

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) EVERETT HOUSING AUTHORITY	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
-------------------------------	-----------------------	---------------------	------------------	-------------------------	---------------------------------------

<p>9. Structure Type</p> <p><input type="checkbox"/> Single Family Detached (one family under one roof)</p> <p><input type="checkbox"/> Semi-Detached (duplex, attached on one side)</p> <p><input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)</p> <p><input type="checkbox"/> Low-rise apartment building (4 stories or fewer)</p> <p><input type="checkbox"/> High-rise apartment building (5+ stories)</p> <p><input type="checkbox"/> Manufactured Home (mobile home)</p>	<p>10. If this unit is subsidized, indicate type of subsidy:</p> <p><input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)</p> <p><input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME</p> <p><input type="checkbox"/> Section 236 (insured or uninsured)</p> <p><input type="checkbox"/> Section 515 Rural Development</p> <p><input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____</p>
--	--

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.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Address Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Dominic Puleo
Chairperson

John Barrett
Philip Colameta
Robert Norton

Stephen Keigo
Executive Director



EVERETT HOUSING AUTHORITY

393 FERRY STREET, EVERETT, MASSACHUSETTS 02149
PHONE (617) 387-6389 FAX (617) 389-4936
TDD (800) 545-1833 Ext. 111

In addition to the information you have entered on the attached Request for Tenancy Approval, HUD also required that the Housing Authorities compare your property to similar units in your local area.

Please complete the following, so that we may proceed as quickly as possible with your request.

Apartment Sq. Feet _____ No. of Bathrooms _____

Type of Unit: () Mobile Home, () High Rise with elevator, () Row house/Garden
() 2-3 Family/Duplex(Semi-Detached), () Older multi-Family(Low Rise),
() Older home Converted (Semi Detached) () Single Family Home

Maintenance: Check if provided by Owner () Lawn () Pest Control () Trash

Amenities: Check if provided by Owner: () Washer () Dryer () Dishwasher
() Microwave () Refrigerator () Hookup in unit () Garbage Disposal
() Ceiling Fan () Gated Community () Pool

Heat Type: () Central () Heat Pump () Window/Wall () Space () Central
() None

Air Conditioning: Check if provided by owner: () Window () Central () None

Exterior Features: () Porch () Balcony () Deck () Patio

Parking: No. of spaces check all that apply: () Street () Driveway () Covered
() Car Port () Garage () Assigned

Lot Size: () 1/4 Acre () 1/4 to 1/2 Acre () 3/4 to 1 Acre () 1 Acre





EVERETT HOUSING AUTHORITY

393 FERRY STREET, EVERETT, MASSACHUSETTS 02149
PHONE (617) 387-6389 FAX (617) 389-4936
TDD (800) 545-1833 Ext. 111

Board of Commissioners

Dominic Puleo
Chairperson

John Barrett
Phillip Colameta
Robert Norton

Stephen Kergo
Executive Director

SECTION 8 LANDLORD CERTIFICATION

Re:

Street Address of Assisted Unit

City/Town

State

Zip

Ownership of Assisted Unit

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

I understand that the amount of security deposit and the tenants portion of the contract rent are determined by the Housing Authority, and that it is illegal to charge any additional amounts for rent which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand that should the assisted unit become vacant, I am responsible to notify the housing authority immediately in writing.

Administrative and Criminal Actions for Intentional Violations

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Signature of Landlord/Agent

Date

Warning – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.



Equal Housing Opportunity

Tenant Certification Form

Required Federal 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 dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention. The Massachusetts Tenant Lead Law Notification and Certification Form is for compliance with state and federal lead notification requirements.

Owner'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) Owner/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the owner/lessor (Check (i) or (ii) below):

(i) Owner/Lessor has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (circle documents below).

Lead Inspection Report; Risk Assessment Report; Letter of Interim Control; Letter of Compliance

(ii) Owner/Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment (initial)

(c) Tenant has received copies of all documents circled above.

(d) Tenant has received no documents listed above.

(e) Tenant has received the Massachusetts Tenant Lead Law Notification.

Agent's Acknowledgment (initial)

(f) Agent has informed the owner/lessor of the owner's/lessor's obligations under federal and state law for lead-based paint disclosure and notification and is aware of his/her responsibility to ensure compliance.

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.

_____ Owner/Lessor	_____ Date	_____ Owner/Lessor	_____ Date
_____ Tenant	_____ Date	_____ Tenant	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

Owner/Managing Agent Information for Tenant (Please Print):

_____ Name	_____ Street	_____ Apt.
_____ City/Town	_____ Zip	_____ Telephone

I (owner/managing agent) certify that I provided the Tenant Lead Law Notification/ Tenant Certification Form and any existing Lead Law documents to the tenant, but the tenant refused to sign this certification.

The tenant gave the following reason:

The Massachusetts Lead Law prohibits rental discrimination, including refusing to rent to families with children or evicting families with children because of lead paint.

Contact the Childhood Lead Poisoning Prevention Program for information on the availability of this form in other languages.

Tenant and owner must each keep a completed and signed copy of this form.

**EVERETT HOUSING AUTHORITY
SECTION 8 RENT COMPARABILITY CERTIFICATION
FOR NON-SUBSIDIZED UNITS ONLY**

DATE _____

RENT _____

ADDRESS _____

I CERTIFY THAT THE CONTRACT RENT FOR THE ABOVE REFERENCED UNIT, WHICH IS SUBSIDIZED BY THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM DOES NOT EXCEED THE RENTS WHICH I AM RECEIVING FOR THE OTHER UNITS WHICH I OWN OF THE SAME BEDROOM SIZE WITH COMPARABLE AMENITIES. THE RENT WHICH I RECEIVE FOR OTHER UNITS OF THE SAME SIZE, FLOOR, LOCATION AND COMPARABLE AMENITIES IS:

ADDRESS	ADDRESS	ADDRESS
\$ _____ Rent	\$ _____ Rent	\$ _____ Rent
_____ # of BDRMS	_____ # of BDRMS	_____ # of BDRMS
AMENITIES _____	AMENITIES _____	AMENITIES _____
AGE AND TYPE OF HOUSE _____	AGE AND TYPE OF HOUSE _____	AGE AND TYPE OF HOUSE _____
UTILITIES & MAINT. INCLUDED _____	UTILITIES & MAINT. INCLUDED _____	UTILITIES & MAINT. INCLUDED _____

*PLEASE ATTACH AN EXPLANATION IF YOU HAVE A COMPARABLE UNIT WITH A DIFFERENT RENT; A BASEMENT ONE BEDROOM APARTMENT MAY RENT FOR LESS THAN A SECOND FLOOR APARTMENT OF THE SAME SIZE.

OWNER SIGNATURE _____

DATE _____

FOR FEES AND PENALTY OF PERJURY