

TO: NEW LANDLORD

FROM: HOUSING AUTHORITY OF THE CITY OF FRANKLIN

RE: FORMS NECESSARY FOR A HOUSING ASSISTANCE CONTRACT

THIS TENANT HAS EXPRESSED INTEREST IN RECEIVING RENTAL ASSISTANCE FROM THE HOUSING AUTHORITY OF THE CITY OF FRANKLIN. THE HOUSE MUST PASS HOUSING QUALITY STANDARDS BEFORE A CONTRACT CAN BE EXECUTED. PLEASE COMPLETE, SIGN, AND RETURN THE FOLLOWING FORMS:

1. REQUEST FOR TENANCY APPROVAL
2. SECTION 8 LANDLORD CERTIFICATION
3. W-9, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
4. OWNER'S ASSURANCE OF COMPLIANCE WITH EXECUTIVE ORDER 11063 AND WITH TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968
5. LANDLORD MINORITY INFORMATION SHEET
6. DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT

PLEASE COMPLETE AND RETURN ALL FORMS SO AN INSPECTION CAN BE SCHEDULED. THE AUTHORITY IS REQUIRED TO CONDUCT A RENT REASONABLENESS SURVEY OF HOUSES WITHIN THE SAME NEIGHBORHOOD OF THE RENTAL PROPERTY TO DETERMINE IF THE CONTRACT RENT IS REASONABLE.

**PLEASE RETURN THIS TO THE OFFICE!**

**IN ORDER FOR THE INSPECTION TO BE DONE  
THE GAS AND ELECTRIC MUST BE TURNED ON**

## SECTION 8 LANDLORD CERTIFICATION

RE:

\_\_\_\_\_  
(STREET ADDRESS OF ASSISTED UNIT)

\_\_\_\_\_  
(CITY/TOWN, STATE, ZIP)

### OWNERSHIP OF ASSISTED UNIT

I CERTIFY THAT I AM THE LEGAL OR THE LEGALLY DESIGNATED AGENT FOR THE ABOVE REFERENCED UNIT AND THAT THE PROSPECTIVE TENANT HAS NO OWNERSHIP INTEREST IN THE DWELLING UNIT WHATSOEVER.

### APPROVED RESIDENTS OF ASSISTED UNIT

I UNDERSTAND THAT THE FAMILY MEMBERS LISTED ON THE DWELLING LEASE AGREEMENT AS APPROVED BY THE HOUSING AUTHORITY ARE THE ONLY INDIVIDUALS PERMITTED TO RESIDE IN THE UNIT. I ALSO UNDERSTAND THAT I AM NOT PERMITTED TO LIVE IN THE UNIT WHILE I AM RECEIVING HOUSING ASSISTANCE PAYMENTS.

### HOUSING QUALITY STANDARDS

I UNDERSTAND MY OBLIGATIONS IN COMPLIANCE WITH THE HOUSING ASSISTANCE PAYMENTS CONTRACT TO PERFORM THE NECESSARY MAINTENANCE SO THE UNIT CONTINUES TO COMPLY WITH HOUSING QUALITY STANDARDS.

### SECURITY DEPOSIT AND TENANT RENT PAYMENTS

I UNDERSTAND THAT THE SECURITY DEPOSIT IS SET BY THE LANDLORD, BUT IT MUST BE REASONABLE. I UNDERSTAND THE TENANT'S PORTION OF THE CONTRACT RENT IS DETERMINED BY THE HOUSING AUTHORITY AND THAT IT IS ILLEGAL TO CHARGE ANY ADDITIONAL AMOUNTS FOR RENT OR FOR ANY OTHER ITEM NOT SPECIFIED IN THE LEASE WHICH HAVE NOT BEEN SPECIFICALLY APPROVED BY THE HOUSING AUTHORITY.

### REPORTING VACANCIES TO THE HOUSING AUTHORITY

I UNDERSTAND THAT SHOULD THE ASSISTED UNIT BECOME VACANT, I AM RESPONSIBLE TO NOTIFY THE HOUSING AUTHORITY IMMEDIATELY IN WRITING.

### COMPUTER MATCHING CONSENT

I UNDERSTAND THE HOUSING AUTHORITY PAYMENT CONTRACT PERMITS THE HOUSING AUTHORITY OR HUD TO VERIFY MY COMPLIANCE WITH THE CONTRACT. I CONSENT FOR THE HOUSING AUTHORITY OR HUD TO CONDUCT COMPUTER MATCHES TO VERIFY MY COMPLIANCE AS THEY DEEM NECESSARY. THE HOUSING AUTHORITY AND HUD MAY RELEASE AND EXCHANGE INFORMATION REGARDING MY PARTICIPATION IN THE SECTION 8 PROGRAM WITH OTHER FEDERAL AND STATE AGENCIES.

### ADMINISTRATIVE AND CRIMINAL ACTIONS FOR INTENTIONAL VIOLATIONS

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS AND RESPONSIBILITIES OF THE HOUSING ASSISTANCE PAYMENTS CONTRACT IS GROUNDS FOR TERMINATION OF PARTICIPATION IN THE SECTION 8 PROGRAM. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE, INCOMPLETE OR INACCURATE INFORMATION IS PUNISHABLE UNDER FEDERAL OR STATE CRIMINAL LAW.

\_\_\_\_\_  
SIGNATURE OF LANDLORD

DATE \_\_\_\_\_

**WARNING - TITLE 18 US CODE SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. STATE LAW MAY ALSO PROVIDE PENALTIES FOR FALSE OR FRAUDULENT STATEMENTS.**

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

**OWNER'S ASSURANCE OF COMPLIANCE WITH EXECUTIVE ORDER  
11063 AND WITH TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968**

I CERTIFY THAT I AND ANYONE AUTHORIZED TO ACT FOR ME SHALL COMPLY WITH THE PROVISIONS OF EXECUTIVE ORDER 11063 AND OF TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, AS AMENDED. NEITHER I NOR ANYONE AUTHORIZED TO ACT FOR ME SHALL IN THE SELECTION OF FAMILIES, IN THE PROVISION OF SERVICES, OR IN ANY OTHER MANNER DISCRIMINATE AGAINST ANY PERSON ON THE GROUNDS OF RACE, COLOR, CREED, RELIGION, SEX, OR NATIONAL ORIGIN.

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**(SIGNATURE OF OWNER)**

## MINORITY BUSINESS CERTIFICATION

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
ADDRESS

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

\_\_\_\_\_  
EMPLOYER IDENTIFICATION NUMBER

MINORITY: YES \_\_\_\_\_ NO \_\_\_\_\_

WHITE AMERICAN \_\_\_\_\_

NATIVE AMERICAN \_\_\_\_\_

HISPANIC AMERICAN \_\_\_\_\_

OTHER \_\_\_\_\_

BLACK AMERICAN \_\_\_\_\_

ASIAN/PACIFIC AMERICAN \_\_\_\_\_

HISPANIC JEW \_\_\_\_\_

FEMALE OWNED: YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

# 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. 07/31/2007)

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)