

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. 04/30/2026

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.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. 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	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner’s Certifications

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 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

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.

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.
- 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.
- 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.

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.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Disclosure of Information on Lead-Based Paint and 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 taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

Lessor's (Landlord's) Disclosure (initial)

____ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

____ (b) Records and reports available to the lessor (check one below):

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's (Tenant's) Acknowledgement (initial)

____ (c) Lessee has received copies of all information listed above.

____ (d) Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgement (initial)

____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C.4582(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Landlord (Lessor) Date

Landlord (Lessor) Date

Tenant (Lessee) Date

Tenant (Lessee) Date

Agent Date

Agent Date

HOUSING AUTHORITY INFORMATION (part 1)

Property Owner's Name(s): _____
(if more than one name, list all as they appear on the deed to the property)

Address: _____

Phone number(s): _____ Email Address: _____

Manager's Name (person responsible for signing documents):

Manager's Address: _____

Phone number(s): _____

ALL RENTAL PAYMENTS WILL BE MADE BY DIRECT DEPOSIT.

I understand that I will be required to provide my banking information, as well as my social security number, to the Housing Authority.

MISCELLANEOUS 1099 WILL BE SENT TO THIS PERSON FOR RENTAL PAYMENTS:

Name(s): _____

Address: _____

Phone Number(s): _____ (please include cell numbers)

I certify that there is no blood relationship between the proposed tenant(s) (including all members of the assisted tenant family) and myself, the landlord. This covers: parent, child, grandparent, grandchild, sister or brother of the above tenant(s). There can be no relationship. If new members are added, they are subject to the same restriction and any relationship must be accurately disclosed.

I certify that no additional charges to the tenant for use of additional buildings, for services, or for pets, are included in the contract rent.

Landlord's Signature Date

Landlord's Signature Date

HOUSING AUTHORITY INFORMATION (part 2)

The rent for the unit located at :

_____ Street Address including apartment number

_____ City, State, Zip

And proposed to be rented/occupied by: _____

Who is responsible for lawn care? Landlord Tenant
Who is responsible for snow removal? Landlord Tenant
Who owns the stove? Landlord Tenant
Who owns the refrigerator? Landlord Tenant
Are pets allowed on premises? Yes No

If yes, are there any stipulations? _____

Type of Unit: Apartment: floor# _____, describe inner/end/middle _____
 Mobile Home Single (detached home) Half of a Double or Townhouse
 How many units are in the building? _____

Township/Borough in which property is located: _____

Square Feet (If a mobile home, list size): _____ **Date Built:** _____

Amenities:

Range Refrigerator W/Dryer Connection Private Patio/Deck
 Carpet Dishwasher Garbage Disposal Garage/Carport
 Storm windows Screens Laundry facilities Other _____
 Fireplace Wood Stove

Facilities: Storage Parking Playground Other _____
Type of Heat: _____ Heat Pump (Elec. Heat Only)

Location: Type of Neighborhood: _____

Accessibility to Services: Stores Schools Med. Facilities Transportation

Accessible to Handicapped: Yes No

Includes the following:

_____ Bedroom(s) _____ Kitchen _____ Living room _____ Dining Room
_____ Bathroom(s) _____ Attic Area _____ Basement Area _____ Porch
_____ Deck Area _____ Garage/Carport _____ Other (describe)

Are there any buildings that are not connected to the house living area, but are included in the rent and the tenant has use of? Yes No

If yes, please explain: _____

Are there any additional charges to the tenant for use of additional buildings or services, or for pets? If yes, please describe: _____

Please note that no charges in excess of rent can be included in the Housing Assistance Payment.

Landlord

Tenant (s)

Date

Date