

CONTINUUM OF CARE

(The landlord and/or tenant must complete all information in full or the packet will not be accepted.)

Owner Instructions

This family is eligible for rental assistance and has a Request for Tenancy Approval Packet for the owner to complete. Units must be ready for inspection and all of the documents signed by the tenant and owner when the Request for Tenancy Approval Packet is submitted to our office.

For Single Family Units:

The Owner Must Provide Verification of Ownership:

- Copy of deed (Deed of Trust, Warranty Deed)
or
- Property tax receipt
or
- Home owner's insurance policy
- Picture ID
- Social Security card

The Request for Tenancy Approval Packet Contains the Following:

Request for Tenancy

The Request for Tenancy Approval must be completed by the owner/landlord. The information provided on this form is used to complete the tenant's rent calculations and provide necessary information for the lease and contract, order the inspection and to insure proper payment to the owner. Please make sure that all "boxes" are filled in and both parties have signed this form.

Section 11 will indicate who is responsible for paying the utilities and providing the appliances. In the columns enter an "O" if the utility or appliance will be the owner's responsibility or a "T" if it will be the tenant's responsibility. The utilities that ask to "specify type" need an "X" or check mark in the appropriate box to indicate the type of fuel used.

All Requests for Tenancy Approval must be in our office by the fifteenth (15th) of the month in order for the lease to be effective the first (1st) of the following month.

Request for Taxpayer Identification Number and Certification

The W-9 form must be completed and submitted in order for landlords/management companies to be paid by the Housing Assistance Program.

CONTINUUM OF CARE

Inspection Guidelines

1. The landlord shall maintain the dwelling unit and the equipment provided in it to provide decent, safe and sanitary housing in accordance with the Housing Quality Standards as defined in 24CFR, 982. The landlord shall provide all services, maintenance and utilities as provided in the lease.
2. There are thirteen (13) key aspects of housing quality covered by the HQS, which include:
 - Sanitary facilities
 - Food preparation and refuse disposal
 - Space and security
 - Thermal environment
 - Illumination and electricity
 - Structure and materials
 - Interior air quality
 - Water supply
 - Lead-based paint
 - Access
 - Site and neighborhood
 - Sanitary conditions
 - Smoke detectors

A copy is available upon request.

CONTINUUM OF CARE

(The landlord and/or tenant must complete all information in full or the packet will not be accepted.)

TO: All Prospective Landlords / Owners
FROM:
RE: Tax Credits / HUD Subsidies on Unit to be Inspected

Due to the regulation on Tax Credits that governs the amount of rent that can be charged, it will be necessary for you to inform us if you are receiving any other Tax Credits. You must also inform us if you are receiving any other HUD subsidies on the unit listed on the attached Request for Tenancy Approval.

Please check the appropriate answer:

- Yes. I am receiving Tax Credits on this unit.
 No. I am not receiving any Tax Credits.

Are you receiving any of the following HUD subsidies?

- Section 221 (d) (3) BMIR
 Section 202
 Section 236 (insured)
 Section 236 (non-insured)
 FmHA Section 515
 State or locally subsidized
 I am not receiving any of the above subsidies.

Address of unit receiving Tax Credits or HUD subsidies, if applicable:

CONTINUUM OF CARE

Unit Data Sheet

Date: _____ Area: _____

Requested Rent: _____

Census Tract: _____

Unit Address: _____

City: _____ State: _____ Zip: _____

Owner / Agent: _____ Phone: _____

General Information:

Unit Type: Single Family Multi-family
 Plexes, Garden, Town or Row House Other (specify _____)

General Condition: Minimal Average Above Average

Measured Square Footage: _____ Approximate Age: _____)

of Bedrooms: _____ # of Bathrooms: _____ # of Rooms: _____

CHECK ALL THAT APPLY:

- Patio / Deck / Porch / Yard Garage / Carport Extra Storage Fence
 Basement Recreational Facilities Public Transportation
 Maintenance Provide
 Carpet Blinds Ceiling Fan(s) Fireplace Dishwasher
 Garbage Disposal Washer / Dryer Coin-operated Laundry
 Owner-furnished Range Owner-furnished Refrigerator
 Central Air Conditioning Portable A/C Unit

UTILITIES (please circle)

Heating: Gas or Electric Tenant Pays or Owner Pays

Stove: Gas or Electric Tenant Pays or Owner Pays

Water Heater: Gas or Electric Tenant Pays or Owner Pays

Water: _____ Tenant Pays or Owner Pays

Electricity: _____ Tenant Pays or Owner Pays

Additional Comments: _____
