

**HOME RENTAL ASSISTANCE PROGRAM
REQUEST FOR UNIT APPROVAL**

TENANT NAME & APPLICATION NO. Amelia Lopez	LANDLORD NAME Beth Martin	NO. OF BEDROOMS 2
UNIT NO. & ADDRESS 145 S. Maple Street, Wisconsin Rapids		LANDLORD'S ADDRESS 147 S. Maple Street, Wisconsin Rapids Telephone No.: (920) 261-5896

INSTRUCTIONS:

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

Landlord: Please read the sample Lease Addendum and information about Housing Quality Standards provided in the Tenant's Rental Packet. After the Tenant submits this request to **ABC CAP**, a staff member will contact you to arrange for an inspection. **ABC CAP** is not responsible for any part of the rent prior to unit approval and execution of the HOME Coupon Contract. Please attach a copy of your proposed lease to this form.

Tenant: With the Landlord, fill out this form completely and return it to: **ABC CAP**. Do not sign a lease until **ABC CAP** has inspected and approved the unit.

(1) Type of Unit: Single Family Semi-detached/Row House Garden/Walk up
 Elevator/High Rise Mobile Home Date Constructed: **1990**

(2) Most recent rent charged: **\$799**
Were the same utilities/appliances included in the rent: Yes No

(3) <u>Utilities and Appliances</u>	<u>Provided by Owner</u>	<u>Provided by Tenant</u>
Heating (fuel type: <u>Natural Gas</u>)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: <u>Natural Gas</u>)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: <u>Natural Gas</u>)	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>
Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

OWNER CERTIFICATION: By executing this request, the owner agrees that the required Lease Addendum is acceptable and certifies that: (1) the information provided on the 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 Housing Quality Standards (or will be brought to HQS standard before the Rental Assistance Contract is executed; and (4) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, or familial status.

Tenant Name (Type or Print): Amelia Lopez	Landlord Name (Type of Print): Beth Martin
(Signature/Date) <i>Amelia Lopez</i>	(Signature/Date) <i>Beth Martin</i>

