

**Request for Tenancy Approval  
Housing Choice Voucher Program**

1. Address of Unit (Street Address, Apartment Number, City, State and Zip Code)

2. Proposed Leased Term

1 year  Month-to-month  Other (specify \_\_\_\_\_)

3. Number of Bedrooms

4. Number of Bathrooms

5. Year Built

6. Security Deposit

\$

7. Proposed Rent

\$

8. Type of dwelling

Single Family Detached  Duplex  Triplex / 4-Plex  Apartment  Other

9. What date will the unit be available for inspection? \_\_\_\_\_ 10. What date will the unit be available for occupancy? \_\_\_\_\_

**11. UTILITY & APPLIANCES**

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

**12. 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
- Home  Tax Credit
- Not Sure

Range/Microwave	<input type="checkbox"/> O <input type="checkbox"/> T	
Refrigerator	<input type="checkbox"/> O <input type="checkbox"/> T	
Garbage Collection	<input type="checkbox"/> O <input type="checkbox"/> T	
Water	<input type="checkbox"/> O <input type="checkbox"/> T	
Lights	<input type="checkbox"/> O <input type="checkbox"/> T	
Heating	<input type="checkbox"/> O <input type="checkbox"/> T	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other
Cooking	<input type="checkbox"/> O <input type="checkbox"/> T	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other
Hot Water	<input type="checkbox"/> O <input type="checkbox"/> T	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other
Other (specify)	<input type="checkbox"/> O <input type="checkbox"/> T	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other

**13. Owner's Certifications.**

Is this project more than 4 units and do you rent other unassisted units within this project that are comparable to the unit listed above?

Yes. Complete 13.a.  No. Go to 13.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 units comparable unassisted units within the premises. Address and unit number include city)

Address & Unit #	Date Rented	Rental Amount
1.		
2.		
3.		

**b. 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.

**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 Oakland Housing Authority 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.**

The owner is related to the tenant as described above \_\_\_\_\_ (Owner's initials certifying response)

The owner is **NOT** related to the tenant as described above \_\_\_\_\_ (Owner's initials certifying response)

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

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

16. 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.

**Owner**

**Tenant**

17. Print or Type Legal Owner Name as it appears on the grant deed		Print or Type Name of head of Household	
X Signature		X Signature (Head of Household)	
Owner address:	City:		
State:	Zip Code:	Present Address of Household (street address, apartment no., city, State & Zip Code)	
Telephone Number Home :	Cell:	Telephone Number	Date (mm/dd/yyyy)
Office:	Ext.:		
		Cell Number:	Message Phone Number:
Email Address:			
		Email Address:	
Fax Number:			

**Agent**

		<b>19. Agent Authorization Statement:</b> <i>(to be used only if an Agent or Management Agreement is <u>not</u> available. If Agent or Management Agreement is available, please provide a copy with this RTA form.)</i>	
18. Company/Agent:		I, _____ (owner name)	
Agent Address:		Hereby authorize _____ (agent name), known hereafter as my Agent, to conduct the following business with OHA on my behalf for the unit listed above:	
		(Check all that apply)	
		<input type="checkbox"/> Contract with OHA and tenant (i.e. accept ret and sign lease and HAP contract) <input type="checkbox"/> Receive Housing Assistance payments and tenant rent payments <input type="checkbox"/> Grant Access to the rental unit <input type="checkbox"/> Access contract and payment information <input type="checkbox"/> Other (attach additional sheets if necessary) _____	
Phone Number Office:                      Ext.:                      Cell:		Legal Owner Signature: _____	
Please list names authorized to sign documents at this inspection.		Date _____	
1.			
2.			
3.			
Agent Signature:			
Date: _____			

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