## 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. 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 and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (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, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released ourside 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)			2. Address of Unit (street address, apartment number, city, State & zip code)							
Housing Authority of the City of Yuma				APARTMENT/CONDO/ROW HOUSE/TOWNHOUSE 3030 Anyplace Drive #1						
3. Requested Beginning Date of Lease 4. Number of Bedrooms 5. Year Constructed 05/01/2017 3 2001			6. Proposed Re \$850.	, , , , , , , , , , , , , , , , , , , ,			•			
9. Type of House/Apartn Single Family D	_	Semi	-Detached / F	Row House	Manufactured	l Horr	e 🔽 Garden /	Walkup	Elevator / H	igh-Rise
10. If this unit is subsidize Section 202	Secti	on 221(	<sup>dy,</sup> d)(3)(BMIR)	Section 2	36 (Insured o	noni	nsured)	Section 515	Rural Develop	oment
Other (Describe		Credit dy, Includ	ding Any State	or Loca! Subsidy)						<del>-</del>
11. Utilities and Appliances The owner shall provide by a "T". Unless otherwi	or pay for the	utilities and	d appliances incowner shall pay	licated below by an "o for all utilities and app	O". The tenant sh	nall pro	vide or pay for the uti	ties and appliar	nces indicated be	low
Item	Specify fue					•		Provided by	Paid by	
Heating	Natura	al gas	Bottle gas	Oil	<b>∠</b> Electric		Coal or Other	0	T	
Cooking	Natur	al gas	Bottle gas	Oil	<b>✓</b> Electric		Coal or Other	0	T	
Water Heating	Natu	ral gas	Bottle gas	Oil	✔ Electric		Coal or Other	0	Т	
Other Electric								0	Т	
Water								0	0	
Sewer			conservativació para sociativación	CALLEGE FACTOR SET CRUSTONIA (SCOTOR)	inelielos reco Indonésia estado			0	0	
Trash Collection								0	0	
Air Conditioning			en en en en en en en en en en en en en en en en	ugusan kangga Bergana Mestanga	er og karting stor Det og storetag kart		utines (1995) es es programa especiales	0	T	
Refrigerator								0	T	
Range/Microwave							artinista ett patinist Martinis patinis estas	0	T	
Other (specify)									-	

- 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. 3030 S. Anyplace Drive #3	12/01/2016	\$800.00
3030 S. Anyplace Drive #6 2.	01/01/2017	\$850.00
3030 S. Anyplace Drive #5	03/12/2017	\$850.00

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:
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<u> </u>	Lead-based paint disclosure requirements do not apply because this
propert	ty 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 certifica-
tion 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.

Print or Type Name of Owner/Owner Re	presentative	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)			

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1. Name of Public Housing Agency (PHA)			Address of Unit (street address, apartment number, city, State & zip code)							
Housing Authority of the City of Yuma				SINGLE FAMILY (including MOBILE HOME) 3030 Anyplace Drive						
3. Requested Beginning Date of Lease 4. Number of Bedrooms 5. Year Constructed 05/01/2017 3 1976			'	Proposed Rent 7. Security Deposit Amt. 8. Date Unit Available for I \$950.00 \$1,000.00 04/20/2017				pection		
9. Type of House/Apartme Single Family De	F	Semi	-Detached / F	Row House	Manufactured F	Home [	Garden / W	alkup [	Elevator / Hig	ıh-Ris
10. If this unit is subsidized Section 202	Section	on 221(	dy. d)(3)(BMIR)	Section 2	36 (Insured or r	noninsur	red) Se	ction 515 l	Rural Developn	nent
Home Other (Describe	L	Credit ly, Includ	ding Any State	or Local Subsidy)						
11. Utilities and Appliances The owner shall provide of by a " <b>T</b> ". Unless otherwise	or pay for the u	itilities an	d appliances ind	icated below by an "0 or all utilities and app	O". The tenant shal	Il provide o	or pay for the utilities	s and applian	ces indicated belov	w
Item	Specify fue	type						Provided by	Paid by	
Heating	Natura	l gas	Bottle gas	Oil	<b>✓</b> Electric	Co	oal or Other	0	T	
Cooking	✓ Natura	al gas	Bottle gas	Oil	Electric	c	oal or Other	0	T	
Water Heating	✓ Natur	al gas	Bottle gas	Oil	Electric	c	oal or Other	0	T	
Other Electric					eligioni de personale Significações as destas			0	T	
Water				encipalent in Caron September 1 Septem Caroneva et Sant				0	T	
Sewer			eroperterope Deschenischen					0	T	
Trash Collection								0	T	
Air Conditioning			Britania (Salaha) Belang Salaha	ng ang tilan de disabagan Ng Silang kanang disabaga	Senting and Senting (Senting Senting S Senting Senting			0	T	
Refrigerator	ar a successive section			e proposition de la companie de la c	angeren bereite sam Solderen besteht bil Solder besteht besteht besteht			т	T	
Range/Microwave	2 (2 Sept 9)			Capacita Capacita Calcula Capacita Capacita Capacita Capacita Capacita Capacita Cap				0	T	
Other (specify)										

Owner's Certifications.     The program regulation requires the to the housing choice voucher tenant is nother unassisted comparable units. Own units must complete the following secomparable unassisted units within the	ot more than the remers of projects whiteling for most rece	nt charged for th more than 4	c. Check one of the following: Lead-based paint disclosure property was built on or after January	requirements do not apply because this / 1, 1978.		
Address and unit number	Date Rented	Rental Amount	The unit, common areas serv	icing the unit, and exterior painted		
1. N/A			lead-based paint free by a lead-base	common areas have been found to be d paint inspector certified under the or a federally accredited State certifica-		
		<u> </u>	A completed statement is att	ached containing disclosure of known		
2.			information on lead-based paint and/or lead-based provided surfaces, including owner has provided the lead hazard information parts.			
3.			13. The PHA has not screened the tenancy. Such screening is the out	ne family's behavior or suitability for wner's own responsibility.		
b. The owner (including a principal or	· ·		<ol> <li>The owner's lease must include HUD tenancy addendum.</li> </ol>	de word-for-word all provisions of the		
parent, child, grandparent, grandchild, sis family, unless the PHA has determined (a family of such determination) that approving such relationship, would provide reason member who is a person with disabilities.	ind has notified the ing leasing of the un	owner and the it, notwithstand-	15. The PHA will arrange for inspe owner and family as to whether or no	ction of the unit and will notify the t the unit will be approved.		
Print or Type Name of Owner/Owner Repres	sentative	<del>Mari - i</del>	Print or Type Name of Household Head			
Signature			Signature (Household Head)			
Business Address			Present Address of Family (street address, ap-	artment no., city, State, & zip code)		
Telephone Number	Da	ate (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)		