

# 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) <b>Housing Authority of Union County</b>			2. Address of Unit (street address, unit #, city, state, zip code)		
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
9. Structure Type  <input type="checkbox"/> Single Family Detached (one family under one roof)  <input type="checkbox"/> Semi-Detached (duplex, attached on one side)  <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)  <input type="checkbox"/> Low-rise apartment building (4 stories or fewer)  <input type="checkbox"/> High-rise apartment building (5+ stories)  <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy:  <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 Other Subsidy, including any state or local subsidy) _____		

### 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)		
		Provided by
Refrigerator		
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)

# Section 8 Rental Assistance

1610 Industrial Blvd., Suite 400 • Lewisburg, Pennsylvania 17837-1273  
 TEL (570) 522-1300 • FAX (570) 522-1329 • TDD 1 (800) 654-5984

## HOUSING AUTHORITY UNIT INFORMATION

THE RENT FOR THE UNIT LOCATED AT \_\_\_\_\_,

AND PROPOSED TO BE RENTED/OCCUPIED BY \_\_\_\_\_

(Name of Prospective Tenant)

INCLUDES THE FOLLOWING: \*

_____ BEDROOM(S)	_____ FULL BATH	_____ BASEMENT AREA
_____ KITCHEN	_____ ONE-HALF BATH	_____ PORCH
_____ LIVING ROOM	_____ ATTIC AREA	_____ DECK AREA
_____ DINING ROOM		_____ GARAGE

\* PLEASE INDICATE BY A  WHICH OF THE ABOVE APPLY TO YOUR UNIT. ALSO, INDICATE A NUMBER IF THERE IS MORE THAN ONE, EX. BEDROOMS.

ARE THERE ANY BUILDINGS THAT ARE NOT CONNECTED TO THE HOUSE OR LIVING AREA, BUT ARE INCLUDED IN THE RENT AND THE TENANT HAS USE OF? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

TYPE OF UNIT:	APARTMENT	_____	HALF OF A DOUBLE	_____
	SINGLE	_____	MOBILE HOME	_____

TOWNSHIP/BOROUGH IN WHICH PROPERTY IS LOCATED \_\_\_\_\_

SQUARE FEET (IF A MOBILE HOME, LIST SIZE): \_\_\_\_\_

DATE BUILT: \_\_\_\_\_

(SEE OTHER SIDE)

HOUSING AUTHORITY UNIT INFORMATION PAGE 2

AMENITIES:

<input type="checkbox"/> CARPET	<input type="checkbox"/> WASHER	<input type="checkbox"/> DRYER
<input type="checkbox"/> DRAPES	<input type="checkbox"/> AIR CONDITIONER	<input type="checkbox"/> WASHER/DRYER HOOK-UP
<input type="checkbox"/> DISHWASHER	<input type="checkbox"/> RANGE	<input type="checkbox"/> PRIVATE PATIO/DECK
<input type="checkbox"/> GARBAGE DISPOSAL	<input type="checkbox"/> REFRIGERATOR	<input type="checkbox"/> OTHER

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FACILITIES:

<input type="checkbox"/> STORAGE	<input type="checkbox"/> GARAGE/CARPORT
<input type="checkbox"/> PARKING	<input type="checkbox"/> OTHER
<input type="checkbox"/> TYPE OF HEAT	_____

LOCATION: TYPE OF NEIGHBORHOOD \_\_\_\_\_ (EX. RESIDENTIAL, COMMERCIAL)

ACCESSIBILITY TO SERVICES:

<input type="checkbox"/> STORES	<input type="checkbox"/> SCHOOLS
<input type="checkbox"/> MEDICAL FACILITY	
<input type="checkbox"/> TRANSPORTATION	

ACCESSIBLE TO HANDICAPPED:  YES  NO

\_\_\_\_\_  
LANDLORD

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
SOCIAL SECURITY/TAX ID #

\_\_\_\_\_  
DATE

PROPERTY OWNERS INFORMATION

PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

OWNER'S SOCIAL SECURITY OR TAX I.D. NUMBER: \_\_\_\_\_ (TO REPORT ON IRS 1099 FORM)

NAME & ADDRESS OF PERSON(S) \_\_\_\_\_

IN WHOSE NAME CHECK SHOULD BE WRITTEN: \_\_\_\_\_

NAME OF TENANT SELECTED: \_\_\_\_\_

NAME(S) OF PERSON(S) WHO WILL BE RESIDING IN HOUSEHOLD: \_\_\_\_\_

WHAT WAS THE MOST RECENT RENT CHARGED ON THIS UNIT? \_\_\_\_\_

PROPOSED MONTHLY RENT: \_\_\_\_\_

REASON FOR DIFFERENCE (IF ANY): \_\_\_\_\_

IS A LATE CHARGE INCURRED AFTER THE GRACE PERIOD FOR A LAPSED RENTAL PAYMENT? \_\_\_\_\_ YES  
\_\_\_\_\_ NO

AFTER WHAT DAY OF THE MONTH IS A LATE CHARGE INCURRED? \_\_\_\_\_

WHAT IS THE AMOUNT OF THE LATE CHARGE? \_\_\_\_\_

HAS SECURITY DEPOSIT BEEN PAID? \_\_\_\_\_ YES - AMOUNT \$ \_\_\_\_\_  
\_\_\_\_\_ NO

IS TENANT ALLOWED TO KEEP PETS? \_\_\_\_\_

IS TENANT RESPONSIBLE FOR LAWN MAINTENANCE AND SNOW AND ICE REMOVAL? \_\_\_\_\_

ARE THERE ANY ADDITIONAL PROVISIONS YOU WOULD LIKE IN THE LEASE? IF SO, PLEASE STATE:  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_



**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. 4852d 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





# HOUSING QUALITY STANDARDS (HQS)

## Pre-Inspection Checklist

The goal of the Housing Choice Voucher (HCV) program is to provide “decent, safe and sanitary” housing at an affordable cost to low-income families. Housing Quality Standards help HUD and local Public Housing Authorities (PHAs) accomplish that goal by defining “standard housing” and establishing the minimum quality criteria necessary for the health and safety of program participants. All HCV housing units must meet these housing quality standards in order to participate in the HCV program. The inspector performs a visual inspection of the premises based on the Housing Quality Standards set by Housing and Urban Development (HUD). The Housing Authority then issues a report detailing any issues that require correction prior to the occupancy of the tenant.

This checklist is intended to help you in preparing your unit for a Housing Quality Inspection; a HQS inspection is required prior to each occupancy of a HCV tenant. This inspection is then required every 12 months thereafter.

**This list shows commonly found violations. It is NOT intended to be a comprehensive list of all HQS violations that could occur. If you have questions about a specific situation, please call the Central Keystone COG at 1-877-457-9401 or 570-522-1326 Ext 4.**

### ***Life & Fire Safety -***

- Is there a **working** smoke detector in EACH bedroom (or other room used for sleeping), in the hallway(s) outside of the bedrooms and on each level, including the basement and attic?
- Is the hot water heater and furnace clear (at least 3 feet away) of boxes, other “junk” or flammable materials?
- Are all exits free from obstruction inside and outside (personal belongings, junk, shrubbery etc.)?
- Do all exterior doors lock and unlock from the **inside** without using a key or special knowledge? NO hasp-lock hardware, chains or other locking devices are permitted on the outside of **any** door in the dwelling.
- Does the Water Heater have a temperature and pressure-relief valve and a relief valve discharge pipe (“drip-leg”) extending to within 6” of the floor?
- Is all fuel burning equipment in good repair and safe condition, properly installed and connected to chimneys or vents?
- Do all rooms used for sleeping have a window? Or two means of approved egress from such room?
- Is there at least one Carbon Monoxide (CO) Detector installed in the unit (if there is a fuel burning appliance present or an attached garage)?

### ***Doors & Windows –***

- Do all exterior doors open and close easily? Are they weather tight?
- Do all windows open and stay open? Do all windows close and lock? Are they weather tight?
- Are there any broken or cracked windows? Are screens in place (one per room) and free from tears?
- Is there a **working** exhaust fan *or* a window in each bathroom?
- Does each bedroom have a separate door? Bedrooms with their access being only from other bedrooms are not permitted and may not be counted as a bedroom for HCV purposes.
- Knobs or appropriate hardware are required on all doors, including bedrooms, bathrooms and closets.

### **Walls, Ceilings and Floor –**

- Are the walls, window sills and ceilings clean and free from peeling paint or wallpaper? (Lead Paint Disclosure is required for properties constructed prior to 1978)
- Are the floors structurally sound (no “soft” spots)? Are there any holes in the drywall or plaster?
- Is the flooring (carpet, vinyl, wood, etc.) clean and in good condition, i.e. thresholds in place, no rips or other tripping hazards, no missing tiles? No exposed subflooring (plywood or concrete)?
- Are there proper globes/diffusers/covers on all light fixtures? Are they fastened securely to the ceiling?
- Are there light fixtures in all halls, stairways, laundry rooms and furnace rooms?
- Does every set of stairs with more than three steps have a graspable handrail on at least one side? This includes stairs to a basement or attic and exterior stairs.
- Are handrails and other railings firmly attached with no loose or missing spindles?

### **Heating, Plumbing & Electrical -**

- Are there working GFCI outlets in the Kitchen & Bathrooms (on outlets >6' from any water source)? Do outlets in basements and exterior locations have GFCI protection and appropriate covers?
- Do all outlets, switches and panel boxes have faceplates or covers? Do all blanks in the panel box have covers?
- Are there at least two outlets in each room and one in the bathroom? Extension cords may *not* be used as permanent wiring or stretched across rooms.
- Do all taps run (hot & cold) and toilets flush? Do any pipes leak or faucets drip?
- Is the toilet bolted securely to the floor?
- Gas space heaters are not permitted for use at any time. Space heaters of any type are not permitted as the sole heating source for a unit.


### **Exterior –**

- Does each unit have address numbers that are clearly visible from the street (at least 4" high)?
- Is all rubbish stored in appropriate containers (supplied by Landlord) and removed regularly?
- Is the exterior in good repair? Siding, brick or paint free of chips or deterioration?
- Is the roof in good repair with no leaks? No overhanging tree limbs or branches?
- Is the foundation in good repair, level with no cracking or deterioration?
- Are the gutters and downspouts free of debris and directing water away from the structure?
- Are the premises free of infestation such as insects, rats and/or other vermin?
- Are any accessory structures (garages, sheds, fences) structurally sound and in good repair?
- Detached garages, storage buildings and attics/basements of single family units cannot be used by the Property Owner for storage or other personal use.

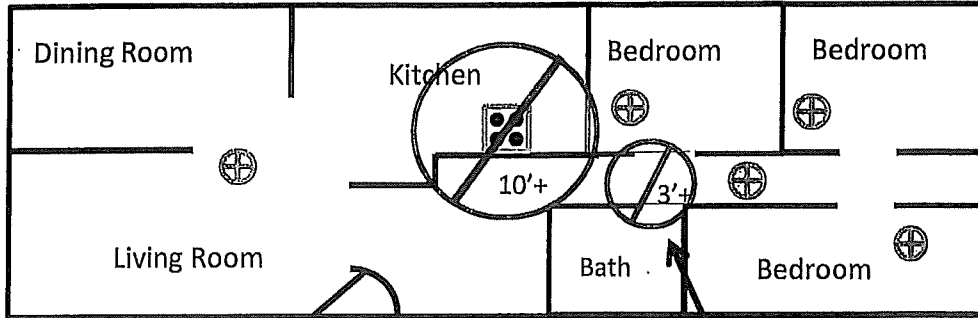
### **Other -**

- All owner supplied appliances or amenities (e.g. refrigerators, stoves, garbage disposals, dishwashers, ceiling fans, etc.) must be *in place* and *in working order* at the time of inspection. If they become inoperable they must be repaired or replaced.
- In properties without *separately* metered utilities (water, sewer, gas, or electric) the utility must be the sole responsibility of the Owner (i.e. Included in the rent).
- Manufactured Homes must have proper tie-downs that can be made visible to the inspector *or* you will need to sign a certification of installation.
- All utilities must be on at the time of inspection.

Are there Smoke Detectors in EACH bedroom, in the hallway(s) outside the bedrooms and on each level, including the basement?

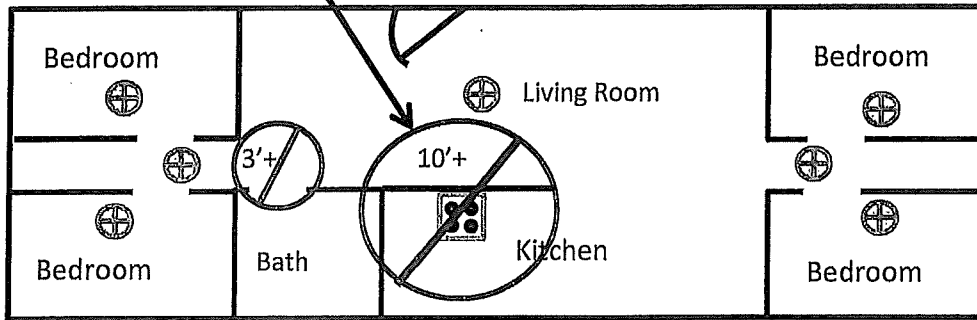
 = Smoke Detector

### Single-Story Layout



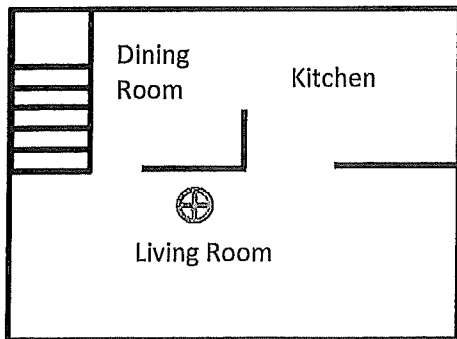
Detectors should be placed **more** than 10 feet from a cooktop/stove

Detectors should also be placed at least 3 feet from the bathroom, unless specially designed to prevent nuisance alarms from steam exposure

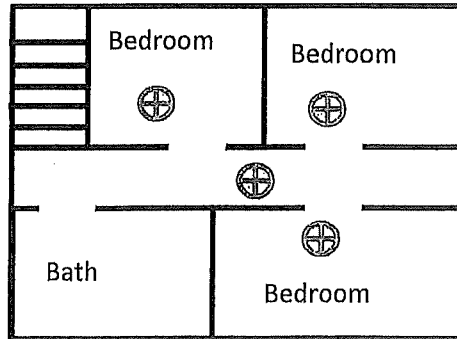


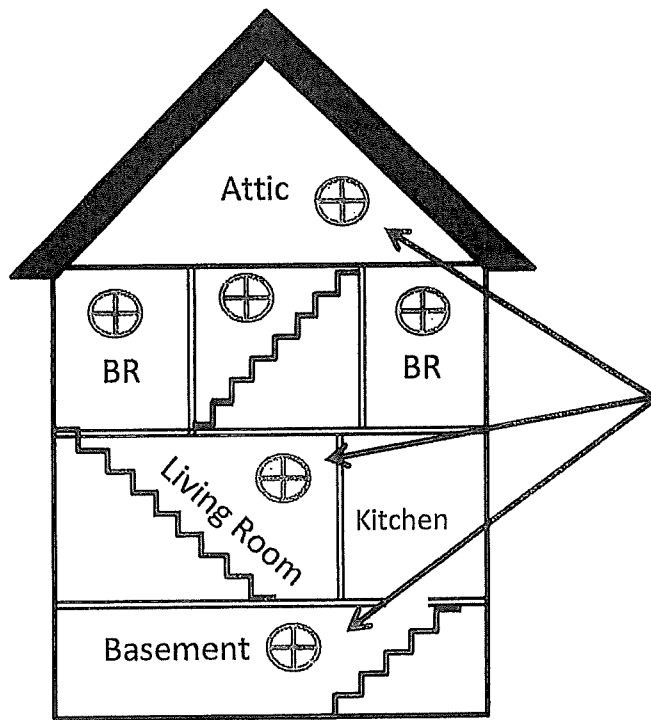
### Multi-Story Layout

First Floor



Second Floor





Smoke detectors are required on each level of a dwelling unit (NOT including crawl spaces or uninhabitable attics)

**Smoke Detectors *may* be placed on walls, but must be higher than any opening into the room (e.g. doors, windows) and are placed between 4" and 12" from the ceiling.**

