## 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. 10/31/2010)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances

of confidentiality are not provided under this collection. Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested do es not lend itself to confidentiality.

1. Name of Public Housing A	Agency (PHA) Princ	ounty Office	Address of Unit (street address, apartment number, city, State & zip code)				
of Housing and Community  Development				15941 Donald Curtis Dr. Suite 112 Woodbridge, VA 22191			
3. Requested Beginning Dat	te of Lease 4. Num	ber of Bedrooms	5. Year Constructed	6. Proposed Ren	t 7. Security Deposit A	mt. 8. Date U	nit Available for Inspection
9. Type of House/Apartmen Single Family Det		i-Detached / Ro	ow House	Manufactured	Home Garden /	Walkup	Elevator / High-Ris
10. If this unit is subsidized, Section 202		idy (d)(3)(BMIR)	Section 2	36 (Insured or	noninsured)	Section 515	Rural Development
Home	Tax Credit						
Other (Describe O	ther Subsidy, Inclu	ding Any State o	r Local Subsidy)		•		
11. Utilities and Appliances The owner shall provide or by a "T". Unless otherwise	pay for the utilities an	nd appliances indic owner shall pay fo	cated below by an " or all utilities and app	O". The tenant sha	all provide or pay for the ut y the owner.	lities and appliar	nces indicated below
Item	Specify fuel type					Provided by	Paid by
Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Cooking	Natural gas	Bottle gas		Electric	Coal or Other		
Water Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other		
Other Electric							
Water							
Sewer							
Trash Collection							
Air Conditioning							
Refrigerator							
Range/Microwave							
Other (specify)							

Owner's Certifications.     The program regulation requires the to the housing choice voucher tenant is nother unassisted comparable units. Own units must complete the following sec	ot more than the rer lers of projects wit tion for most rece	nt charged for th more than 4	c. Check one of the following:  Lead-based paint disclosure requirements do not apply because the property was built on or after January 1, 1978.
comparable unassisted units within th	761	rc	The unit, common areas servicing the unit, and exterior painted
Address and unit number  1.	Date Rented	Rental Amount	surfaces associated with such unit or common areas have been found to lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
2.			A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the uncommon areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.
3,:			13. The PHA has not screened the family's behavior or suitability fo tenancy. Such screening is the owner's own responsibility.
b. The owner (including a principal or			<ol> <li>The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.</li> </ol>
parent, child, grandparent, grandchild, sis family, unless the PHA has determined (a family of such determination) that approvi ing such relationship, would provide reason member who is a person with disabilities.	nd has notified the on no leasing of the un	owner and the it, notwithstand-	15. 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.
		4	
Print or Type Name of Owner/Owner Repres	sentative		Frint or Type Name of Household Head
Signature			Signature (Household Head)

Date (mm/dd/yyyy)

Telephone Number

Date (mm/dd/yyyy)

Present Address of Family (street address, apartment no., city, State, & zip code)

Business Address

Telephone Number