## **Request for Tenancy Approval**

U.S Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0169 exp. 04/30/2026

Housing Choice Voucher Program

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.

1. Name of Public Housir	ng Agency (PHA)				2. Address of Uni	t (street ad	dress, unit #,	city, state, zip code)
Anniston Housing								
							la la	
3. Requested Lease Star	t 4.Num	ber of Bedrooms	5. Year Constru	cted 6	3.Proposed Rent	7.Security Amt	Deposit 8	Date Unit Available for Inspection
Date						,		
9.Structure Type					10. If this unit is	subsidiz	ed, indicate	type of subsidy:
Single Family De	tached (one fa	amily under one	roof)		Section 202	2 <b>S</b>	ection 221(d	)(3)(BMIR)
Semi-Detached (duplex, attached on one side)					☐ Tax Credit ☐ HOME			
Rowhouse/Townhouse (attached on two sides)				Section 236 (insured or uninsured)				
Low-rise apartment building (4 stories or fewer)				Section 515 Rural Development				
High-rise apartment building (5+ stories)				Other (Describe Other Subsidy, including any state or local subsidy)				
Manufactured Home (mobile home)								
11. Utilities and App	oliances			diaataa	d balaw by an "	O" Thot	onant chall	provide or pay
The owner shall profor the utilities/appl	vide or pay to lances indica	or the utilities/ eted below by:	appliances in a "T". Unless o	otherwi	ise specified be	elow, the	owner shal	II pay for all
utilities and provide								
Item	Specify fuel t							Paid by
Heating	☐ Natural g	gas 🗖 Bottled	gas 🗖 Ele	ctric	Heat Pump	Oil	Other	
Cooking	☐ Natural g	gas 🗖 Bottled	gas 🗖 Ele	ctric			Other	
Water Heating	Natural g	gas 🗖 Bottled	gas 🗖 Ele	ctric		Oil	☐ Other	
Other Electric								
Water				40				
Sewer								
Trash Collection								
Air Conditioning								
Other (specify)								
								Provided by
Harris Marie Street Company								
Refrigerator								
Range/Microwave								

the rent charged to the his not more than the rent comparable units. Owner units must complete the recently leased comparable premises.  Address and unit number  1.  2.  3.  b. The owner (including a party) is not the parent, or the parent	ousing choice voucher to charged for other unastress of projects with more following section for mobile unassisted units with Date Rented Rental A	enant Listed than 4 st In the Immount	Lead-based paint disclosure red because this property was built 1978.  The unit, common areas servici painted surfaces associated with areas have been found to be lead-based paint inspector certification program or under State certification program or under State certification program.  A completed statement is attacted is a completed statement is attacted and/or lead-based paint hazard areas or exterior painted surfaces statement that the owner has	ing the unit, and exterior th such unit or common ead-based paint free by a tified under the Federal a federally accredited ched containing on on lead-based paint ds in the unit, common ces, including a		
sister or brother of any new the PHA has determined and the family of such de leasing of the unit, notw would provide reasonable	nember of the family, ur (and has notified the over etermination) that appro ithstanding such relation	less ner ving 13 ship, sui	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			
member who is a person		14 pro	sponsibility.  The owner's lease must include ovisions of the HUD tenancy add	lendum.		
			. The PHA will arrange for inspec tify the owner and family if the			
instructions, searching existing data Collection of information about the required to approve tenancy. Assurancy other aspect of this collection on Department of Housing and Urban Ito, a collection of information unless	sources, gathering and maint unit features, owner name, a ances of confidentiality are not finformation, including sugge Development, Washington, Dos the collection displays a vali	aining the data nd tenant name t provided und stions to reduc 20410. HUD n d control numb		g the collection of information. vides the PHA with information rding this burden estimate or nd Indian Housing, US. rson is not required to respond		
<b>Privacy Notice:</b> The Department of 982.302. The form provides the PHA form are not stored or retrieved with	A with information required to	ent (HUD) is au approve tenar	ithorized to collect the information req ncy. The Personally Identifiable Informa	uired on this form by 24 CFR ition (PII) data collected on this		
I/We, the undersigned, certify unde submits a false claim or makes a fal- administrative penalties. (18 U.S.C.	se statement is subject to crir	ninal and/or civ U.S.C. §3729, 3	vided above is true and correct. WARN il penalties, including confinement for 1802).	up to 5 years, fines, and civil and		
Print or Type Name of Owner/		Pr	int or Type Name of Household He	ead		
Owner/Owner Representative Signature			Head of Household Signature			
Business Address		Pr	esent Address			
Telephone Number	Date (mm/dd,	уууу) Те	elephone Number	Date (mm/dd/yyyy)		

c. Check one of the following:

12. Owner's Certifications

a. The program regulation requires the PHA to certify that

Attachment to Request for Tenancy Approval and/or Rental Increase:

Please check mark all boxes that apply to the particular unit you are requesting an inspection on or a rent increase on. This form will need to accompany the Request for tenancy approval as well as the rental increase request:

wner	Provided Amenities:			
	Basement/Attic			
	Ceiling Fan			
	Covered and/or Off-Str	eet Parking		
	Energy Efficient Certific			
	Handicap Accessible			
	Playground/Courts			
	Security System			
	Working Fireplace			
	Business/Fitness Cente	er		
	Central A/C Unit			
	Deck/Balcony/Patio/Po	orch		
	Fenced			
	Hardwood Floors			
	Pool			
	Storage			
	Yard Sprinkler System			
	Cable/internet Ready			
	Ceramic Tile Floors			
	Dishwasher			
	Garage			
	· · ·			
	Range	_		
	Washer/Dryer Hookup	)S		
	Carpeting			
	Clubhouse			
	•			
	Modern Appliances			
	Refrigerator Window/Wall AC Unit			
	Williamy Wall Ac Offic			
	Utilities to be PAID for	by owner. Ple	ase circle all th	nat apply:
	Air Conditioning	Cooking Collection	Heating Water	Other Electric Water Heating
	Sewer Trash (	SOMECHOIL	,,	

## 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.

	sor'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.
Les	see'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.
<b>Ag</b> (e)	ent's Acknowledgment (initial) 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.
The	tification of Accuracy following parties have reviewed the information above and certify, to the best of their knowledge, that information they have provided is true and accurate.
	or Date Lessor Date
Les	or Date Lesson Date