

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

TENANT NAME & APPLICATION NO.	LANDLORD NAME	NO. OF BEDROOMS
UNIT NO. & ADDRESS		LANDLORD'S ADDRESS Telephone No.

**INSTRUCTIONS:**

This form should be completed by the Tenant and the Landlord to request the [program administrator'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 the [program administrator], a staff member will contact you to arrange for an inspection. The [program administrator] 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: \_\_\_\_\_.  
Do not sign a lease until the [program administrator] 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: \_\_\_\_\_

(2) Most recent rent charged:  
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: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: _____)	<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):	Landlord Name (Type of Print):
(Signature/Date)	(Signature/Date)

