

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. 9/30/2010)

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.

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)(BMIR)
 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)

Owner's Email Address: _____

HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN
SECTION 8/HOUSING CHOICE VOUCHER PROGRAM

CERTIFICATION OF NAME AND SOCIAL SECURITY NUMBER OR
FEDERAL EMPLOYER IDENTIFICATION NUMBER FOR
INTERNAL REVENUE SERVICE REPORTING REQUIREMENTS

The Internal Revenue Service requires that the Housing Authority report to the IRS each year rent paid to Section 8 owners or agents on the IRS 1099 MISC form. Of course, a copy of this form is also sent to the owner or agent who actually receives the Housing Assistance payment.

The IRS requires that you provide to the Housing Authority your correct Social Security Number or Federal Employer Identification Number. Also, the name and Social Security Number or the Federal Employer Identification Number has on file for that particular tax number.

Please provide the correct information request below: *(Type or Print)*

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO.'s - HOME _____ WORK _____ CELL _____

SOCIAL SECURITY # _____ or FEDERAL EMPLOYER ID # _____

Indicate below the legal status of the person or entity for whom a tax number is provided above:

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

If you have a manager, rental agent or other person who manages your property(ies), please indicate below:

Name _____ Telephone _____

Are rental assistance payments to be made payable to anyone other than Owner first named above? If so, to whom?

Name _____ Capacity _____

Under penalties of perjury, I certify that the information that I have provided on this form is true, correct and complete.

Signature _____

Name (printed) _____

Position _____ Date _____

Owner Number _____ Agent Number _____

Owner Email _____@_____

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 one below):

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

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 one below):

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

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 lessee's obligations under 42 U.S.C. 482(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 they have provided is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date

Housing Authority of the County of Dauphin
501 Mohn Street, P.O. Box 7598, Steelton, PA 17113-0598

Owner Certification

Lead Paint

I, _____, as the legal Owner/Agent of the Leased dwelling unit located at _____ hereby certify that to the best of my knowledge, the unit is in compliance with HUD Lead Paint Regulations, 24 CFR, Part 35, which require that all interior and exterior surfaces, such as stairs, decks, porches, railings, windows and doors for households with children under six years of age, be free of cracking, scaling, peeling, chipping and loose paint or that such surfaces have been adequately either treated or covered to prevent the eating of lead based paint.

All surfaces to be treated have been thoroughly washed and/or scraped, so as to remove all cracking, scaling, peeling, chipping and loose paint before repainting with, at a minimum, at least two coats of suitable non-lead paint. All surfaces to be covered have had the paint removed or covered with materials such as hardboard, plywood, drywall, plaster or other suitable material.

Signed _____

Date

The Housing Authority of the County of Dauphin must obtain the above certification that the work has been done in accordance with the above requirements prior to execution or renewal of any Housing Assistance Payments Contract.



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

501 MOHN STREET • P.O. BOX 7598 • STEELTON, PENNSYLVANIA 17113-7598
TELEPHONE: 717-939-9301 • FAX 717-939-7947 • TDD 1-800-545-1833, EXTENSION 304

Attention Landlord:

Please be advised that after September 15, 2000, a dwelling unit constructed before 1978 and occupied by a family that includes a child under the age of six years, the initial and each periodic inspection must include a visual inspection for defective paint surfaces. If defective paint surfaces are found, such surfaces must be treated. Treatments of defective paint surfaces and chewable surfaces must consist of covering or removal of the paint in accordance with the following requirements:

A defective paint surface shall be treated if the total area of defective paint on a component is:

1. More than 10 square feet on an exterior wall;
2. More than 2 square feet on an exterior component with a large surface area, excluding exterior walls and including, but not limited, to ceilings, floors, doors and interior walls; or
3. More than 10% of total surface area on an interior or exterior components with a small surface area, including but not limited to, window sills, baseboards and trim.

Acceptable methods of treatment are: removal by wet scraping, wet sanding, chemical stripping on or off site, replacing painted components, scraping with infra-red or coil type heat gun with temperatures below 1100 degrees, HEPA vacuum sanding, HEPA vacuum needle gun, contained hydro blasting or high pressure wash with HEPA vacuum and abrasive sandblasting with HEPA vacuum. Surfaces must be covered with durable materials with joints and edges sealed and caulked as needed to prevent the escape of lead contaminated dust.

Prohibited methods of removal are: open flame burning or torching, machine sanding or grinding without a HEPA exhaust, uncontained hydro blasting or high pressure wash and dry scraping except around electrical outlets or except when treating defective paint spots not more than two square feet in any one interior room or space (hallway, pantry, etc.) or totaling no more than 20 square feet on exterior surfaces.

During exterior treatment, soil and playground equipment must be protected from contamination.

All treatment procedures must be concluded with a thorough cleaning of all surfaces in the room or area of treatment to remove fine dust particles. Cleanup must be accomplished by wet washing surfaces with a lead solubilizing detergent such as trisodium phosphate or an equivalent solution.

(See Reverse)

Waste and debris must be disposed of in accordance with all applicable federal, state and local laws.

The owner must take appropriate action to protect residents and their belongings from hazards associated with treatment procedures. Residents must not enter spaces undergoing treatment until cleanup is completed. Personal belongings that are in work areas must be relocated or otherwise protected from contamination.

Prior to execution of the HAP contract, the owner must inform the PHA and the family of any knowledge of the presence of lead-based paint on the surfaces of the residential unit.

The PHA may exempt from such treatment defective paint surfaces that are found in a report by a qualified lead-based paint inspector not to be lead-based paint. For purposes of this section, a qualified lead-based paint inspector certified or regulated by a state or local health or housing agency, or an organization recognized by HUD.

Treatment of defective paint surfaces required under this section must be completed within 30 calendar days of PHA notification to the owner. When weather conditions prevent treatment of the defective paint conditions on exterior surfaces within the 30 day period, treatment as required may be delayed for a reasonable time. The requirements in this paragraph apply to:

1. All painted interior surfaces within the unit, including ceilings, but excluding furniture;
2. The entrance and hallway, providing access to a unit in a multi-unit building; and
3. Exterior surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age, including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds.

For a dwelling unit constructed before 1978 that is occupied by a family with a child under the age of six years with an identified EBL (elevated blood level) condition of 20 $\mu\text{g}/\text{dl}$ (micrograms of lead per deciliter) for a single test or of 15-19 $\mu\text{g}/\text{de}$ in two consecutive tests three-four months apart, the initial and each periodic inspection must include a test for lead-based paint on chewable surfaces. Testing is not required if previous testing of chewable surfaces is negative for lead-based paint, or if the chewable surfaces have already been treated.

Testing must be conducted by a state or local health or housing agency, an inspector certified or regulated by a state or local health or housing agency or an organization recognized by HUD. Lead content must be tested by using an X-ray fluorescence analyzer (XRF) or by laboratory analysis of paint samples. When lead-based paint on chewable surfaces is identified, treatment of the paint surface is required and treatment shall be completed within 30 days.