



# REQUEST FOR TENANCY APPROVAL

HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ

(Este formulario está disponible en español a petición.)

pg. 1

By completing this form, the undersigned owner and tenant hereby request the Housing Authority to inspect and approve the subject unit for participation in the Housing Choice Voucher (HCV) Program. If this request is approved and the unit passes inspection, the information on this form will be used to generate a Housing Assistance Payment (HAP) Contract. If there is any discrepancy between information on this form and information on the lease, the information on the HAP will supersede. Landlords are required to use their own lease. The lease must make reference to the HUD Tenancy Addendum. Suggested wording: "HUD Tenancy Addendum is incorporated in this lease."

## THIS PORTION OF THE FORM SHOULD BE COMPLETED BY THE TENANT

ESTA PORCIÓN DEL FORMULARIO DEBE SER COMPLETADO POR EL INQUILINO

Name of Head of Household: \_\_\_\_\_  
Nombre de la persona Principal: \_\_\_\_\_

Tenant ID: \_\_\_\_\_  
No. de Ident. \_\_\_\_\_

Current Address: \_\_\_\_\_  
Dirección Actual \_\_\_\_\_

Phone #: \_\_\_\_\_  
No. de Teléfono \_\_\_\_\_

**Current Section 8 Tenants Only:** Current Section 8 tenants who are transferring assistance to another unit must provide their current landlord with proper notification of move out date in compliance with the terms and conditions of the lease, and send a copy to the Housing Authority. **If you do not give proper notice to your current landlord, you may be terminated from participation in the Section 8 program.**

**Inquilinos actualmente en la Sección 8 Solamente:** Los inquilinos actualmente en la Sección 8 que transfieren la ayuda a otra unidad deben proveer al propietario de su vivienda actual la notificación apropiada con la fecha en que se mudarán, cumpliendo con los términos y condiciones del contrato, y deben enviarle una copia a la Autoridad de Viviendas. **Si no le dan al propietario de su vivienda actual la apropiada notificación, su participación en el programa de la Sección 8 puede ser terminada.**

- Do you or any household member have any ownership interest (listed on the deed, beneficiary, trustor, trustee, etc.) in the subsidized unit to be rented? *¿Tiene usted o cualquier miembro de su hogar cualquier interés de posesión (está mencionado en la escritura, es beneficiario, fiduciante, consignatario, etc.) en la unidad subsidiada que desea alquilar?*  Yes/Sí  No
- Are you, or any member of your household related to the property owner? (Is the owner(s) the parent, child, grandparent, grandchild, sister or brother, stepparent, step-grandparent, significant other to any member of your household?) Relation by adoption is included in this definition\* *¿Es usted o cualquier miembro de su hogar pariente del propietario? (¿Es el propietario el padre, madre, hijo/a, abuel/ao, nieto/a, hermano/a), padrastro, madrastra, padre o madre del padrastro o madrastra, other personal significativa de cualquier miembro del hogar?) Parentesco por adopción está incluido en esta definición\**  Yes/Sí  No

**\*If you or any member of the household are a relative of the Property Owner, you cannot rent the unit unless you have received prior written authorization from the Housing Authority. Failure to receive prior approval can result in termination of assistance. Approval may only be granted for persons with disabilities under certain special circumstances.** *Si usted o cualquier miembro del hogar es pariente del propietario, no puede alquilar la vivienda a menos que haya recibido previa autorización de la Autoridad de Viviendas. Si no recibe la autorización previa podrá perder su ayuda de vivienda. La aprobación puede otorgarse sólo a personas con incapacidades bajo ciertas circunstancias especiales.*

**I Hereby Certify That All Information Provided Above Is True, Correct, And Complete.**

*Por la presente certifico que toda la información provista anteriormente es verdadera, correcta y completa.*

**Warning – Title 18 section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.** *Advertencia – La Sección 1001 del Título 18 del Código de los Estados Unidos declara que cualquier persona será culpable de felonía si a sabiendas y voluntariamente hace declaraciones falsas o fraudulentas a cualquier departamento o agencia de los Estados Unidos.*

X

Print Tenant Name  
Nombre del Inquilino en letra de imprenta

Signature of Tenant  
Firma del inquilino

Date  
Fecha

For administrative use only Date suspended: \_\_\_\_\_ Date lifted: \_\_\_\_\_ # of Days+3: \_\_\_\_\_ Vo released (date): \_\_\_\_\_

**THE REMAINDER OF THE FORM TO BE COMPLETED BY THE OWNER**

*(Este formulario está disponible en español a petición.)*

- 3. Address of **SUBSIDIZED UNIT TO BE RENTED**: \_\_\_\_\_
- 4. City and Zip Code: \_\_\_\_\_
- 5. Nearest cross street: \_\_\_\_\_
- 6a. Type of unit:

- Single family detached  Condo / Townhouse  Duplex/Two Family
- Apartment (low rise, 4 story or less)  Apartment (high rise, 5+ story)
- Group Home  Congregate Housing  Cooperative
- Manufactured / Mobile home  Manufactured/ mobile home space rent

6b. If this unit is subsidized, indicate type of subsidy: <i>(CROSS OUT IF NOT APPLICABLE)</i>	
<input type="checkbox"/> Section 202	<input type="checkbox"/> Section 221(d)(3)(BMIR)
<input type="checkbox"/> Tax Credit	<input type="checkbox"/> HOME
<input type="checkbox"/> Section 236 (insured or uninsured)	
<input type="checkbox"/> Section 515 Rural Development	
<input type="checkbox"/> Other (Describe, including state or local subsidy)	

- 7. No. of Bedrooms / Bathrooms in Unit: BR: \_\_\_\_\_ BA: \_\_\_\_\_
- 8. Amount of security deposit: \$ \_\_\_\_\_
- 9. Amount of rent requested <sup>1</sup>: \$ \_\_\_\_\_
- 10. Requested beginning date of lease: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 11. Date unit is available for inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 12. Year Constructed <sup>2</sup> (built): \_\_\_\_\_

<sup>1</sup> The amount of rent requested is subject to review and approval by the Housing Authority. The Housing Authority will finalize the rent after the unit passes inspection.  
<sup>2</sup> If the unit was built before January 1, 1978 the owner must fill out the Lead Based Paint Disclosure information on the last page of this form.

- 13. Will this unit be shared between two or more families?  Yes  No
  - a. If yes, how many bedrooms will the HCV family occupy? \_\_\_\_\_

**NOTE:** Shared Housing Payment Standards are determined by taking the Payment Standard for the size of the unit, dividing it by the number of bedrooms in the unit and then multiplying the result by the number of bedrooms the assisted family will occupy. The entire unit must be inspected.

- 14. What is the initial term of the lease?  1 Year  Month to Month  Other: \_\_\_\_\_
- 15. Do you provide any other special services to your tenant? (Landscaping, housekeeping, etc.)  Yes  No
  - a. If yes, please explain: \_\_\_\_\_

<b>16.</b> Who pays for each of the utilities?	Electricity	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>17.</b> Who will provide the following appliances?	Range /microwave	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
	Gas	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Refrigerator	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
	Garbage	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner			
	Sewer	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>18.</b> What is the energy source?	Cooking	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane
	Water	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Heating	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane
	Hot Water	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Hot Water	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane
	Other (Specify)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner			

- 19. Does the unit contain special features designed to accommodate a person with a disability?  Yes  No
- 20. Is the unit wheelchair accessible?  Yes  No
- 21. The most recent rent charged for the above unit was / is: \$ \_\_\_\_\_ per month.
  - a. If the most recent rent is different from the proposed rent for this lease, please state the reason for the difference.  
\_\_\_\_\_
- 22. The most recent rent charged for the above unit included the following utilities: \_\_\_\_\_

23. If the unit is in a multi-family property with 5 units or more, please complete the table below with information about the most recently leased comparable unassisted units within the property.

Address and Unit Number	Date Rented	Monthly Rent
1.		
2.		
3.		

**OWNER CERTIFICATIONS**

- 24. The proposed rent is more than the rent charged for comparable units in the same building.  Yes  No
- 25. I understand that when and if I would like to increase the rent charged for the unit, I must request any rent changes from the Housing Authority. I further understand that I may not establish any informal payment arrangements with the tenant to collect additional rent not approved by the Housing Authority.  Yes  No
- 26. I am the legal owner or the legally designated agent for the unit to be rented.  Yes  No
- 27. Does any member of the prospective tenant’s household have any ownership interest (listed on the deed, beneficiary, trustor, trustee, etc.) in this property?  Yes  No
- 28. The ownership of the unit to be rented is held in trust.  Yes  No
- 29. I live on / at the same property as the unit listed on this request, and the property has multiple dwellings.  Yes  No
- 30. I live in a shared housing situation with an HCV (Section 8) tenant, as approved by the Housing Authority.  Yes  No
- 31. The owner(s) and / or an immediate family member of the owner(s) is a present or former member or officer of the Housing Authority.  Yes  No
- 32. The owner(s) and / or an immediate family member of the owner(s) is an employee, contractor, subcontractor, or agent of the Housing Authority.  Yes  No
- 33. The owner(s) and / or an immediate family member of the owner(s) is a public official, member of a governing body or state or local legislator.  Yes  No
- 34. The owner(s) and / or an immediate family member of the owner(s) is a member of the Congress of the United States.  Yes  No
- 35. The owner(s) is the parent, child, grandparent, grandchild, sister, brother, step-parent, step-grandparent and, or, significant other to the tenant or a member of the tenant’s family (\*tenant must receive prior written permission from Housing Authority).  Yes  No

**\*If the Property Owner is a relative of any member of the HCV (Section 8) family wanting to rent a unit from you, you cannot agree to rent the unit unless the family has received prior written authorization from the Housing Authority. Failure to receive prior approval can result in termination of assistance. Approval may only be granted for persons with disabilities under certain special circumstances.**

- 36. The above referenced property receives on-going subsidy (other than Section 8) from a government source such as HUD, receives state or local funding, and/or has affordability restrictions (other than Section 8).  Yes  No
- 37. The above referenced property’s rents and/or rent increases are controlled or restricted by law or a court order. (If yes, please provide documentation.)  Yes  No
- 38. If yes to 36 or 37 above, please identify the source(s) and restriction(s): \_\_\_\_\_

**I Hereby Certify That All Information Provided Above Is True, Correct, And Complete.**

**Warning – Title 18 section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

X

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Print Owner / Agent Name

Signature of Owner / Agent

Phone Number

Date

**Next Steps** – The Housing Authority will contact you to inform you about the status of this request, and to schedule an inspection. A unit passing inspection does not mean that the tenant can move into the unit. If a tenant is allowed to move in before the HAP contract has been signed, the owner and tenant are doing so at their own risk.

**Don't forget – The Housing Authority is not responsible for any rent for this unit until all of the following have occurred:**

1. The unit passes inspection.
2. A Housing Assistance Payment (HAP) Contract has been executed by both the owner / agent and the Housing Authority.
3. The tenant has occupancy of the unit.
4. The Tenancy Addendum has been signed by the tenant and the landlord.



## OWNER PAYMENT INFORMATION

**If you wish to keep this information confidential, please remove this page from the information you will give to your prospective tenant, and mail or fax this page directly to the Housing Authority.**

The information in the form below will be used to set up your payment information, so that the Housing Authority may begin subsidy payments for the unit listed below.

1. Address of Subsidized Unit to be Rented: \_\_\_\_\_
2. Tenant Name: \_\_\_\_\_
3. Rent (HAP) checks payable to: \_\_\_\_\_
4. Mailing address: \_\_\_\_\_
5. Owner's Social Security Number or Tax ID Number (TIN): \_\_\_\_\_
6. Contact Phone Number: \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_

**Direct deposit is now required for all landlords participating in the Section 8 Housing Choice Voucher Program. Please see attached direct deposit authorization page for information about how to set up direct deposit.**

**I hereby certify that I am the owner or authorized agent of the property listed above.**

X

Print Owner / Agent Name

Signature of Owner / Agent

Date

**The Housing Authority is required to obtain this information in order to produce a 1099 IRS form. Payments you receive will be subject to backup withholding if:**

- a. You do not furnish your TIN to the requester.
- b. Failure to furnish TIN. If you fail to furnish your TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.
- c. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debtor contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return.

**Please note – if you do not have any other tenants in this property currently participating in the Section 8 Housing Choice Voucher Program, the Housing Authority may contact you to request proof of your ownership and identity before finalizing the contract. Please be prepared to provide a copy of the grant deed or HUD 1 form, and a copy of your drivers' license, passport, or notarized signature if requested by the Housing Authority.**

Note: This Section to Be Completed Only If the Unit Was Built Before 1978.

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Disclosure Format for Target Housing Rentals and Leases

**LEAD WARNING STATEMENT**

Housing built before 1978 (effective September 1, 2001) may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

**Owner's Disclosure (Please *initial* on the line provided)**

\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and / or lead-based paint hazards are present in the housing (explain).

Owner has no knowledge of lead-based paint and / or lead-based paint hazards in the housing.

\_\_\_ (b) Records and reports available to the owner (check one below):

Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Owner's Acknowledgement (Please *initial* on the line provided)**

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

\_\_\_ (d) Tenant has received the pamphlet "*Protect Your Family from Lead in Your Home*"

**Agent's Acknowledgement (Please *initial* on the line provided)**

\_\_\_ (e) Agent has informed the owner of the owner's obligations under 42 U.S.C. (4582(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 provided by the signatory is true, correct, and complete.

X		X	
Owner	Date	Owner	Date
X		X	
Owner	Date	Owner	Date
X		X	
Agent	Date	Agent	Date

## Housing Quality Standards (HQS) Inspection Checklist pg. 7

This checklist is provided as a courtesy and is not all-inclusive. It is provided to give you an idea of some of the items an inspector will check for during an inspection. There may be other items not listed which may fail a unit inspection.

- Unit must be *MOVE IN READY* at inspection time.
- All of the major utilities *MUST BE ON* for inspection. (i.e., electricity, gas, and water)
- The unit must have a cooking stove and oven that is clean and in proper working condition. All burners must function as designed without the use of incendiary devices (i.e., matches, lighters, etc).
- The refrigerator must be clean and in proper working condition.
- The unit must contain a safe heating system that provides adequate heat for the unit size. A wood stove as a primary source of heat is not acceptable.
- The water heater (gas or electric) must be in proper working condition and properly vented. A temperature pressure release valve (TPRV) must be in place with a discharge line extending within 12" above the floor or ground OR extending to the exterior.
- The unit must have at least one properly working, testable and correctly installed smoke detector on each floor level.
- All exterior entry doors must be lockable and must provide a weather tight fit. (i.e., no visible light around the door when closed)
- The unit must be free from infestation of roaches or other vermin.
- The unit may not have electrical hazards of any kind. (i.e., non-testing or non-functional Ground Fault Circuit Interrupter (GFCI), missing or broken cover plates, hanging fixtures, exposed wiring etc).
- All windows throughout unit must function as designed. (i.e., lockable, no cracked or missing panes, vertically windows must stay up and open without the use of props, must have a weather tight fit)
- Unit must have hot and cold running water with adequate pressure, all plumbing fixtures must work as designed with no water leaks or stoppages.
- All interior ceilings and walls must be in reasonably good condition, free from holes and mildew.
- All floors and floor coverings must be free of any tripping hazards and weak sub floors. (i.e., raised edges, open seams or tears, exposed tack strips etc)
- No peeling, cracking or loose paint anywhere inside or outside of the unit if a child under the age of six resides or is expected to reside in the unit. (Applies to units built prior to 1978)
- No excessive debris in or around unit and grounds around unit must be reasonably clean and free of any hazardous conditions.
- Site address must be clearly posted and visible from a passing vehicle. Multi unit properties must have unit numbers/letters post on or near main entry door.

**PLEASE DO NOT PHOTOCOPY THIS FORM!**