

Attention: _____



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla WA 99362
509-527-4542 * Fax: 509-527-4574
Hearing-impaired, please use relay service
www.wallawallaha.org * wwha@wallawallaha.org

FOR REVIEW ONLY



FOR WWHA OFFICE USE

Date Received _____
Date Approved _____
Approved by _____
Inspection Date & Time _____

HOUSING CHOICE VOUCHER PROGRAM REQUEST FOR TENANCY APPROVAL

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) Walla Walla Housing Authority 501 Cayuse Street Walla Walla, WA 99362			2. Address of Unit (street address, apartment, city, state, zip code) 		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit	8. Date Unit Available for Inspection
9. Type of Unit (check ONE) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached/Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Apartment Building <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex (center unit only) <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other (specify) _____					
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/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 (O/T)	Paid by (O/T)
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
Other Electric					
Water					
Sewer					
Trash Collection					
Air Conditioning					
Refrigerator					
Range/Microwave					
Other (specify)					

The most recent rent charged for the above unit was \$ _____ per month. This rent included the following utilities: _____

The reason for any difference between the prior rent and the proposed rent is: _____

12. Owner's Certifications.

- a.** The program regulation requires that 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 recently leased comparable unassisted units within the premises or elsewhere:**

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 rental 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 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.

- d.** The owner will certify that if this is a multi-family unit the:

Water is metered separately: (circle one) Yes No Not applicable

Electricity is metered separately: (circle one) Yes No Not applicable

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 or Other Party Authorized to Execute the Lease:		Print or Type Name of Family:	
Signature:		Signature(s):	
Business Address: (street, city, state, zip code)		Present Address of Family: (street, apartment, city, state, zip code)	
Telephone Number:	Date:	Telephone Number:	Date:
Owner/Landlord Tax Identification Number:			

A blank copy of the owner/landlord lease agreement should be attached to this form.