



**FAMILY EMPLOYMENT AND HOUSING RENTAL ASSISTANCE PROGRAM
REQUEST FOR UNIT APPROVAL**

Tenant Name _____ Application No. _____

Landlord Name _____ Phone No. _____

Address _____ City, State, Zip _____

Unit No. and Address _____ No. of Bedrooms _____

INSTRUCTIONS:

This form should be completed by the Tenant and the Landlord to request the Housing Authority's approval of the unit for which the Tenant has elected to receive rental assistance.

Landlord: Please read the sample Lease Addendum and information about Housing Quality Standards provided in the Tenant's Rental Packet. After the Tenant submits this request to the Housing Authority, a staff member will contact you to arrange for an inspection. The Housing Authority is not responsible for any part of the rent prior to unit approval and execution of the Contract. Please attach a copy of your proposed lease to this form.

Tenant: With the Landlord, fill out this form completely and return it to: _____.
Do not sign a lease until the [program administrator] has inspected and approved the unit.

(1) Type of Unit: Single Family Semi-detached/Row House Garden/Walk up
 Elevator/High Rise Mobile Home Date Constructed: _____

(2) Most recent rent charged:
Were the same utilities/appliances included in the rent: Yes No

(3) <u>Utilities and Appliances</u>	<u>Provided by Owner</u>	<u>Provided by Tenant</u>
Heating (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>
Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

OWNER CERTIFICATION: By executing this request, the owner agrees that the required Lease Addendum is acceptable and certifies that: (1) the information provided on the form is accurate and true; (2) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract; (3) the unit currently meets Housing Quality Standards (or will be brought to HQS standard before the Rental Assistance Contract is executed; and (4) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, or familial status.

Tenant Name (Type or Print)

Signature

Date

Landlord Name (Type or Print)

Signature

Date

