

Please Read!

WAS THIS HOME BUILT BEFORE 1978???

Will there be children under 6
Years of age living in the home?

Are there going to be any
Pregnant Occupants?

We want to place our clients in your home. We don't want to cause landlords extra costs and complications because of deteriorated paint.

Unstable paint will cause the home to fail and landlords may be prohibited to make repairs themselves if the amount of peeling paint exceeds HUD Limits. Section 8 Vouchers cannot be used for a home with deteriorated paint unless proper stabilization procedures are met by licensed EPA professionals.

BEFORE YOUR INSPECTION---PLEASE!

SCRAPE IT! PAINT IT! TOUCH IT UP! Make unit Rent Ready!

Avoid costly and complicated regulation compliance by making sure ALL painted surfaces inside the home, outside the home and, anything on the property does not have chipped/peeling/deteriorated paint – BEFORE WE INSPECT-.

For ALL New Lease Ups - Unit must be "Rent Ready" and vacant before we will inspect (unless this is a lease in place)

If unit is not "Rent Ready" when we arrive to inspect, we will not conduct the inspection

If you have questions about Lead Based Paint, call Linda at 237-1914.
All other questions, please contact the office at 245-6391.

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. 09/30/2017)

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. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) HOUSING AUTHORITY OF BILLINGS 2415 1st Ave N Billings, MT 59101	2. Address of Unit (street address, apartment number, city, State & zip code)
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3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection
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9. Type of House/Apartment

Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202
 Section 221(d)(3)(BMIR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development
 Home
 Tax Credit
 Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric	[This area is heavily obscured by a large, dense, illegible stamp or noise.]		
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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 own 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 as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		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	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Section 8 Rental Assistance Program Property Amenities

Property Manager/Owner _____ Phone _____

Address of Manager/Owner _____

Address of Rental Unit _____

Name of Tenant _____

Census Tract (Office Use Only) _____

Unit Information

Number of Bedrooms _____ Contract Rent \$ _____ Deposit \$ _____

Square Footage _____ Date Built _____ # of Bathrooms _____

Type of Unit Single Family Detached Duplex/Two Family/Semi-Detached

Rowhouse/Townhouse Low Rise ↓ 4 stories including garden apartment

High Rise ↑ 4 stories Manufactured Home Group Home Mobile Home Pad

Utilities (Please place an O for any utilities paid by owner and a T for those tenant pays)

Heat _____ Natural Gas Electric Propane

Cooking _____ Natural Gas Electric Propane

Water Heat _____ Natural Gas Electric Propane

Air Cond _____

Electricity _____ **Owner Pays All Utilities** YES NO

Water _____

Sewer _____ Utility Allowance (office use only) \$ _____

Please check all that apply to unit:

- Carpet Patio/Porch/Deck Wood Stove Playground Storm Windows
- Washer/Dryer Connection Laundry Facilities Range/Stove Dishwasher
- Fireplace Storage Parking Screens Refrigerator Microwave
- Handicap Accessibility Garage/Carport Garbage Disposal Central Air
- Window Air Conditioner Provided

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 rental. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (**check (i) or (ii) below**):

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

(ii) ___ 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 (i) or (ii) below**):

(i) ___ 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).

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

Lessee's Acknowledgment (**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.

Certification of Accuracy

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

Tenant/Lessee Date

Tenant/Lessee Date

Tenant/Lessee Date

Tenant/Lessee Date

Agent/Owner/Lessor Date

FOR HOUSING TAX CREDIT and HOME PROPERTIES ONLY

Owners/Landlords of HTC and HOME Properties ONLY Must Complete

Program regulations require the PHA to certify the initial rent to owner is a reasonable rent. To make this determination, this form must be completed.

Unit located at: _____

TAX CREDIT ONLY: OWNER'S CERTIFICATION. Please sign A or B

A. I certify that the rent being charged for the above unit is not more than what is being charged for other non-assisted units at the project.

Print Name of Owner/Representative _____
Date

OR

B. If the rent is more than what is being charged for other non-assisted units at this project, I understand that the gross rent will be limited to the LESSER of reasonable rent as determined pursuant to a rent comparability study and the payment standard for the unit size involved.

Print Name of Owner/Representative _____
Date

FOR OFFICE USE ONLY - Housing Authority Specialist Please Complete

Tax Credit Unit

Did owner/landlord sign the Owner's Certification A?

- Yes - STOP no Rent Reasonable comparison report is required.
 - No - perform rent reasonable and gross rent is limited to LESSER of reasonable rent or the payment standard.
- Payment standard for unit size = \$ _____ **REF 24 CFR 982.507(c)**

HOME UNITS ONLY: OWNER'S CERTIFICATION. Please sign

I certify that the rent being charged for the above unit is not more than what is being charged for other non-assisted units in the premises.

Print Name of Owner/Representative _____
Date

Please list HOME units that are NOT voucher assisted where the gross rent is equal to or greater than the gross rent of the requested unit.

Address of Unit	# Bed	Current or Proposed Tenant has a Section 8 voucher?	Is this unit a HOME unit?	Contract Rent (CR)	HOME Utility Allowance (UA)	Gross Rent (CR+ UA)
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

FOR OFFICE USE ONLY - Housing Authority Specialist Please Complete

HOME Unit

Did owner/landlord sign Owner's Certification AND provide comparable HOME units of greater than or equal gross rent that are NOT voucher assisted in the premises or elsewhere?

- Yes - STOP no Rent Reasonable comparison report is required.
- No - Do NOT approve RTA.

REF 24 CFR 982.507(c)