

Request for Tenancy Approval

Housing Choice Voucher Program

Your request will be processed in the order in which it is received. Kindly note that repeated phone calls for status updates will only serve to delay the processing of your request.

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.

Harford County Housing Agency 15 South Main Street , Suite 106 Bel Air, MD 21014			2. Address of Unit (street address, apartment number, city, state & zip code)		
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
9. Type of House/Apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Older Converted <input type="checkbox"/> Row House / Garden Apt.					
<input type="checkbox"/> High Rise <input type="checkbox"/> Mobile <input type="checkbox"/> Two/ Three Family Duplex <input type="checkbox"/> Older Multi Family <input type="checkbox"/> Other _____					
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"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development					
<input type="checkbox"/> Home <input type="checkbox"/> Tax Credit					
<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 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				
Water				
Sewer				
Trash Collection				
Air Conditioning				
Refrigerator				X
Range/Microwave				X
Other (specify)				

Check all items that are included in the rent of the unit.
 Attached garage
 Dishwasher
 Fenced yard
 Storm windows/doors
 Central air
 Deck
 Washer
 Dryer
 Garbage disposal
 Finished basement
 Security system
 High quality floor coverings/ rugs
 Other _____
 Number of bathrooms _____

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.

UPON REQUEST, FAMILY INFORMATION REGARDING FAMILY TENANCY HISTORY AND CRIMINAL ACTIVITY WILL BE RELEASED. CRIMINAL HISTORY MAY BE AVAILABLE AT: <http://casesearch.courts.state.md.us/inquiry/inquiry-index.jsp>

Print or Type Name of Owner(s)		Print or Type Name of Household Head	
Signature of Owner(s)		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)

City of Havre de Grace Rental Registration Number: _____

If this unit is imanaged by an agent, please provide the following information (please print or type):

Name of Agent: _____

Mailing Address: _____

Agent is authorized to execute Leases & HAP Contracts on owner's behalf? Yes No

Rate quality and condition of unit: Above Average Average Below Average

Accessibility Hearing Sight Mobility Other _____

Owner's signature certifies all information provided is true and complete, that he/she has not been barred from participating in any federally-funded housing programs.