all ir	nformation listed above.					
(d) Lessee has received the pamphlet Protect Your Family from Lead in Your Home.									
Age	ent's Ac	knowledgment (initial)							
(e)		_ Agent has informed the is aware of his/her resp		he lessor's obligations under 42 o ensure compliance.	U.S.C. 4852d and				
Cei	rtificatio	n of Accuracy							
		ng parties have reviewed the tion they have provided is tr		n above and certify, to the best of th rate.	eir knowledge, that				
Les	sor	1	Date	Lessor	Date				
Les	see]	Date	Lessee	Date				
Age	ent		Date	Agent	Date				