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| 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 three pages must be delivered to HOM, Inc. by email at RFTA@hominc.com, regular mail, in person or via fax at (602) 265-4680. Your assistance and cooperation is greatly appreciated. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Housing Provider  HOM, Inc.  5326 E Washington St., Suite 5  Phoenix AZ 85034-2130 | | | | | | | | | | | | 2. Address of Unit (Street Address, Apt #, City, State & Zip Code) | | | | | | | | | | | |
| 3. Date Avail for Inspection | | 4. Lease Start Date | | | | | | 5. Lease End Date | | | | 6. Bedrooms  (Number) | | | 7. Bathrooms  (Number) | | | | 8. Year Built | | | | 9. Square Footage |
|  | | **Lease must be 12 months** | | | | | | | | | |  | | |  | | | |  | | | |  |
| 10. Proposed Rent **(Including Tax)**  **$** | | | | | | 11. Application / Processing Fee  **$** | | | | | | 12. Refundable Security Deposit  **$** | | | | | | | 13. Non-Refundable Fee  **$** | | | | |
| 14. Rent Concession or Move-In Special **(Please provide explanation or separate worksheet detailing any financial concession offered)** | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Type of House / Apartment: | | | | | | | | | | | | | | | | | | | | | | | |
| Single Family Detached | | | Semi-Detached / Row House | | | | | | | | Manufactured Home | | | | | Apartment | | | | | | Elevator/High-Rise | |
| 16. If this unit is subsidized, indicate the type of subsidy: | | | | | | | | | | | | | | | | | | | | | | | |
| Section 202 | Section 221 (d)(3)(BMIR) | | | | | | | | Section 236 (Insured or noninsured) | | | | | | | | | Section 515 Rural Development | | | | | |
| HOME | Tax Credit (LIHTC) | | | | | | | | Other (Specify): | | | |  | | | | | | | | | | |
| 1. 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 | | | Owner | | | | Tenant | | | Utility Providers | | | | | | |
| Heating | | | |  | | |  | | |  | | | |  | | | ***Electric Provider:*** | | | | | | |
| Cooking | | | |  | | |  | | |  | | | |  | | | Choose an item. | | | | | | |
| Water Heating | | | |  | | |  | | |  | | | |  | | | ***Natural Gas Provider:*** | | | | | | |
| Other Electric | | | |  | | | | | |  | | | |  | | | Choose an item. | | | | | | |
| Cooling (Check):  Air Conditioning  Evaporative Cooling | | | | | | | | | |  | | | |  | | | ***Water Provider:*** | | | | | | |
| Water | | | |  | | | | | |  | | | |  | | |  | | | | | | |
| Sewer | | | |  | | | | | |  | | | |  | | | ***Sewer Provider:*** | | | | | | |
| Trash Collection | | | |  | | | | | |  | | | |  | | |  | | | | | | |
| Appliance: Range | | | | **Provided By - - - - >** | | | | | |  | | | |  | | | ***Sanitation Provider:*** | | | | | | |
| Appliance: Refrigerator | | | | **Provided By - - - - >** | | | | | |  | | | |  | | |  | | | | | | |
| Other (Specify): | | | | | | | | | |  | | | |  | | | ***Other:*** | | | |  | | |
| 18. 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 / Courtesy 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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| Request for Tenancy Approval Tenant-Based Rental Assistance | **Prospective Tenant Name:** |

1. Owner’s Certifications:

By executing this request, the owner certifies that:

* 1. 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 management agreement if the unit is being managed by an agent.***

* 1. 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.
  2. 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:

|  |
| --- |
|  |

* 1. The owner understands his obligations in compliance with the Housing Assistance Payments (HAP) Contract to perform necessary maintenance so the unit initially meets and continues to comply with housing quality standards.
  2. The amount of the security deposit requested is in compliance with state and local law. The tenant’s portion of the monthly rent to 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.
  3. 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 member who is a person with disabilities.
  4. 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.
  5. The owner has received a copy of the Overview of the HOM, Inc. Rental Assistance Programs.
  6. **HOM, Inc. has not screened the family’s behavior or suitability for tenancy. Such screening is the owner’s responsibility.**
  7. The owner’s lease must include word-for-word all provisions of the Tenancy Addendum.

|  |  |
| --- | --- |
| * 1. The total number of dwelling units located at the property are: |  |

* 1. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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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| Request for Tenancy Approval Tenant-Based Rental Assistance | **Prospective Tenant Name:** |

1. Rent Reasonableness:

Owners of projects with *more than four (4) units* must complete the following section for most recently leased comparable unassisted units within the premises.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Comparable Unit #1*** | | | | | | | | **FOR HOM USE ONLY** | |
| Address and Unit Number | | | Unit Size | Square Footage | Date Rented / Lease Renewed | | Monthly Rent  (Incl. Tax) | Utility Allowance | Gross Rent |
|  | | |  |  |  | | **$** | **$** | **$** |
| Item | Electric | Gas | Owner Pays | Tenant Pays |  | Item | | Owner Pays | Tenant Pays |
| Heating |  |  |  |  |  | Cooling / Air Conditioning | |  |  |
| Cooking |  |  |  |  |  | Water | |  |  |
| Water Heating |  |  |  |  |  | Sewer | |  |  |
| Other Electric (Lights) |  |  |  |  |  | Trash Collection | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Comparable Unit #2*** | | | | | | | | **FOR HOM USE ONLY** | |
| Address and Unit Number | | | Unit Size | Square Footage | Date Rented / Lease Renewed | | Monthly Rent  (Incl. Tax) | Utility Allowance | Gross Rent |
|  | | |  |  |  | | **$** | **$** | **$** |
| Item | Electric | Gas | Owner Pays | Tenant Pays |  | Item | | Owner Pays | Tenant Pays |
| Heating |  |  |  |  |  | Cooling / Air Conditioning | |  |  |
| Cooking |  |  |  |  |  | Water | |  |  |
| Water Heating |  |  |  |  |  | Sewer | |  |  |
| Other Electric (Lights) |  |  |  |  |  | Trash Collection | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Comparable Unit #3*** | | | | | | | | **FOR HOM USE ONLY** | |
| Address and Unit Number | | | Unit Size | Square Footage | Date Rented / Lease Renewed | | Monthly Rent  (Incl. Tax) | Utility Allowance | Gross Rent |
|  | | |  |  |  | | **$** | **$** | **$** |
| Item | Electric | Gas | Owner Pays | Tenant Pays |  | Item | | Owner Pays | Tenant Pays |
| Heating |  |  |  |  |  | Cooling / Air Conditioning | |  |  |
| Cooking |  |  |  |  |  | Water | |  |  |
| Water Heating |  |  |  |  |  | Sewer | |  |  |
| Other Electric (Lights) |  |  |  |  |  | Trash Collection | |  |  |

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| **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 20 above, the requested Contract Rent is reasonable. *(Reference Notice PIH 2003-12)*

|  |  |  |  |  |
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|  |  |  |  |  |
| HOM Representative Signature |  | Title |  | Date |