

Assisted Housing – Housing Choice Voucher Program  
Request for Tenancy Approval, Landlord Information and Rent Survey Form

In order to make the leasing process less cumbersome, we are implementing new procedures for submitting our client's Request for Tenancy Approval (RTA), Landlord Information form and we are also asking that you complete the new Rent Survey Form. The new process will allow landlords to submit these forms electronically via e-mail, fax, mail and in person.

Information submitted will be verified to insure that the request is for an eligible Section 8 participant. Once the information is verified landlords will receive a response via e-mail within one working day indicating the inspection date and time.

Submitting forms electronically will not eliminate the requirement for original signatures. Therefore, please have the original forms signed and ready to present to the inspector at the time of the inspection.

On the next 5 screens, you will find the RTA, Landlord Information and Rent Survey forms. Completely fill out all information on all forms. All fields must be completed in order to submit the forms. When you have completed your data entry, hit the submit button. If you experience problems and if you are not able to submit the forms, please contact Inspections at 837-5371 and you will be contacted as soon as possible.

Thank you for using the Community Services Department web site for scheduling your Housing Assistance inspection.

# 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. 05/31/2004)

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	Landlord	Tenant
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		
Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Evap Cooling			
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 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)

## Rent Survey

Unit Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Rent: \_\_\_\_\_

No. Bedrooms: \_\_\_\_\_ Date Built: \_\_\_\_\_ Square Feet: \_\_\_\_\_

No. Bathrooms: \_\_\_\_\_ 1/2 \_\_\_\_\_ 3/4 \_\_\_\_\_ Full

Manager/Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Please check off below the items that most closely describe your unit(s)**

### Age

- |  |  |
|--|--|
| <input type="checkbox"/> Prior to 1950 | <input type="checkbox"/> 2000 to Present |
| <input type="checkbox"/> 1950 to 1960  | <input type="checkbox"/> 1960 to 1970    |
| <input type="checkbox"/> 1970 to 1985  | <input type="checkbox"/> 1985 to 2000    |

### Unit Type

- |  |  |
|--|--|
| <input type="checkbox"/> Apartment         | <input type="checkbox"/> Duplex        |
| <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Single Family |
| <input type="checkbox"/> Townhouse         |  |

### Size Square Feet

- |  |  |
|--|--|
| <input type="checkbox"/> 100 to 250 sqft | <input type="checkbox"/> 1201 or more sqft |
| <input type="checkbox"/> 251-500 sqft    | <input type="checkbox"/> 501-750 sqft      |
| <input type="checkbox"/> 751-1200 sqft   |  |

### Bedroom Size

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Studio       | <input type="checkbox"/> One Bedroom   |
| <input type="checkbox"/> Two Bedroom  | <input type="checkbox"/> Three Bedroom |
| <input type="checkbox"/> Four Bedroom | <input type="checkbox"/> Five Bedroom  |

### Amenities and Facilities

- |  |   |
|--|---|
| <input type="checkbox"/> Carport               | <input type="checkbox"/> Dishwasher               |
| <input type="checkbox"/> Garbage Disposal      | <input type="checkbox"/> Fireplace                |
| <input type="checkbox"/> Garage                | <input type="checkbox"/> Microwave                |
| <input type="checkbox"/> N/A                   | <input type="checkbox"/> Patio/Deck/Porch/Balcony |
| <input type="checkbox"/> Security Bars & Doors | <input type="checkbox"/> Extra Storage Room/Area  |
| <input type="checkbox"/> Washer/Dryer Hookups  | <input type="checkbox"/> Dual/Triple Pane Windows |
| <input type="checkbox"/> Extra Bathroom        |   |

Please check off below the items that most closely describe your unit(s)

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**Onsite Features**

- Good Upkeep of Grounds
- N/A
- Swimming Pool

- Laundry Facility
- Playground/Common Area

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**Location**

- Residential
- Rural

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**Quality**

- Excellent Condition
- Good Condition
- Fair Condition
- Poor Condition

**LANDLORD INFORMATION**

16. Address of the unit and apartment # \_\_\_\_\_

17. Owner is employed by the City of Tucson or Pima County: Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is yes, a Disclosure of Interest Form must be filled out with the City of Tucson, City Clerk's Office and a copy of the form submitted to the Section 8 Office.

18. Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_

19. Agent/Representative: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_

20. Monthly rent shall be Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_

Tax I.D. Number or Social Security Number \_\_\_\_\_  
(Reported to IRS for Income Tax Purposes)

\_\_\_\_\_  
Print or Type Name of Owner or Other Party Authorized to Execute the Lease

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Telephone Number Date (mm/dd/yyyy)

\_\_\_\_\_  
E-mail address