

REQUEST FOR UNIT APPROVAL

Tenant's Name:	
Unit Number and Address:	Number of Bedrooms:
Landlord's Name:	
Landlord's Address:	Landlord's Telephone Number:

INSTRUCTIONS: This form should be completed by the Tenant and the Landlord to request _____'s approval of the unit for which the Tenant has elected to receive rental assistance. (Agency Name)

Landlord: The unit must be inspected by: _____ (Agency Name). Until unit approval and execution of rental assistance contract, _____ (Agency Name) is not responsible for any part of the rent. Please attach a copy of your proposed lease to this form.

Tenant: With the Landlord, fill out this form completely and return to: _____. Do not sign a lease until _____ (Agency Name) has inspected and approved the unit. (Agency Name)

1. Type of Unit: ____ Single-Family ____ Semi-detached/Row House ____ Garden/Walk-up ____ Elevator/High Rise
____ Mobile Home
2. Date Constructed: _____
3. Most recent rent charged: _____ 4. Were the same utilities/appliances included in the rent? Yes ____ No ____

UTILITIES AND SERVICES	CHECK THIS BOX IF PAID BY OWNER	CHECK THIS BOX IF PAID BY TENANT
Heating (specify type) Heating Fuel	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (specify type) Cooking Fuel	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (specify type) Water Heating Fuel	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
APPLIANCES	CHECK THIS BOX IF PROVIDED BY OWNER	CHECK THIS BOX IF PROVIDED BY TENANT
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>

OWNER CERTIFICATION: By executing this request, the owner agrees that the required Lease Addendum is acceptable and certifies that: (1) the information provided on the form is accurate and true; (2) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract; (3) the unit currently meets the proper housing quality standards (or will be brought to standard before the rental assistance contract is executed; and (4) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, disability, or familial status.

PRINTED NAME OF FAMILY REPRESENTATIVE:	PRINTED NAME OF LANDLORD REPRESENTATIVE:
SIGNATURE OF FAMILY REPRESENTATIVE AND DATE:	SIGNATURE OF LANDLORD REPRESENTATIVE AND DATE: