

Request for Unit Approval

Tenant's Name:	
Unit Number and Address:	Number of Bedrooms:
Landlord's Name:	
Landlord's Address:	Landlord's Telephone Number:

INSTRUCTIONS: This form should be completed by the Tenant and the Landlord to request the agency's approval of the unit for which the Tenant has elected to receive rental assistance.

LANDLORD: The unit must be inspected by this agency. Until unit approval and execution of a rental assistance contract, this agency is not responsible for any part of the rent. Please attach a copy of your proposed lease to this form.

TENANT: With the Landlord, fill out this form completely and return to this agency. **DO NOT SIGN A LEASE UNTIL THE UNIT HAS BEEN INSPECTED AND APPROVED BY THIS AGENCY.**

1. **TYPE OF UNIT:** _____ Single Family House _____ Mobile/Manufactured Home
 _____ Duplex _____ Apartment _____ Townhouse
 _____ Other (please specify): _____

2. **Date unit was constructed:** _____

3. **What was the most recent rent charged (prior to this transaction)?** \$ _____

4. **In the previous rent stated above, were the same utilities & appliances included in the rent?** YES NO

5.

Utilities & Services		Who pays?	
		Landlord/owner	Tenant
Heat Fuel Type:	write in heat fuel type here		
Cooking Fuel Type:	write in cooking fuel type here		
Hot Water Fuel Type:	write in hot water fuel type here		
Electric service for lights and items plugged into wall outlets			
Type of Water service:	<input type="checkbox"/> Municipal <input type="checkbox"/> Well water		
Type of Sewage service:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic System		
Does unit have paid trash collection?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does unit have air conditioning?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

6.

Appliances	Who supplies?	
	Landlord/owner	Tenant
Refrigerator		
Stove/Range		

7. **LANDLORD/OWNER CERTIFICATION:** By executing this request, the owner agrees that the required Lease Addendum(s) is acceptable and certifies that: (1) the information provided on this form is accurate and true; (2) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract; (3) the unit currently meets proper housing quality standards (or will be brought to standard before the rental assistance contract is executed); and (4) this unit is made available, managed, and operated regardless of race, color, national origin, sex, religion, disability, familial status, age, sexual orientation, gender identity or marital status. (5) The person executing this form on behalf of the Landlord hereby warrants that they are the true owner of the property and/or are duly authorized by the owner to execute this form on behalf of the Landlord.
 ***Property managers must complete an Agency Authorization form (HCA form 322) and attach a copy of the management agreement contract with the owner.

PRINTED NAME OF TENANT:
SIGNATURE OF TENANT:
DATE:

PRINTED NAME OF LANDLORD/OWNER:
SIGNATURE OF LANDLORD/OWNER
DATE:

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

