

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. 7/31/2022

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.

| | | | | | |
|---|-----------------------|---------------------|---|-------------------------|---------------------------------------|
| 1. Name of Public Housing Agency (PHA) <small>Central Virginia Housing Coalition</small> 2300 Charles Street Fredericksburg, VA 22401 | | | 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) | | |
| Refrigerator | | Provided by |
| 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.

SAMPLE

| | | | |
|--|-------------------|--------------------------------------|-------------------|
| 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) |

REQUEST FOR TENANCY APPROVAL (RTA) ATTACHMENT

**Utilities and Energy
Efficient Information:**

Number of Exposed Walls: _____ Square Footage: _____ Subdivision: _____

of Bathrooms: (Full) _____ (Half) _____ Handicap Accessible: Yes No

Amenities / Facilities (please circle):

| Carpet | Dishwasher | Garbage Disposal | Range/Microwave | Fireplace/Woodstove | Patio/Porch/Deck | Storage |
|--------|------------|------------------|-----------------|---------------------|------------------|---------|
| Y N | Y N | Y N | Y N | Y N | Y N | Y N |

| Garage/Carport | Parking | W/D included | W/D Connection | Playground | Screens | Storm Windows |
|----------------|-----------------|--------------|----------------|------------|---------|---------------|
| Y N | Street Driveway | Y N | Y N | Y N | Y N | Y N |

Owner (please print):

Name: _____ SSN or TIN: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Payee (if different than owner, please print):

Name: _____ SSN or TIN: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Is the unit currently vacant? Y N If no, what is anticipated vacate date? _____

What is anticipated "turnover" completion date? _____ (if not currently vacant)

Date utilities will be turned on: _____ Are all appliances installed and working? Y N

Owner/Agent has read and understands the attached inspection guidelines and is aware of the Landlord Briefing. In addition, Owner/Agent is aware that, per HUD regulations, CVHC has 15 days from the "ready" date to schedule an initial inspection.

Owner/Agent Signature _____

Date _____

**ALL INFORMATION MUST BE COMPLETED OR RTA MAY BE REJECTED.
YOU MUST ATTACH A COMPLETED UNSIGNED LEASE WHEN SUBMITTING THIS FORM**