

Gainesville Housing Authority Rent Reasonableness Form

Applicant/Participant Name	Voucher Number
Address & Zip Code	Complex
Management Company	Owner Name
Phone Number	Email Address
	Fax Number

Type of Unit:

House	Apartment Complex (5 or more units)	Mobile Home Single wide
2-4 Attached Units	Apartment Complex with Elevator Access	Mobile Home- Double wide

Date Built _____ Date Renovated _____ Approx. Square Feet _____

of Bedrooms _____ # of Bathrooms _____ Rent Requested _____

Check all that are in the unit

Refrigerator _____	Washer/Dryer hook-up/Laundry Facility _____	_____
Oven/Stove _____	(if no washer/dryer in unit)	
Microwave _____	Cable Hook-up _____	
Dishwasher _____	New Carpet within the last year _____	
Disposal _____	Security System/patrol _____	
Washer _____	Playground _____	
Dryer _____	Pool _____	
Central Air _____	Clubhouse/rec center _____	
Window a/c _____	External Storage Facility _____	
Central heat _____	Fenced Yard _____	
Ceiling Fans _____	Gated Complex _____	
Fireplace _____	Maintenance Provided by Owner _____	
Window Coverings _____	On-going exterior _____	
On all windows _____	On-going interior _____	
Separate Pantry _____	Yard & grounds _____	
Den/family room (ext rm) _____	Regular Pest Control _____	
Screen doors _____	Handicap features _____	
Storm doors _____	Entry ramp _____	
Window screens _____	Accessible doorways _____	
Double pane windows _____	Rails/grab bars _____	
Private patio/deck/porch/balcony _____	Accessible appliances _____	
1 car Garage _____	Type of utility used for:	
2 car Garage _____	Heating: Electric _____	
Car Port _____	Natural gas _____	
Assigned parking for multifamily unit _____	Other _____	
	Hot water: Electric _____	
Utilities INCLUDED in rent:	Natural Gas _____	
Electricity/natural gas _____	Other _____	
Water/sewer _____	Cooking: Electric _____	
Trash Pickup _____	Natural Gas _____	
	Other _____	
RTS bus stop within 2 blocks _____	Water systems used:	
	Well _____	
	Septic _____	
	City _____	

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. 10/31/2010)

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. Assurances of confidentiality are not provided under this collection. Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			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
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:

Section 202
 Section 221(d)(3)(B)MIR
 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 for 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 and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
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.			
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 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 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)