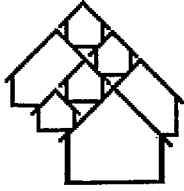


# SOUTH SHORE HOUSING



South Shore Housing Development Corporation  
169 Summer Street  
Kingston, MA 02364-1220  
(781) 422-4200; 1-800-242-0957  
FAX (781) 585-7483 \* TDD (781) 422-4200

**REQUEST FOR TENANCY APPROVAL:** Thank you for your interest in participating in the Section 8 Federal Voucher Rental Assistance Program. Attached is the Request For Tenancy Approval (RFTA). This form must be completed and signed by both the owner and the tenant and submitted to South Shore Housing Development Corporation (SSHDC). **Please complete all areas of this document as accurately as possible. Rent shares are calculated and the lease addendum and Housing Assistance Payment Contract will be typed using the information you will provide on this form. If the information you supply is incorrect your payment may be delayed until the correct information is provided.**

**LEASE:** If the owner has a lease that is used for their unassisted tenants, the same should be used for their assisted tenants. A sample copy of the owner's lease should be submitted at the same time as the RFTA. If the owner's lease is used in the program, this office will supply a HUD lease addendum and the Housing Assistance Payment Contract. SSHDC has model leases available and the owner may use that model if so desired. **Please indicate below which lease will be used:**

\_\_\_\_\_ We will use the owner supplied lease      \_\_\_\_\_ We will use the SSHDC model lease

**LEAD PAINT LETTER OF COMPLIANCE:** If children under the age of six will be living in this unit and the building was originally constructed prior to 1978, a letter of compliance (LOC) must be submitted with the RFTA. The LOC must be issued by an inspector licensed by the Department of Public Health, and must state that the unit is in compliance with state law regarding lead paint. **An inspection of your rental unit will not be scheduled until the LOC is produced.** If the building was constructed in 1978 or later, a copy of the building permit must be provided to verify the age of the building.

**SECURITY DEPOSIT:** The Section 8 programs no longer have provisions for special claims. Security deposits are the **tenant's responsibility.** An owner is allowed to accept security deposits as allowed by law and they should be handled as dictated by M.G.L. c. 186.

**FORM W-9:** Internal Revenue Service regulations require SSHDC to report all rental payments made as part of the subsidy programs. The attached W-9 form should be completed and returned to SSHDC with the RFTA. SSHDC will not be able to process contracts without this correct information. The instructions for completing the form are incorporated therein.

**WHAT HAPPENS NEXT:** Once SSHDC receives the RFTA and the other necessary documents, the determination must be made whether the rent is reasonable and within program limits. Often this determination cannot be made until after the inspection. Once all parties come to terms and the unit passes inspection, the lease may begin and the contract may be executed. **SSHDC is not responsible for any part of the rent prior to the execution of the housing assistance payments contract. If the tenant moves into the unit before authorized by SSHDC, the tenant is responsible for the full amount of rent.**

If you have any questions at all, please feel free to contact SSHDC. Thank you in advance for your cooperation. **PLEASE RETURN THIS SHEET WITH THE RFTA.**

# 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. 07/31/2007)

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.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			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  <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)

**SOUTH SHORE HOUSING DEVELOPMENT CORPORATION  
169 SUMMER STREET  
KINGSTON, MA 02364**

**RENT REASONABLE SURVEY**

PLEASE TAKE A MINUTE TO COMPLETE THE FOLLOWING SURVEY REGARDING RENTAL UNITS YOU OWN. BY DOING SO YOU ARE HELPING US TO ENSURE THAT THE RENTS ALLOWED FOR YOUR UNITS ARE REASONABLE IN COMPARISON WITH OTHER NONASSISTED UNITS.

OWNER \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ BEDROOMS: \_\_\_\_\_

BUILDING TYPE: \_\_\_ SINGLE \_\_\_ 2/3 FAMILY \_\_\_ GARDEN \_\_\_ ROW

RENT: \_\_\_\_\_ ARE UTILITIES INCLUDED?: \_\_\_ YES \_\_\_ NO

DATE BUILT: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_ NUMBER OF ROOMS: \_\_\_\_\_

CONDITION OF UNIT: \_\_\_ EXCELLENT \_\_\_ GOOD \_\_\_ FAIR \_\_\_ POOR

SIZE OF ROOMS: \_\_\_ LARGE \_\_\_ MODERATE \_\_\_ SMALL

**AMENITIES: (CHECK ALL THAT APPLY)**

NUMBER OF BATHROOMS: _____	CARPET: _____
STOVE PROVIDED: _____	REFRIGERATOR PROVIDED: _____
DISHWASHER: _____	GARBAGE DISPOSAL: _____
WASHER/DRYER CONNECTION: _____	COIN-OP LAUNDRY: _____
AIRCONDITIONING: _____	INTERCOM: _____
ADDITIONAL APPLIANCES: _____	FIREPLACE: _____
EXTRA ROOMS FOR LIVING: _____	EXTRA ROOMS NOT FOR LIVING: _____
FINISHED BASEMENT: _____	STORAGE: _____
PORCH/DECK/PATIO: _____	YARD: _____
GARAGE: _____	OFF-STREET PARKING: _____
HANDICAP ACCESSIBLE: _____	ON-SITE MANAGEMENT: _____
HOUSING SERVICES: _____	OTHER: (EXPLAIN) _____

HOW MANY RENTAL UNITS DO YOU OWN? \_\_\_\_\_

HOW MANY OF THESE UNITS RECEIVE SECTION 8 ASSISTANCE?: \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE. PLEASE REMEMBER THAT WHEN YOU HAVE A VACANCY WE WILL BE GLAD TO LIST IN WITH OUR VACANCIES. THIS INFORMATION IS GIVEN TO ALL THOSE THAT ARE LOOKING FOR A UNIT.