

**Request for Tenancy Approval  
Housing Choice Voucher Program**

**U.S. Department of Housing  
and Urban Development (HUD)  
Office of Public and Indian Housing**

**OMB Approval No. 2577-0169  
(exp. 09/30/2017)**

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering & maintaining the data needed & completing & reviewing the collection of information. This agency may not conduct or sponsor & a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. HUD is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State & local agencies when relevant civil, criminal, or regulatory investigations & prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) <b>Housing Authority of Bexar County</b>		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  
 Single Family Detached   
 Semi-Detached / Row House   
 Garden /Walkup   
 Elevator/High-Rise   
 Manufactured Home

10. If this unit is subsidized, indicate type of subsidy:  
 Section 202   
 Section 221 (d)(3)(BMIR)   
 Section 236 (Insured or noninsured)   
 Section 515 Rural Development  
 Home   
 Tax Credit   
 Other: (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

11. **Utilities and Appliances** The owner shall provide or pay 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 provided by the owner.

Item	Specify Fuel Type (circle one)	Provided by	Paid by	Amenities, Services, Maintenance	
Heating	Natural gas    Electric    Bottle gas    Oil    Coal/Other	O		No. of Bathrooms:	
Cooking	Natural gas    Electric    Bottle gas    Oil    Coal/Other	O		Close to Schools: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Water Heating	Natural gas    Electric    Bottle gas    Oil    Coal/Other	O		Close to Stores: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Other Electric		O		Close to Transp: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Water		O		Laundry Facility: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Sewer		O		W/D Hookup: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Trash Fee		O		On-Site Mgmt: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Air Conditioner(s)		<input type="checkbox"/> Owner; <input type="checkbox"/> Tenant		Handicapped Access: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Refrigerator		<input type="checkbox"/> Owner; <input type="checkbox"/> Tenant		Playground: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Range/Microwave		<input type="checkbox"/> Owner; <input type="checkbox"/> Tenant		Pool/Spa: <input type="checkbox"/> Yes; <input type="checkbox"/> No	
Other (specify)		<input type="checkbox"/> Owner; <input type="checkbox"/> Tenant		Other:	

**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 the lease 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. **(Complete page two of this form.)**

**13. The PHA has not screened the family's behavior of 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.

Property Name (if applicable)		Tenant Number	
Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		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)
Check Payable To:	Federal ID/SSN:	RTA Received:	

**For Office Use Only:**     Lease In Place;     Move;     Initial    **Area #:** \_\_\_\_\_    **Tenant #:** \_\_\_\_\_

Voucher Size:	Total HH Members:	Utility Allowance:
Voucher Expiration:	Number Under Age 6:	Rent Reas. Cert.:
Earliest Effective Date:	Last Passed Inspection:	HQS Pass Date:
Housing Specialist:	Most Recent Rent:	Inspector:

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**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.*

**Lessor’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) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

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

**Lessee’s Acknowledgment** (initial)

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

**Agent’s Acknowledgment** (initial)

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor’s obligations under 42 U.S.C. 4852(d) 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.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date