



HRA Rep Name _____
 Initial _____ Move _____
 Child. Under 6 Y _____ N _____
 Effective date of Voucher _____

Return Form to:

HCV Size _____

390 Robert Street North
 St. Paul, MN 55101
 •Phone 651-602-1428 •Fax 651-602-1313 •TTY 651-291-0904

IMPORTANT DEADLINE:
 This form is due by the 15th of the month for assistance to start on the 1st of the next month. **Please Note:** If this form is returned after the 15th but on or before the last day of the month, assistance can begin no sooner than the 15th of the next month. For moves outside of Metro HRA jurisdiction the RTA must be returned by the 10th.

Request for Tenancy Approval

Housing Choice Voucher Program
 US Department of Housing and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577-0169 (Exp. 04/30/2014)

Address of Unit: <i>(street address, apartment number, city, state & zip code).</i>	Lease Begins:	Number of bedrooms:
	*Year Built:	Security Deposit: \$
Lease Term: ___ month to month ___ 6 month ___ 12 month ___ other Rent Special Included <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Rent: \$	Date Available for inspection
Type of House/Apartment: • Single Family • Duplex /Twin home <i>(2 connected units)</i> • Apartment/Townhouse <i>(3 or more connected units)</i> • Mobile Home • Other		
If the unit is subsidized, indicate the type of subsidy: • Section 236 <i>(Insured or noninsured)</i> • Section 515 <i>(Rural Development)</i> • Section 202 • Section 221 <i>(d) (3) (BMIR)</i> • Home • Tax Credit • Other <i>(describe other subsidy, including any State or Local subsidy)</i>		

UTILITIES PAID BY TENANT: Please **X** those **paid by tenant** and **circle** the type of energy source:
 *Please note in order for tenant to be responsible for any utilities the source must be separately metered.

_____ Heat <i>(circle source)</i> Gas Electric Bottle Gas Fuel Oil	_____ Lights, Refrigeration and Miscellaneous Electricity	
_____ Water Heating = Source to heat the water <i>(circle source)</i> Gas Electric Bottle Gas Fuel Oil	_____ Trash	_____ Water/Sewer
_____ Cooking Fuel <i>(circle source)</i> Gas Electric Bottle Gas Fuel Oil		

•Does the Tenant provide the Stove? ___ Yes ___ No •Does the Tenant provide the Refrigerator? ___ Yes ___ No

ADDITIONAL INFORMATION:

Is a garage included in the rent? ___ Yes ___ No; If yes, is the garage optional? ___ Yes ___ No;
 If the garage is optional, how much is attributed to the garage rent? \$_____.

METRO HRA DETERMINATIONS:

- a. The Metro HRA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.
- b. The owner's lease must include word for word, all provisions of the HUD tenancy addendum.
- c. The Metro HRA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

OWNER CERTIFICATION: The owner, by executing this request certifies the following:

- a. The most recent rent charged for the above unit was \$_____ per month. The rent included the following utilities: _____.

b. The reason for any differences between the prior rent and the rent proposed above is:

c. 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 complexes 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.		

d. 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 rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

e. 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 or Tribal 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. **If you need a copy of this statement, please contact the Metro HRA.***

Painting/Repair of deteriorated paint surfaces on units built before January 1, 1978 must be completed by an individual certified in lead-based paint safe work practices. FREE certification training is available through the HRA every other month.

SIGNATURES REQUIRED BELOW

<p>OWNER/MANAGER</p> <p>PRINT NAME OF OWNER AND PROPERTY MANAGER IF APPLICABLE</p> <p>Have you worked with Metro HRA before? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If yes, what is your Metro HRA Vendor #?</p> <hr/> <p>Metro HRA Vendor Number if known What other properties have we paid you for?</p> <hr/> <p>X _____ X _____ <i>Signature</i> <i>Date</i></p> <hr/> <p>Owner Address</p> <hr/> <p>City State Zip</p> <hr/> <p>(Daytime Telephone Number)</p> <hr/> <p>Owner E-mail Address</p> <hr/> <p>* The Metro HRA will need a copy of the lease and the lead based paint disclosure form signed by the owner and tenant before a housing assistance payment will be authorized.</p>	<p>Tenant</p> <p>X _____ X _____ <i>Signature</i> <i>Date</i></p> <hr/> <p>Authorization: <i>I understand that according to federal regulations for the Section 8 Housing Choice Voucher Program the Housing Authority is required to provide the owner my current address and name and address of the landlord at my current and prior address, if known. By signing this form I am authorizing the release of this information to the owner of rental property where I am requesting to receive assistance.</i></p> <p>TENANT (Print or Type)</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Mailing _____</p> <p>Address: _____ (if different than above)</p> <hr/> <p>Current Landlord Name Phone</p> <hr/> <p>Current Landlord Address</p> <hr/> <p>City State Zip</p> <hr/> <p>Participant's Previous Address: _____</p> <hr/> <p>Previous Landlord Name Phone</p> <hr/> <p>Previous Landlord Address</p> <hr/> <p>City State Zip</p>
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Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

* form HUD 52517 (08/02) shared/comm.dev/hra/forms/moveforms/RTA

SAMPLE