

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) Community Development Commission of Mendocino County 1076 N. State Street, Ukiah, CA 95482 (707) 463-5462	2. Address of Unit (street address, unit #, city, state, zip code)
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11. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
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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) _____
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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	<u>All utilities must be on in order for unit to be inspected</u> Electricity provided by: (circle one) PG & E or City Electricity Is the unit being shared with a roommate? YES or NO		
Water			
Sewer			
Trash Collection			
Air Conditioning			
Other (specify)			
Refrigerator			Provided by
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.

1. Is the proposed landlord and/or spouse related to the proposed tenants? (circle one) Yes or No

2. Is this an Apartment Complex? Yes or No if yes answer the question below:

Apartment Complex name: _____

*Landlords Email Address: _____ Fax#: _____

*Participants/Tenants Email Address: _____

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)

Disclosure of Information on Lead-Based Paint and/or 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 managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

Housing Quality Standards Inspection Preparation

The Federally funded rental assistance program you are participating in, does not recognize California Marijuana laws.

There should be no sign of drug use or production, including marijuana.

All utilities must be turned on.

There should be a smoke detector in the common living area or hallway, and in each bedroom. Smoke detectors must have batteries and be in working condition.

Tenant Housekeeping

The unit will fail inspection due to any of the following:

- An excess amount of garbage on countertops or floors. This includes garbage bags full of trash or recycling.
- Hallways restricted by items that would prevent easy access to rooms or the unit itself.
- Animal urine or feces not contained to a litter box or “pee pad.”
- Unsanitary bathroom conditions.
- Unsanitary kitchen conditions, including dirty dishes with mold present, rotten food, or receptacles with stagnant water.
- Extremely dirty floors or carpeting, including food residue, or animal waste.
- An excess of dirty laundry piled anywhere in the house.
- Rodent or insect infestation.

General

Heaters – Must have no items resting on them, regardless of if they are in use.

Walls and Ceiling – Must be in good condition and free of any large holes or gouges.

Floors – Must be structurally sound and free of tripping hazards.

Exterior Doors – Must be weather tight with operable locks.

Windows – Must be lockable if they are accessible from the outside. Also must be operable as an alternate exit or ventilation point.

Major Appliances – Must be in proper working order with all handles and knobs in place. This includes the refrigerator, oven and stove.

Stairway - Must be free of tripping hazards and have a handrail installed.

Please see reverse

Electrical

Lighting Fixtures – Must have working light bulbs/tubes installed and their covers in place. Light switches must function and have cover plates in place. Cover plates cannot be cracked or broken.

Electrical Outlets – Must be functioning correctly with undamaged cover plates in place. There can be no cracks in either the outlet itself or the cover plate.

GFCI Protection – All electrical outlets within two feet of any water source must be GFCI protected. This includes homes built without ground wires routed to individual outlets.

Plumbing

All plumbing fixtures should be free of leaks and appropriately sealed.

Sinks – The kitchen and the bathroom must have sinks with “p” traps in place. They must have hot and cold running water. The faucet and corresponding knobs at the sink must be in working order.

Tub/Shower – Must have hot and cold running water. Shower head and faucet must be in working order with hot and cold water available.

Water Heater – Must have **two** earthquake straps in place, regardless of capacity or height. Pressure relief valve must have a drain line installed that is no less in diameter than the cold water inlet. Drain line must be rigid, copper or PVC-C pipe.

Exterior

Walkways – Must be free of tripping hazards. This includes cement that has cracked and has a raised edge. This also includes boardwalks or brick paths presenting edges that can be tripped on.

Porches – Must be structurally sound. If they are higher than thirty inches from the ground, a railing must be present.

Stairways – If rising over thirty inches, a handrail must be present.

Garbage – Entire property must be free of trash, garbage, bagged garbage, or excess animal feces. This also includes large accumulations of unused junk.

If you have any questions, please call 707-463-5462 ex 106

I, the landlord/Owner have read the above and to the best of my knowledge all items listed are complete and the unit is ready for inspection;

Landlord/Owners Signature

Date



Community Development Commission of Mendocino County
1076 N. State St., Ukiah, CA 95482

707/463-5462
Fax: 707/463-4188
TDD: CA Relay 711

LANDLORD AFFIDAVIT

By my signature below, I, _____ (Owner's First & Last Name)
acknowledge as follows:

- 1) I am the owner of the property located at _____
- 2) I am not related by blood, marriage, domestic partner, or other familial relationship to _____, or to any other person who will live in the rental unit.
(Tenant's First & Last Name)
- 3) I have approved the following household members to occupy the unit (list ALL approved household members including minors): _____

- 4) I understand that the Housing Authority will not pay any portion of the rent for any time that a Housing Choice Voucher program participant lives in a unit prior to the effective date of the executed Housing Assistance Payment (HAP) Contract.
- 5) I understand that the Tenant's portion of the contract rent is determined by the Housing Authority and that it is illegal to charge any additional amounts for rent or other items/services not specified in the lease agreement and not approved in writing by the Housing Authority.
- 6) I understand the enforcement of the lease is my (owner's) responsibility and that I must provide the Housing Authority with a copy of any lease notifications provided to the Tenant.
- 7) I understand that listing a family on a CDC waiting list, or selecting a family for participation in the program, is not a representation by CDC to the owner/landlord about the family's expected behavior, or the family's suitability for tenancy. Screening a family for suitability is the owner's/landlord's responsibility. CDC does not pre-screen tenants for landlord's rental units.
- 8) I understand that CDC may release to prospective Landlords the name and address of the current and previous Landlords that have rented to their potential tenant (if known) within the past five years.
- 9) I acknowledge that I am not a former member or officer of the CDC (except a participant commissioner), I am not a Public Official, member of a governing body, or state or local legislator who exercises functions or responsibilities related to the program, or a member of the U.S. Congress.
- 10) I acknowledge and understand that CDC provides rental assistance to my tenant and does not provide property management services to the landlord or the tenant. I understand it is**



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the landlord's responsibility to manage the tenant in accordance with their Lease/Rental Agreement, the Housing Assistance Payment Contract and California Tenant/Landlord law. I understand that CDC cannot provide legal advice to landlords or tenants in regards to California Tenant/Landlord law.

11) I understand that CDC completes Housing Quality Standard (HQS) inspections of the rental unit throughout the tenancy BUT not on an annual basis. CDC will conduct an inspection within twelve months of the tenants first year of occupancy. If that inspection passes, CDC will conduct inspections on a biennial basis (every other year). If a family, landlord or third party requests a special inspection in the interim, CDC at its discretion, may conduct an inspection in the interim of the biennial process.

I currently reside in the property which will also be occupied by the tenant (shared housing) yes no

Landlord's Signature

Date

Contact Number

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