

REQUEST FOR TENANCY APPROVAL
Housing Authority of the County of Los Angeles

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

ELIGIBLE VOUCHER BEDROOM SIZE:	TENANT ID:
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UNIT TO BE INSPECTED (Fill in completely; print clearly and legibly)

Street Address		Unit/Apartment #	
City		State	Zip Code
Number of Bedrooms	Year Built	Proposed Rent \$	Security Deposit \$
		Date Unit Ready for Inspection*	

UNIT TYPE (check one)

Single family
 Duplex
 Condo/Townhouse
 Apartment
 Mobile home
 Mobile space

UTILITIES AND APPLIANCES (check all applicable boxes)

	Gas	Electric	Owner	Tenant		Owner	Tenant
The unit heater is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who pays the trash/sewer bill?	<input type="checkbox"/>	<input type="checkbox"/>
The range (oven) is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who provides the range (oven)?	<input type="checkbox"/>	<input type="checkbox"/>
The water heater is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who provides the refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>
					Who pays the gas bill?	<input type="checkbox"/>	<input type="checkbox"/>
					Who pays the electric bill?	<input type="checkbox"/>	<input type="checkbox"/>
					Who pays the water bill?	<input type="checkbox"/>	<input type="checkbox"/>
					Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

*** UNIT INSPECTION DATE**

The **unit must be vacant** or occupied by the assisted tenant in order for an inspection to be scheduled. Any furniture and appliances present in the unit must remain in place for the assisted tenancy. If the unit is furnished with items not to remain in place for the assisted tenancy, the unit is not ready for inspection. **If the tenant moves into the unit before the date authorized by the Housing Authority, the tenant is responsible for the entire rent until date of authorization.**

Owner Initials _____

IF THIS UNIT IS SUBSIDIZED, INDICATE TYPE OF SUBSIDY:

Tax Credit
 Home
 Section 221(d)(3)(BMIR)
 Section 206 (Insured or noninsured)
 Section 202
 Section 515 Rural Development
 Other _____ (Describe other subsidy, include state or local subsidy)

RENT REASONABLENESS

The rent charged to the assisted tenant must not be more than the rent charged for other unassisted comparable units. **If the unit is in a building with 2 or more units, the owner MUST attach a rent roll.** A rent roll is the owner's up-to-date official ledger/list of all rental units on the premises, including each unit's address and apartment number, rent amount, and bedroom size, and indicating which units are subsidized or unsubsidized.

Owner Initials _____

BUSINESS LICENSE REQUIREMENT

I, the owner of the above named unit own _____ other units in the **same** City or County jurisdiction.

Owner Initials _____

LEAD-BASED PAINT OWNER CERTIFICATION (must check one)

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 a 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.

CONFLICT OF INTEREST (renting to relatives)

By signing this form, the owner and Section 8 recipient certify that the owner (including a principal or other interested party) is not the spouse, parent, child, grandparent, grandchild, sister or brother of any member of the Section 8 household that is seeking to rent the unit. (The Housing Authority may allow an exception to this policy as a reasonable accommodation for persons with a disability.)

RELEASE OF INFORMATION TO OWNER

The Housing Authority does not screen the family for suitability. **Screening is the owner's responsibility.** The Housing Authority is required to release specific information about a family/tenant's current and prior addresses if information is available and requested in writing by an owner who has completed an RTA. If the owner would like information on the family's current and/or prior address, and/or the names and addresses of the landlords of the family's current and/or prior address, a request may be submitted in writing to: Housing Authority of the County of Los Angeles, P.O. Box 2129, Santa Fe Springs, CA 90670. The Housing Authority will give the same types of information to all families and to all owners.

OWNER INFORMATION

Name of Owner _____
 Name and Title of Other Party Authorized to Execute Lease _____
 Mailing Address (Number, Street, Apt/Suite) _____
 City, State, Zip _____
 Telephone Numbers (home and messages) _____
 Signature of Owner or Authorized Representative _____ Date _____
 Owner Email Address (if available) _____

TENANT INFORMATION

Name of Family Representative _____
 Present Address of Family (Number, Street, Apt/Suite) _____
 City, State, Zip _____
 Telephone Numbers (home and messages) _____
 Signature of Family Representative _____ Date _____

Number of children UNDER AGE 6 in the family: _____

FOR OFFICE USE ONLY:
 HA representative: _____
 Date RTA rec'd: _____
 Jurisdiction: In (IJ)
 Out (OJ)
 Census tract _____
 City code _____
 LBPVA required? YES
 NO