

Received

Date _____

Time _____

Request for Tenancy Approval



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.

- AHFC has not screened the household's behavior or suitability for tenancy. **Such screening is the owner's responsibility.** Upon owner's request, AHFC will make available, if known, the family's current and prior address as well as the current prior landlord information.
- The tenancy addendum (supplied by AHFC) is attached to the owner's lease.
- Once the complete package is submitted, AHFC will arrange for inspection of the unit and will notify the owner and participant as to whether or not the unit will be approved.

Head of Household Name _____

Unit Information

Unit Address (street address, unit number, city, state, zip code) _____ No. of Bedrooms _____

Year Constructed	Proposed Rent	Security Deposit	Date Available for Inspection	Proposed Lease Start Date

- Single Family Duplex or Two Family Row/Town House Low Rise (3-4 stories)
 Mobile Home Single Room Occ. (SRO) High Rise (5+ stories) Independent Group Home
 Other _____

If this unit is subsidized, indicate type of subsidy

- Section 202 Tax Credit (LIHTC) \$ _____ Section 236 (insured or noninsured)
 Section 221(d)(3)(BMIR) Section 515 Rural Development HOME High HOME Rent: \$ _____
 Housing Trust Fund High HTF Rent: \$ _____ Other _____

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	Fuel Type	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		
Water		
Sewer		
Trash		



Owner's Certifications

1. Owners of projects with more than four (4) units must complete the following section with the most recently leased comparable unassisted units within the premises.

Number of Units in the Complex _____

Address and Unit Number of Units with Same Number of Bedrooms as Unit on Page 1	Date Rented	Rental Amount	Utilities Included in Rent?
		\$	
		\$	
		\$	

2. 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.
3. 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 AHFC has determined that approving leasing of the unit would provide a reasonable accommodation for a family member who is a person with disabilities.
4. By executing this request, the owner certifies that:
 - (a) the information provided on this form is true and complete; and
 - (b) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract.

Signatures

Owner or Owner Representative Signature		Owner Printed Name	
Telephone	Telephone	Date	
Owner Email			
Adult Household Member Signature		Adult Household Member Printed Name	
Telephone	Telephone	Date	
Family Email			

For AHFC Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AHFC Representative Signature	Date
Initial Inspection Date	Comments	