HOM	Request for Tenancy Approval Tenant-Based Rental Assistance	Prospective Tenant Name

The *Request for Tenancy Approval* must be completed and executed by the owner or his/her agent and the prospective tenant in order to initiate rental assistance on behalf of the participant. HOM, Inc. uses the information collected in these pages to determine program eligibility for the owner, unit, and lease. **All pages must be delivered to HOM Inc. by email to the assigned housing specialist, regular mail, in person or via fax at (602) 265-4680.** Your assistance and cooperation are greatly appreciated.

1. Property/ Unit Information

Complex Name: Street Address: Unit #	City: Zip Code:
Floor Plan Name:	Number of Units on Property:

☐ Non-Renovated	☐ Semi-Renovated	☐ Fully Renovated

Date Avail for Inspection	Lease Start Date	Lease End Date	# Bedrooms	# Bathrooms	Year Built	Square Footage
	Lease must be a minimum of 12 months ending on the last day of the month					

2. One-time up front or initial fees

Fee Description	Amount	Property Notes	FOR HOM USE ONLY
Application Fee	$		
Refundable Security Deposit	$		
Security Deposit Alternative	$		Not available in California
Non-Refundable Fee	$		
Pet Deposit	$		Pet deposits will **NOT** be paid by the program

3. Monthly Fees

**** Please list all Mandatory fees charged to ALL Tenants****

Fee Description	Amount	Property Notes	FOR HOM USE ONLY
Base Rent	$		
Flat rate - Water	$		Only list if rate does not change
Flat rate - Sewer	$		Only list if rate does not change
Flat rate - Trash	$		Only list if rate does not change
Flat rate - Electric	$		Only list if rate does not change
Flat rate - Gas	$		Only list if rate does not change
Internet/Cable	$		
Valet Trash	$		
Facilities	$		
Pool Service Fee	$		
Technology Package	$		
Rental Insurance	$		Not Covered In California
Parking Fee	$		
Storage Unit	$		
Mail/Parcel Locker Service Fee	$		
Pet Rent	$		Pet rent or fees will **NOT** be paid by the program
Other: _____	$		
Rental Concessions/Move in Special	$		
Total Contract Rent	$	***PLEASE PROVIDE MOVE-IN COST SHEET***	
Inspection Instructions (i.e. Gate code/Lockbox code)			

4. Type of House / Apartment:				
☐ Single Family Detached	☐ Semi-Detached / Row House	☐ Manufactured Home	☐ Apartment	☐ Elevator/High-Rise

5. If this unit is subsidized, indicate the type of subsidy:						
☐ Section 202 or 811	☐ Section 221 (d)(3)(BMIR)	☐ Section 236 (Insured or noninsured)	☐ Section 515 Rural Development	☐ HOME	☐ Tax Credit (LIHTC)	☐ Other (Specify):

6. Management Structure	
☐ Owner Operated	☐ Management Company **(Please include Property Management Agreement)**

7. Utilities and Appliances:
The owner shall provide or pay for the utilities and appliances indicated below by checks in the "Owner" boxes. The tenant shall provide or pay for the utilities and appliances indicated below by checks in the "Tenant" boxes. Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Electric	Natural Gas	Propane	Utility Billing: Included in Rent	Utility Billing: Billed to Tenant on Usage	Utility Billing: Tenant Pay Third Party Provider	Utility Providers
Heating	☐	☐	☐	☐	☐	☐	***Electric Provider:***
Heat Pump	☐	☐	☐	☐	☐	☐	
Cooking	☐	☐	☐	☐	☐	☐	
Water Heating	☐	☐	☐	☐	☐	☐	***Natural Gas Provider:***
Other Electric	☐	☐	☐	☐	☐	☐	
(Check): ☐ Air Conditioning ☐ Evaporative Cooling				☐	☐	☐	***Water Provider:***
Water				☐	☐	☐	
Well Water	☐Public	☐Private		☐	☐	☐	If Private Well Water, Is it Filtered? ☐ Yes ☐ No
Sewer				☐	☐	☐	***Sewer Provider:***
Trash Collection				☐	☐	☐	
Common Area Maintenance				☐	☐	☐	
Appliance: Range		**Provided By ->**		☐ **Owner**		☐ **Tenant**	***Sanitation Provider:***
Appliance: Refrigerator		**Provided By ->**		☐ **Owner**		☐ **Tenant**	
Other (Specify):				☐	☐	☐	***Other:***

8. Amenities and Facilities: Please check the applicable unit amenities and property facilities for the dwelling unit

Unit Amenities		Property Facilities	
☐ Garbage Disposal	☐ Double Sinks (Bathroom)	☐ Swimming Pool	☐ Gated Community
☐ Dishwasher	☐ Patio	☐ Racquetball Court	☐ Lighted Walkways
☐ Microwave	☐ Balcony	☐ Tennis Court	☐ Covered Parking
☐ Ceiling Fan(s)	☐ Vertical Blinds	☐ Basketball Court	☐ Community Grills
☐ Walk-In Closet(s)	☐ Double-Paned Windows	☐ Jacuzzi	☐ Security Patrol
☐ Vaulted Ceilings	☐ Cable Ready	☐ Laundry Facilities	☐ Elevators
☐ Track Lighting	☐ New Appliances	☐ Weight Room	☐ Close to Bus Line
☐ French Doors	☐ Washer / Dryer	☐ Club House	☐ Close to Shopping

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9. Owner's Certifications:

By executing this request, the owner certifies that:

a. The person completing and executing this request for tenancy approval is the legal owner or the legally designated agent for the above referenced unit and the applicant / prospective tenant has no ownership interest in the dwelling unit whatsoever. The owner or agent understands that HOM, Inc. will verify ownership of the unit through the county assessor's office, however, may request additional information to verify ownership if necessary.

Please provide a copy of the property management agreement if the unit is being managed by an agent.

b. The family members listed on the proposed lease agreement as approved by HOM, Inc. are the only individuals permitted to reside in the unit. Neither the owner nor the agent is permitted to live in the unit while receiving housing assistance payments for the unit.

c. The most recent rent charged for the above dwelling unit was **$**_____per month. This rent included the following utilities:

☐ Heating ☐ Cooking ☐ Water Heating
☐ Cooling ☐ Other Electric
☐ Water ☐ Sewer ☐ Trash

The reason for any *difference* between the prior rent and the proposed rent for this lease is:

_____

d. The owner understands his obligations in compliance with the Housing Assistance Payments (HAP) Contract toperform necessary maintenance, so the unit initially meets and continues to comply with housing quality standards.

e. The amount of the security deposit requested is in compliance with state and local law. The tenant's portion of the monthly rent to the owner is determined by HOM, Inc. and it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by HOM, Inc.

f. The owner (including principal or other interested party) is not the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless HOM, Inc. has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family memberwho is a person with disabilities.

g. A completed Lead Warning Statement is attached containing disclosure of any 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.

h. The owner has received a copy of the Overview of the HOM, Inc. Rental Assistance Programs.

HOM, Inc. has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

i. The owner's lease must include word-for-word all provisions of the Tenancy Addendum.

j. HOM, Inc. will arrange for an inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

k. Requested rent is comparable to non-subsidized market tenants.

Applicant Signature Required for Mainstream

Business Name of Property or Name of Owner / Owner Representative	Name of Applicant / Family
Signature Date	Signature(s) Date
Business Address Fed Taxpayer ID # or Soc. Sec #:	Present Address of Family
Telephone Number ( )	Telephone Number ( )
Fax Number ( )	Other Telephone Number ( )
E-Mail Address	E-Mail Address

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10. Rent Reasonableness:
Properties with more than four (4) comparable units must complete the following section using units leased within the past 12 months, unsubsidized, "market rate" units within the premises. Owners of individual properties may also submit comparables with validated supported documentation.

Comparable Unit #1

Address and Unit Number	# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	FOR HOM USE ONLY: Utility Allowance	FOR HOM USE ONLY: Gross Rent
					$	$	$

Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	☐	☐	☐	☐	☐	Cooling/Air Conditioning	☐	☐
Heat Pump	☐	☐	☐	☐	☐	Water	☐	☐
Cooking	☐	☐	☐	☐	☐	Well Water	☐	☐
Water Heating	☐	☐	☐	☐	☐	Sewer	☐	☐
Other Electric (Lights)				☐	☐	Trash Collection	☐	☐

Comparable Unit #2

Address and Unit Number	# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	FOR HOM USE ONLY: Utility Allowance	FOR HOM USE ONLY: Gross Rent
					$	$	$

Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	☐	☐	☐	☐	☐	Cooling/Air Conditioning	☐	☐
Heat Pump	☐	☐	☐	☐	☐	Water	☐	☐
Cooking	☐	☐	☐	☐	☐	Well Water	☐	☐
Water Heating	☐	☐	☐	☐	☐	Sewer	☐	☐
Other Electric (Lights)				☐	☐	Trash Collection	☐	☐

Comparable Unit #3

Address and Unit Number	# Bed	# Bath	Square Footage	Date Leased or Renewed	Total Contract Rent	FOR HOM USE ONLY: Utility Allowance	FOR HOM USE ONLY: Gross Rent
					$	$	$

Item	Electric	Gas	Propane	Included in Rent	Tenant Pays	Item	Included in Rent	Tenant Pays
Heating	☐	☐	☐	☐	☐	Cooling/Air Conditioning	☐	☐
Heat Pump	☐	☐	☐	☐	☐	Water	☐	☐
Cooking	☐	☐	☐	☐	☐	Well Water	☐	☐
Water Heating	☐	☐	☐	☐	☐	Sewer	☐	☐
Other Electric (Lights)				☐	☐	Trash Collection	☐	☐

RENT REASONABLENESS DETERMINATION – FOR HOM USE ONLY					
Subject Unit: Address and Unit Number	Unit Size	Square Footage	Requested Contract Rent	Utility Allowance	Gross Rent
			$	$	$

In accordance with 24 CFR Part 982.507, I certify that, based upon the information provided by the owner in Section 18 above, the requested Contract Rent is reasonable. (Reference Notice PIH 2003-12)

HOM Representative Signature _____ Title _____ Date _____