

READ- IMPORTANT INFORMATION!

Please complete and return the following items so that we can process your request and order an inspection:

- Request for Tenancy Approval packet
 - Request for Tenancy Approval
 - Property Amenities
 - Lead Paint Disclosure form (see more information on lead paint, below)
- Copy of proposed lease (lease form you use, may be blank)
- W-9
- Owner Certification
- Direct deposit form (fastest way to receive payment, may opt out)

If items are not completed/returned, processing of your request may be delayed and/or denied.

WAS THIS HOME BUILT BEFORE 1978???

Will there be children under 6 years 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. Housing Choice 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-

**ALL units 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 Action at 208-4449.
All other questions, please contact the office at 245-6391.**

A LANDLORD/OWNER'S GUIDE TO COMMON HOUSING QUALITY STANDARD (HQS) INSPECTION FAILED ITEMS

This list is in no particular order and does not cover every possible fail item but does provide you a good idea of what to look for. Units must pass inspection before a lease and contract will become effective with the Housing Choice Voucher (HCV) program.

1. **Deteriorated paint** - This applies to all painted surfaces in housing built in 1978 or before in which a pregnant woman or a child under the age of 6 lives or is expected to live. This includes all painted surfaces in the interior of the apartment and all painted surfaces in common and exterior areas accessible to a pregnant woman or a child under the age of 6. Areas of deteriorated paint are particularly common in window wells (the part of the window that the sashes close on), areas under kitchen sinks, the interior of closets and pantries, door and window interior trim and wear surfaces, interior ceilings particularly in bathrooms and exterior siding and trim.
2. **Improperly wired/broken outlets** - Reversed polarity, 3-pronged outlets with no ground, faulty GFI outlets and so forth.
3. **No ventilation in bathroom** - There must be an operable window, a power vent, or a gravity vent.
4. **Missing circuit breakers** – Open slots in electrical panels, missing covers on electrical boxes and water heaters, missing/broken switch plates or outlet covers.
5. **Plumbing** – Leaks under sinks.
6. **Toilet loose on flange, broken or clogged**
7. **Clogged drains**
8. **Missing or broken heater covers**
9. **Interior wall holes in exterior walls**
10. **Deadbolts** – On exterior doors that require a key to operate both on the inside and the outside.
11. **Broken window panes, missing sashes, windows that won't open** – If a window is intended to open, it must open and lock.
12. **Broken, missing window locks, windows that are nailed shut**
13. **Entry doors that are not secure**
14. **Handrails** – Required for stairways with four or more stairs. Guardrail is required around a porch or balcony that is approximately 30 inches or more above the ground.
15. **Expired fire extinguisher/elevator/boiler inspection certificates.**
16. **Inoperable stove burner or oven.**
17. **Leaking or inoperable refrigerator**
18. **Ripped linoleum, cracked or missing floor tiles, no finish on floor.**

19. **Smoke detectors** – There must be one working smoke detector on each level of the home. Smoke detectors must be present and in working order – no low tones or missing batteries.
20. **Hallway emergency lights won't operate**
21. **Bathroom sink, vanity, shower stall not attached to the wall**
22. **Leaking plumbing supply or waste pipes/valves in basement**
23. **Hot water** – Must have a temperature and pressure relief valve and discharge line which extends to within 6 inches from the floor. In a mobile home, the discharge lines must extend through the floor.
24. **Hot water heater is safely located and installed**
25. **Little or no hot water**
26. **Infestation by pests** (including but not limited to mice, rats, fleas, bedbugs, etc.)
27. **Inadequate fire egress, particularly in bedrooms**
28. **Hanging electric wires, open/unterminated electric wires**
29. **Broken door slab/frames**
30. **Excessive trash and debris** – on exterior grounds and dumpster areas
31. **Oil burner/furnace needs annual cleaning service**

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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- 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/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

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/Wall Air Conditioner Provided

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 rent to owner is a reasonable rent. To make this determination, this form must be completed (initial and increase).

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.

Signature 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.

Signature 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.

Signature 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)**