

**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. 9/30/2002)

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) Housing and Community Development Corporation of Hawaii | 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

Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:

Section 202
 Section 221(d)(3)(BMIR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development

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

SEE ATTACHED

12. Owner's Certifications. By executing this request, the owner certifies that:

The reason for any differences between the prior rent and the proposed rent in Block 6 is:

a. The most recent rent charged for the above unit was

\$ _____ per month. This rent included the following utilities:

b. 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. **Please complete the following section for most recent comparable units most recently leased within the same complex.**

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

c. 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 rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

d. 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 or Tribal 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. PHA Determinations.

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

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

c. 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 or Other Party Authorized to Execute the Lease | | Print or Type Name of Family | |
| Signature  | | Signature (s)  | |
| 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) |

RSU/PHS _____
Date _____

HOUSING AND COMMUNITY DEVELOPMENT
CORPORATION OF HAWAII
Section 8 Existing Housing Program
P.O. Box 17907
Honolulu, HI 96817
Phone: 832-6040

OWNER'S INFORMATION SHEET

RE: _____

TO OWNER: The above-mentioned family has applied for rental assistance under the Section 8 Existing Housing Program. The following information is needed to start the processing for the assistance. Your agent or manager may complete this form.

NAME OF LEGAL OWNER(S): _____ PHONE: _____
(Home) (Business)

MAILING ADDRESS: _____
City State Zip Code

Owner's Social Security or Employer I.D. No. _____
We are required to report this number to the Department of Housing and Urban Development (HUD).

If owner has AUTHORIZED AGENT/MANAGER acting on his behalf, give name of the AUTHORIZED

AGENT/MANAGER: _____ PHONE: _____
(Home) (Business)

MAILING ADDRESS: _____
City State Zip Code

NOTE: Landlord/Tenant Code requires absentee Landlord to designate an agent on the same island as the rental unit.

ADDRESS OF RENTAL UNIT: _____
City State Zip Code

Number of Bedrooms in unit: _____

TYPE OF UNIT: Apartment Duplex House Townhouse
Apartment building has: 5 or more stories or 4 or less stories

Unit has Complete Kitchen: Yes No Owner provides Refrigerator: Yes No

Unit is Furnished: Yes No Owner provides Stove: Yes No

RENTAL AMOUNT: \$ _____ Year unit/building was constructed: _____

Additional charge, if any, for: Parking: \$ _____ (charge for parking can only be used if ALL other tenants in building/project are being assessed the same charge)
Yard Service: \$ _____
Furniture charge: \$ _____

AMOUNT OF SECURITY DEPOSIT TO BE COLLECTED: \$ _____

NOTE: You are now able to collect the full security deposit as allowed under state law. As of December 1, 1995, Section 8 no longer provides a Security Deposit Guarantee.

WATER HEATER IS: Individual Central Electric Gas

STOVE IS: Electric Gas

WHO PAYS FOR THE FOLLOWING (Please check all that apply):

| Tenant | Landlord | |
|--------------------------|--------------------------|-----------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Electric bill for lighting/refrigerator |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric bill for cooking |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric bill for water heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Gas bill for cooking |
| <input type="checkbox"/> | <input type="checkbox"/> | Gas bill for water heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Water bill |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewer fee |
| <input type="checkbox"/> | <input type="checkbox"/> | Cesspool pumping |

COMPLETED BY _____ DATE: _____
(SIGNATURE) (TITLE)

Housing and Community Development Corporation of Hawaii
Owner Certification of Relationship with Tenant/Applicant

Section 8 Rule Change: Effective June 17, 1998, the Housing and Community Development Corporation of Hawaii [the Housing Authority/HA] cannot approve a unit if the owner is a parent, child, grandparent, grandchild, sister or brother of any member of the family. [CFR 982.306(d)]

- I [We] certify that I am not [we are not] the parent, child, grandparent, grandchild, sister or brother of any member of the family that will occupy the unit.
- Exemption applies. I am [we are] related to the family but am/are providing reasonable accommodation to a family member with disabilities. I [We] request the Housing and Community Development Corporation of Hawaii to approve the unit as an exemption to the rule.

Further, I do understand that if this statement is false, it is a criminal offense in violation of Section 1001 of Title 18 of the U. S. Code. To make a willful statement of misrepresentation to any Department or Agency of the United States as to any matter within it's jurisdiction is punishable by a \$10,000 fine or imprisonment or both.

Signatures: this certification applies to all owners.

Owners:

Print or type owner and any co-owners' names

Signatures

Print or type Name and Titles of Signatories

Address of property to be rented:

Disclosure of Information on Lead-Based Paint and 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 taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Lessees must also receive a Federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

- ____ (a) Presence of lead-based paint or lead-based paint hazards (check one below):
 - Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____
 - 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 one below):
 - 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). _____
 - Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee'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*.

Agent's Acknowledgment (initial)

- ____ (e) 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.

Certification of Accuracy

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

Lessor Date

Lessee Date

Agent Date

Lessor Date

Lessee Date

Agent Date

Tenant: _____
PHS : _____

Housing And Community Development
Corporation of Hawaii
RENT SUBSIDY UNIT
Section 8 Voucher Program
P.O. Box 17907
Honolulu, Hawaii 96817
Telephone: 832-6040
TDD (Hearing Impaired): 832-6083

INFORMATION FOR IRS FORM 1099-MISC & CHECK ISSUANCE

IRS FORM 1099-MISC

An IRS Form 1099-MISC for rental income paid will be issued to the primary payee. For this reason, the IRS requires that the Social Security Number or Employer I.D. Number you provide is the number that is issued to the primary payee. When an Employer I.D. Number is used, you must provide the name as written on the Form SS-4, Application for Employer Identification Number. If you fail to give the exact name and number to match what is on record with the IRS, HCDCH is required to withhold and send 31% of your rental payment to the IRS.

Rent payments made to 1) corporations or 2) licensed real estate agents are *not required* to be reported on Form 1099-MISC, although it may be taxable to the recipient. If you fall under 1 or 2 above, complete the following:

I am a: CORPORATION LICENSED REAL ESTATE AGENT

Send me Form 1099-MISC: YES NO

CHECK ISSUANCE (Note: *The check cannot be made payable to the Tenant*)

Indicate below whom the check should be made payable to and where to mail it:

PRIMARY PAYEE: _____

PRIMARY PAYEE'S SOCIAL SECURITY OR EMPLOYER I.D. NO. _____
(Do **NOT** provide State of Hawaii General Excise Tax Number)

ALTERNATE PAYEE (if desired): _____

MAIL CHECK TO: _____

Owner/Agent's Signature Date

NOTE: Return this completed form together with the two (2) signed Housing Assistance Payments Contracts, one (1) copy of the Rental Agreement, and a copy of the Addendum to Lease, if applicable.

SOME COMMON CONDITIONS WHICH WOULD FAIL INSPECTION

(Just one fail item will result in fail for the entire unit, don't schedule inspection until item corrected)

BATHROOM

1. Make sure the toilet flushes and does not leak.
2. Tub/shower and wash basin must have hot and cold running water; no leaks.
3. Must have proper ventilation - either a window, mechanical exhaust fan in operating condition, or vent to outside, attic or crawl space. A window or a mechanical exhaust fan opening to another room or enclosed lanai is not acceptable.
4. Must have permanent light fixture with bulb in working condition.

KITCHEN

1. Must have sink with hot and cold running water; no leaks.
2. All stove burners must be working properly; knobs legible; oven bakes and broils. **BE SURE THAT THE STOVE IS HOOKED UP AND OPERATING FOR INSPECTION.**
3. If have hood with fan and light, it must be working. If have garbage disposal, must be working. If any of these items are not working, it must be removed.
4. Refrigerator must be in proper working condition; size of the refrigerator is appropriate to size of family. **BE SURE THAT THE REFRIGERATOR IS OPERATING FOR INSPECTION.**
5. Must have one permanent light fixture with bulb and one outlet in working condition.

BEDROOM OR ROOM USED FOR SLEEPING

1. Must have at least one window. It must be able to secure and weather proof.
2. Must have one permanent light fixture and one outlet or if there's no light fixture, the room must have at least two (2) outlets.

SMOKE DETECTOR

Each dwelling unit must include at least one battery-operated or hard-wired smoke detector on each level of the unit, in a hallway adjacent to a bedroom. If hearing-impaired persons occupy the unit, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. **IT MUST BE OPERATING DURING INSPECTION.**

SECURITY

1. All entry and exit doors must be lockable. Sliding panels on doors must also be lockable.
2. All windows must be lockable. Jalousie handles and fixtures must be working properly. Make sure there are no missing, chipped or broken jalousie slats.
3. For duplex or multi-family units, make sure that the unit cannot be entered from an adjoining unit.
4. All doors must be in operating condition without separating or splitting of door.

ELECTRICAL

1. Make sure all electrical fixtures are in proper working condition. **POWER MUST BE ON WHEN INSPECTOR DOES INSPECTION.**
2. Make sure all light switches and outlet cover plates or receptacles are not cracked, chipped, broken, or missing.
3. Light fixtures and fan must be securely fastened to the wall or ceiling, not hanging by its wires.
4. Light fixture coverings must be properly attached.

PEELING, FLAKING, CHIPPING PAINT

Make sure the paint on the interior and exterior of the unit is not peeling, flaking, or chipping off. All units constructed prior to 1978 which are occupied by a family with a child under age six (6) residing or expecting to reside in the unit will be affected by the HUD lead-based paint regulations. Inspector will inspect the unit/building/complex for any deteriorated paint surfaces on the exterior and interior and all common areas (halls, laundry, recreation areas). If inspector discovers paint that is flaking, peeling, loose or defective, professional licensed contractor must do the repair.

WATER HEATER

1. Be sure the pressure relief drainage pipe on the heater points downward. The end of the drainage pipe should not be less than 6 inches from the ground or higher than 2 feet from the ground.
2. Be sure the wiring for the heater is in good condition and not corroded.

STAIRS, RAILS, AND PORCHES

1. No broken, rotten or missing steps or boards.
2. Must have handrail where there are four or more consecutive steps.
3. Must have railing in safe condition around porch or balcony 30 inches above ground.

FIRE ESCAPE: MUST HAVE ALTERNATIVE MEANS OF EXIT FROM BUILDING IN CASE OF FIRE.

REMINDER:

1. Inspector from our office will be at your unit on the assigned date and time.
2. An adult 18 years or older (landlord, tenant, agent...) must be present during the inspection.
3. Dogs must be secured before inspector enters the unit or the premises.
4. If you are unable to keep the appointment, or the unit is not ready for inspection, please call inspectors at least one day ahead. The unit must be ready for inspection!
5. For annual inspection, some fail items (emergency) requires the landlord or the tenant to correct within 24 hours.

For more information, please contact our inspection unit (Housing Quality Standards) at 832-1972.