

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) Fall River Housing Authority	2. Address of Unit (street address, unit #, city, state, zip code)
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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
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<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>
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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	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

FALL RIVER HOUSING AUTHORITY

LEASED HOUSING DEPARTMENT

P.O. BOX 989

FALL RIVER, MASSACHUSETTS 02722

Telephone 508-675-3595

Fax 508-675-3435

LANDLORD CONTACT INFORMATION

*First Name: _____
 *Last Name: _____
 Company: _____
 *Email: _____
 *Primary Telephone Number: (____) _____
 Alternate Telephone Number: (____) _____

PROPERTY LOCATION (STEP 1)

*Address: _____

 Unit Number: _____
 *City: _____ *State: _____
 *Zip: _____
 County: _____

PROPERTY INFORMATION (STEP 2)

*Rent Amount: \$ _____	*Security Deposit: \$ _____ <input type="checkbox"/> Negotiable	*Bedrooms: _____ *Baths: _____	*Date Available: ____/____/____	*Square Footage: _____	Pets Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Lot Size: _____
*Property Type: <input type="radio"/> House <input type="radio"/> Townhouse/Villa <input type="radio"/> Older multi <input type="radio"/> Condo <input type="radio"/> Mobile Home <input type="radio"/> Row House <input type="radio"/> Duplex <input checked="" type="radio"/> family, Apt complex (Check one)					

AMENITIES AND ACCESSIBILITY (STEP 3)

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer	Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> None <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall	Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave	Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included <input type="checkbox"/> Fenced Yard	
Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included	Utilities: (Electric Paid By) <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> None <input type="checkbox"/> Window/Wall	Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____	

Housing Quality Standards Checklist

Below is a partial list of some of the conditions that the Housing Inspector must verify. In general, all rooms should be free of electrical hazards, defective paint, and broken windows. Windows that are accessible from outside must lock. There should be an approved smoke detector on each level.

The Inspector will inspect all floors, walls, ceilings, electrical outlets/switches, appliances, plumbing fixtures, mechanisms, closets, cabinets, windows, doors, locks, latches, porches, balconies, railings and test the smoke detector(s).

Living Room

- Must have at least two outlets or one outlet and one light fixture.
- Must have at least one window. Windows and doors must be free from deterioration, gaps, etc.
- All walls & ceilings must be in good condition and free of hazardous defects, holes, etc.
- All windows must lock, remain in position, and free from damaged glazing, cracks, etc.
- All windows that open must have screens that are free of defects, holes, rips, etc.
- All security bars and windows must have a quick release mechanism.

Kitchen

- Must have at least one working outlet and one working permanent light fixture.
- All walls & ceilings must be in good condition and free of hazardous defects.
- The refrigerator must have a freezer that works and maintains a temperature low enough to avoid food spoilage (40/30).
- The faucet must have hot and cold running water, the sink must have a stopper, the faucets must be free of drips, and all faucets must have the hot/cold water designated.
- The unit must contain a space to store, prepare, and serve food.
- The unit must contain a stove, refrigerator, and a working oven. All appliances provided must be operable.
- GFI required 24 inches from the side of the sink.

Bathroom

- Must have at least one permanent light fixture.
- Must have a working sturdy toilet, free of leaks, for the exclusive, private use of the tenant.
- Must contain a working, permanently installed washbasin with hot and cold running water.
- Must have a working tub or shower with hot and cold running water.
- Must have an operable GFI 36" from the outside edge of the sink basin.
- Must have a window or functional ventilation system.

Building Exterior

- Check to verify the following areas are free of hazards, holes and moisture infiltration:
 - Foundation
 - Roof, gutters & downspouts
 - Exterior surfaces, stairs, treads, balusters and railings
 - Chimney
- Garbage must be discarded in proper receptacles
- Debris must be removed

Heating & Plumbing, General Safety

- Heating & plumbing equipment for health and safety (proper installation and ventilation)
- Elevator function, sufficient fire exit, and pest control.
- To ensure the water heater is properly vented and installed.

General Items

The unit must be empty/vacant from the previous tenancy. The utilities (electric, gas and water) must be in service and all construction, rehabilitation, painting, replacements, debris removal and cleaning must be concluded.

- The unit is clean, free from garbage, debris, maintenance supplies, etc.
- The appliances and fixtures are present, operable, and clean.
- All light fixtures have bulbs and all utilities are in service.
- The grass and shrubs are trimmed or cut.
- Carbon Monoxide detectors are required in units containing an attached garage, gas fired appliances or a wood burning fireplace. The device should be located on a wall, 12 inches from the floor on each level.

Most Common Fail Conditions

- Non-functioning or absent smoke/carbon monoxide detectors
- Missing or cracked electrical outlet cover plates
- Peeling Paint
- Railings not present where required
- Tripping hazards caused by permanent floor coverings
- Cracked or broken windowpanes
- Electrical outlets that do not withstand four pounds of pressure
- Dirty/greasy appliances
- Inoperable stove burners or range hoods - knobs missing
- Junction box unsecured/ panel not labeled
- Missing knock outs
- Inoperable bathroom fan/no ventilation
- Leaking faucets/toilets
- Ungrounded electrical outlets
- Improperly vented clothes dryers
- Missing window screens/torn, etc.

AFTER THE INSPECTION

PHI Inspections provides written notification to the owner and tenant of the results. Should the unit fail inspection, PHI will provide the owner with a list of deficient items and a deadline to make the appropriate repairs. Please inspect the property frequently and make routine repairs as needed to prevent the unit from failing inspection. Bi-annually, PHI will notify the owner and tenant of the upcoming inspection. It is advisable to ensure the tenant will be home to greet the inspector or arrange to have an adult present. Make sure you and the tenant are prepared for the visit and try to be present to take notes and answer any questions. The FRHA strongly suggests the owner or property manager visit the unit to view the condition and make any repairs prior to the annual inspection.

Thank you for your cooperation.

FALL RIVER HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722
Telephone 508-675-3595
Fax 508-675-3435

HOUSING CHOICE VOUCHER LANDLORD CERTIFICATION

ADDRESS OF ASSISTED UNIT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Ownership of Assisted Unit: I certify that I am the legal 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 or Assisted Unit: I understand that the family members listed on the dwelling lease agreement as approved by the FRHA 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 obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards (HQS).

Tenant Rent Payments: I understand that the tenant's portion of the contract rent is determined by the FRHA, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the FRHA.

RESTRICTIONS ON LEASING TO FAMILY: I understand as the owner of the unit that I am not the parent, child, grandparent, grandchild, sister or brother of any of the family unless the FRHA has determined that approving the tenancy would provide reasonable accommodation for a family member who is a person with a disability.

Reporting Vacancies to the Fall River Housing Authority: I understand that should the assisted unit become vacant, I am responsible for notifying the FRHA immediately in writing.

Administrative and Criminal Actions for Intentional Violations: I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the HCV Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law.

Signature of Landlord/Agent

Date

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

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.

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