



REQUEST FOR TENANCY PACKET

Incomplete Packets will not be reviewed and will be returned

MHC Housing Commission is NOT responsible for any portion of the rent prior to the unit passing inspection and execution of the HAP contract.

Section 8 Tenants are not allowed to move in before the Section 8 inspection or without contracts for your review.

To be submitted to Melvindale Housing Commission in addition to the completed request for tenancy packet

1. A blank, unsigned copy of the proposed Lease agreement for our review specifying:
2. Proof of Ownership for the property (Copy of Grant, Deed or Tax Bill and/or management agreement.
3. Proof that water and taxes are current
4. Picture ID and Social Security Card
5. Current Certificate of Occupancy issued by the City
6. Proof of tax ID number (if applicable)
7. Name of owner/individual to contact to schedule inspection:

Telephone # _____

A Move-In inspection will be scheduled within fifteen (15) days of our receipt of the this completed packet and all supporting documents. Please help us serve you better by having the unit ready for inspection. This includes all necessary repairs and renovations must be completed. All utilities must be on and the unit must be move-in ready.

ONCE THE UNIT HAS PASSED INSPECTION, WE WILL CONFIRM THE MOVE-IN DATE WITH YOU AND THE TENANT. FINAL PAPERWORK WILL BE PREPARED FOR SIGNATURES.

Payments

Once the unit passes inspection, it may take up to 21 days for a landlord to receive the first check, afterwards monthly HAP checks should be received by the 5th of the Month.

Prior to Inspection

ALL UTILITIES MUST BE ON

Common Fail Items Include but are not limited to the following

All smoke alarms must be working and on every level
Driveways and porches must be level No trip hazards
Paint should not be chipping or peeling either interior or exterior
All Stove Burners and oven must operate
No missing/cracked outlet covers; No exposed wiring
Carpet/vinyl must be properly adhered to floor no trip hazards
Bathrooms must have operable fan/window
Circuit breaker box should identify house area operated
Window screens must be in place and not missing

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

Melvindale Housing Commission 3501 Oakwood Blvd. Melvindale, MI 48122			2. Address of Unit (street address, apartment number, city, State & zip code)		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection
9. Type of House/Apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise					
10. If this unit is subsidized, indicate type of subsidy <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit # of Bathrooms _____ Square Footage of Unit _____ <input type="checkbox"/> Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____					

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

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

c. Check one of the following:

____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

____ A completed statement is attached containing disclosure of 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.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Joint Owner/Tenant Inspection

UNIT MUST BE VACANT (UNLESS PREVIOUSLY OCCUPIED BY THE SECTION 8 VOUCHER HOLDER)

Tenant Name: _____ Number of Bedrooms: _____

Unit Address: _____

- | | | |
|---|---------|--------|
| 1. Does unit have a Living Room? | Yes () | No () |
| 2. Does unit have a Bathroom? | Yes () | No () |
| 3. Does unit have a Kitchen? | Yes () | No () |
| 4. Are interior walls free from lead-based paint? | Yes () | No () |
| 5. Are interior walls and ceilings free from cracks, holes, bulges, leaning or loose surface materials? | Yes () | No () |
| 6. Does unit have a satisfactory means of exit? | Yes () | No () |
| 7. Do all exterior doors and windows have working locks? | Yes () | No () |
| 8. If doors have a deadbolt, can they be opened without a key from the inside? | Yes () | No () |
| 9. Do ALL windows have screens? | Yes () | No () |
| 10. Does unit have broken windows? | Yes () | No () |
| 11. Does unit have properly vented, adequate and safe heating facilities? | Yes () | No () |
| 12. Do ALL sleeping rooms have a window? | Yes () | No () |
| 13. Does unit have two electrical outlets per room OR one electrical outlet and one permanent light fixture per room? | Yes () | No () |
| 14. *Does unit have an operating stove? | Yes () | No () |
| 15. *Does unit have an operating refrigerator? | Yes () | No () |
| 16. Is there a safe ceiling light and wall switch in the kitchen? | Yes () | No () |
| 17. Does the kitchen have adequate and sanitary storage? | Yes () | No () |
| 18. Do the kitchen and bathroom(s) have hot and cold running water? | Yes () | No () |
| 19. Does the bathroom have a shower/tub? | Yes () | No () |
| 20. Does the bathroom have toilet facilities offering privacy? | Yes () | No () |
| 21. Does the bathroom have operable window AND/OR fan? | Yes () | No () |
| 22. Is there a drain pipe from the pressure relief valve pointing downward and ending NO MORE THAN six (6) inches above the floor? | Yes () | No () |
| 23. Are exterior walkways free from trip hazards? | Yes () | No () |
| 24. Is the exterior porch area free from hazards? | Yes () | No () |
| 25. Are exterior walls free from leaks, buckling, holes and loose siding? | Yes () | No () |
| 26. If the unit has security bars: does each bedroom, without a door to the exterior, have a quick-release latch for emergency exit? | Yes () | No () |
| 27. Is there at least one WORKING smoke detector on each level of the home , including the basement? | Yes () | No () |

28. Is the unit structurally sound?

Yes ()

No ()

29. Is the unit safe from rodent/vermin infestation?

Yes ()

No ()

30. Does the unit have problems with mold?

Yes ()

No ()

31.

***Important:** An operable stove/range are required under Section 8 regulations. If these appliances are not present at the time of the inspection, they must be in place within a two-week period. Non-compliance will result in immediate cancellation of your Request for Lease Approval and/or Section 8 contract.

Signature of Owner/Agent: _____ Date: _____

Signature of Head of HH: _____ Date: _____

LANDLORD GENERAL INFORMATION SHEET

NAME: _____

BUSINESS NAME (If Applicable) _____

ADDRESS: _____
(No P.O. Box)

CITY/STATE/ZIP: _____

PHONE: _____

EMERGENCY CONTACT NUMBER _____

SOCIAL SECURITY NUMBER OR EIN _____

FAX: _____

EMAIL: _____

Address that you want your monthly Housing Assistance Payment (HAP) check mailed to (PO Box is acceptable).

Street

City

State

Zip

**DISCLOSURE OF INFORMATION ON LEAD-BASED AND/OR LEAD-BASED
PAINT HAZARDS**

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, chips and dust can pose a health hazard 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.

Lessor's Disclosure:

(a) Presence of lead-based paint and/or lead-based paint hazards (check (1) or (2) below):

(1) ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____

(2) ☐ Lessor's 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 (1) or (2)

(1) ☐ Lessor has provided the lessee with available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents)

(2) ☐ Lessor has no reports or records pertaining to lead-based paint hazards in housing.

Lessee's acknowledgement (initial)

____ Lessee has received copies of all information listed above.

____ Lessee has received the pamphlet "Protect Your Family From Lead in Your Home"

Agent's Acknowledgement (initial)

____ Agent has informed the lessor's obligation under 42 U.S.C.4852d and is aware of his/her responsibility to insure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify to the best of their knowledge that the information they have provided is true and accurate.

<hr/> Lessor	<hr/> Lessor
Date	Date
<hr/>	
<hr/> Lessee or Agent	<hr/> Lessee or Agent
Date	Date

AUTHORIZATION TO INSPECT DWELLING UNIT

REFERENCED UNIT: _____

The unit is at the present time _____ Occupied or _____ Vacant (check one)

I hereby grant the Melvindale Housing Commission permission to inspect or cause to be inspected by the Housing Inspector (s) the above referenced unit.

I agree that I am the legal owner of the property and/or I have the right to grant such permission for inspection.

I further release and hold harmless any representative of the Melvindale Housing Commission conducting an inspection of the subject property from any claims, liability or damage arising from or during the inspection.

Signature of owner / agent

Date

HOUSING CHOICE VOUCHER LANDORD CERTIFICATION

Name of HCV Participant (your prospective tenant's name)

RE:

Address of unit (street, city, state and zip)

OWNERSHIP OF ASSISTED UNIT

I certify that I am the legal or the legally designated agent for the above unit, and the prospective tenant has no ownership interest in the dwelling unit whatsoever. I certify that I am not the parent, child, grandparent, grandchild, sister, brother or any member of the tenant's family.

APPROVED RESIDENTS OF ASSISTED UNIT

I understand that the family members listed on the dwelling lease agreement as approved by the Melvindale Housing Commission (YHC) are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

HOUSING QUALITY STANDARDS

I understand my obligation in compliance with the Housing Assistance Payment contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

SECURITY DEPOSIT and TENANT RENT PAYMENTS

I understand the amount of security deposit I collect may not be in excess of Michigan Law. I understand that the tenant's portion of the contract rent is determined by the YHC. I understand that it is illegal to charge any additional amounts for the rent or any other items not specified in the lease which have not been specifically approved by the YHC. No damage or vacancy claims will be paid by the YHC following tenant move-out.

REPORTING VACANCIES TO THE HOUSING AUTHORITY

I understand that should the assisted unit become vacant, I am responsible for notifying the YHC immediately in writing.

OWNER RESPONSIBILITIES AND BREACH OF CONTRACT

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Contract is grounds for termination of participation in the HCV program. A breach of the contract includes; violation of any obligation under any HAP contract including the owner's obligation to maintain the unit in accordance with HQS; violations of any obligation under any other HAP contract under Section 8 of the 1937 Act; if the owner has committed fraud, bribery or any other corrupt or criminal act in connection with a federal housing program; for projects with mortgages insured by HUD or loans made by HUD, if the owner has failed to comply with the regulations for the Applicable Mortgage insurance or loan program, with the mortgage or mortgage note or with the regulatory agreement; or if the owner has committed fraud, bribery or any other corrupt or criminal act in connection with the mortgage or loan or if the owner has engaged in drug related trafficking, or has

been convicted as a sex offender or has failed to evict residents engaged in drug related or violent criminal activity.

Of the referenced property, I certify that:

1. The water heater has been installed in a safe manner and does not leak;
2. The water heater has a pressure relief valve with a discharge line;
Type of water heater: _____ Gas _____ Electric
3. The heating system has been checked and / or serviced in the last 60 days;
4. The heating system is currently working properly; AND
5. There are working smoke detectors on each level of the home, including the basement.

Owner / Agent Signature

Date

Print Name of Owner / Agent