

# 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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Jacksonville Housing Authority 895 Gardner Drive, Southeast, Jacksonville, Alabama 36265			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

### 11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
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 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 if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



# The Housing Authority of the City of Jacksonville

## Section 8 Landlord Certification

### **Ownership of Assisted Unit**

I certify that I am the legal owner or the legally designated agent for the referenced unit and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

### **Approved Residents of Assisted Unit**

I understand the family members listed on the dwelling lease agreement as approved by the Jacksonville Housing Authority are the only individuals permitted to reside in the unit. Also, I 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 necessary maintenance so the unit continues to comply with Housing Quality Standards.

### **Reporting Vacancies to the Housing Authority**

I understand that should the assisted unit become vacant, I am responsible to notify the Jacksonville Housing Authority immediately in writing.

### **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 falsifying material facts is a violation of State and Federal law.

Assisted Unit Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
**Signature of Landlord/Agent**

\_\_\_\_\_  
**Date**

**WARNING!** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).



895 Gardner Dr., SE Jacksonville, AL 36265 (P) 256-435-2485 (F) 256-435-2437





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of the City of Jacksonville

**Section 8 Attachment to Request for Tenancy Approval**

The Housing Authority is required to provide Section 8 Landlords information about the applicant's current/prior addresses and landlords.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Current Landlord: \_\_\_\_\_

Current Landlord Telephone Number: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_

Prior Landlord: \_\_\_\_\_

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

Prior Landlord Telephone Number: \_\_\_\_\_

How long did you live there: \_\_\_\_\_

Prior Landlord: \_\_\_\_\_

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

Prior Landlord Telephone Number: \_\_\_\_\_

How long did you live there: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Landlord/Agent \_\_\_\_\_ Date \_\_\_\_\_

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).



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Lead Based Paint Disclosure  
Disclosure of Information of Lead-Based Paint and Lead-Based Paint Hazards

**Lead Warning Statement**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

**Owner's Disclosure**

(a) Presence of lead-based paint hazards (please check one box below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (Please explain).  
\_\_\_\_\_

Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to owner (please check one box below):

Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (please list documents provided below).  
\_\_\_\_\_

Owner has no reports or records pertaining to lead-paint and/or lead-based paint hazards in the housing

**Tenant's Acknowledgement**

(c) Tenant has received copies of all information above.

(d) Tenant has received the pamphlet Protect your Family from Lead in your Home from the Housing Agency

**Housing Agency's Acknowledgement**

(e) Housing Agency has informed the tenant of the owner's obligations under 42U.S.C.4852(d) and is aware of agency's responsibility to ensure compliance

**Certification of Accuracy**

The following parties have reviewed the information above and certify the best of their knowledge, that the information provided by those signing this document is true and accurate.

\_\_\_\_\_  
Tenant Print Name

\_\_\_\_\_  
Owner/Manager Print Name

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date