

# Request for Tenancy Approval Special Programs

<b>1. Address of Unit to be inspected. Please print.</b>		
	Apt # _____	Fort Worth 7_____ Mapsco Page _____
<b>2. Name of Public Housing Agency (PHA):</b> <b>FORT WORTH HOUSING SOLUTIONS</b> <b>HOUSING CHOICE VOUCHER PROGRAM</b> <b>P O BOX 430</b> <b>FORT WORTH TEXAS 76101</b>  Phone: (817)333-_____ <b>FAX: (817) 333-</b> _____		
		TTP AMOUNT \$ _____  VOUCHER SIZE _____  ANNIVERSARY DATE _____
INSPECTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> RELOCATION <input type="checkbox"/> OTHER		

<b>3.</b> Requested start date of lease	<b>4.</b> No of bedrooms	<b>5.</b> No of bathrooms	<b>6.</b> Year Constructed	<b>7.</b> Proposed Rent \$ _____	<b>8.</b> Security Deposit \$ _____	<b>9.</b> Date unit available for inspection	<b>10.</b> Total Sq. feet of unit
---	--------------------------	---------------------------	----------------------------	----------------------------------	-------------------------------------	--	-----------------------------------

**11. Type of House/Apartment**  
 Single Family Detached     Semi-Detached/Row House     Manufactured Home     Garden/Walkup     Elevator/High-Rise

**12.** 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) \_\_\_\_\_

**13. Utilities and Appliances**

The owner shall provide or pay 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

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)			

**14. 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.

**15. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

**16.** The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

**17.** 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.

<b>OWNER of property as defined on DEED OF RECORD IS:</b>			
_____	_____	_____	_____
Print Name of Owner	Printed Name of Head of Household	Client Number	
_____	_____		
Owner Address	Signature of Head of Household		
_____	_____		
Apartment Community Name (if applicable)	_____	_____	_____
Print Name of Agent or Party authorized to execute lease	Telephone Number	Date	
_____	_____		
Signature	Date	_____	
_____	Present Street Address of Family		
Business Address	_____		
_____	Present City, State, Zip Code		
Email	_____		
_____	Landlord Name/Phone Number		
Fax Number	Phone Number	_____	

Revised: October 2016

