



200 North 11th Street, Springfield, IL 62703
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Section 8 Fax 217.753.0029 www.springfieldhousingauthority.org

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REQUEST FOR TENANCY APPROVAL (RFTA) PACKET FORMS THAT ARE DROPPED OFF, MAILED, AND/OR FAXED WILL NOT BE ACCEPTED!

Forms are **ONLY ACCEPTED IN PERSON** during regular walk-in appointment hours which are:

**Mondays
1 to 4 pm**

OR

**Wednesdays
8:30 to 11:30 am
1 to 4 pm**

Please complete the attached documents and bring the following required documentation. If documents are not completed and required documentation is not accompanied with this packet, the RFTA will **not** be accepted.

- **Proof of income for ALL household members including but not limited to:**
 - FIVE (5) most recent and consecutive check stubs from current employer
 - Employer contact information including name, address and phone number
 - Current Award Letter for Pension, Social Security, SSI, TANF, etc.
 - Documentation for Child Support Payments

- **Forms must be completed and signed by both Landlord and Tenant**
 - Completed Request for Tenancy Approval (RFTA HUD-52517)
 - Blank copy of Landlords Lease Agreement & Addendums for the property
NOTICE: Any changes to the originally submitted lease and/or addendum must be pre-approved by SHA prior to execution of the lease or lease may NOT be approved
 - Rent Reasonableness Assessment Data Sheet
 - Tenancy Addendum
 - Lead Based Paint Disclosure
 - Carbon Monoxide and Smoke Detector Agreement
 - Certification of Household Income

**REMEMBER THAT ALL INCOME MUST BE REPORTED!
FAILURE TO PROVIDE INCOME OR REQUIRED DOCUMENTS WILL
DELAY PROCESSING.**



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. 09/30/2017)

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.

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

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

Home
 Tax Credit

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)



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RENT REASONABLENESS ASSESSMENT DATA SHEET

Springfield Housing Authority is required to assess whether the proposed rent for your unit is comparable to similar units within its local market. SHA's Rent Reasonable assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and correct. If the SHA Inspector is unable to verify the information provided, SHA will need to re-assess the proposed rent and may need to request that it be lowered, which will delay the processing of your contract approval.

Tenant Name: _____

Unit Address: _____ Apartment #: _____

City & Zip: _____

About The Unit:				
Requested Rent: _____	Square Footage: _____			
Number of Bedrooms: _____	Number of Full Baths: _____	Half Baths: _____		
Building Type: (check only one)				
<input type="checkbox"/> Single Family	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Garden/Walk-Up	<input type="checkbox"/> High Rise
	<input type="checkbox"/> Duplex			
	<input type="checkbox"/> Row House			
	<input type="checkbox"/> Townhouse			
Unit Condition:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Unit Size:	<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	
Property Amenities: (check only those that apply)				
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Range	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Modern Appliances
<input type="checkbox"/> Central Air	<input type="checkbox"/> Window Air	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Carpeting	<input type="checkbox"/> Security System
<input type="checkbox"/> Washer/Dryer Hook-up	<input type="checkbox"/> Cable Ready	<input type="checkbox"/> Laundry Facilities	<input type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Working Fireplace
<input type="checkbox"/> Off-Street Parking	<input type="checkbox"/> Certified Energy Efficient Unit	<input type="checkbox"/> Other _____		
Landlord Signature: _____				Date: _____
Landlord Printed Name: _____				
Section 8 Inspector Signature: _____				Date: _____
WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.				

c. The owner must give the tenant a list of all items charged against the security deposit and the amount of each item. After deducting the amount, if any, used to reimburse the owner. The owner must promptly refund the full amount of the unused balance to the tenant.

d. If the security deposit is not sufficient to cover the amounts the tenant owes under the lease, the owner may collect the balance from the tenant.

13. Prohibition of Discrimination

In accordance with applicable equal opportunity statutes, Executive Orders and regulations, the owner must not discriminate against any person because of race, color, religion, sex, national origin, age, familial status or disability in connection with the lease.

14. Conflict with Other Provisions of Lease

a. The terms of the tenancy addendum are prescribed by HUD in accordance with Federal law and regulations as a condition for Federal assistance to the tenant and tenant's family under the Section 8 voucher program.

b. In case of any conflict between the provisions of the tenancy addendum as required by HUD, and any other provisions of the lease or any other agreement between the owner and the tenant the requirements of the HUD-required tenancy addendum shall control.

15. Changes in Lease or Rent

a. The tenant and the owner may not make any changes in the tenancy addendum. However, if the tenant and the owner agree to any other changes in the lease, such changes must be in writing, and the owner must immediately give the PHA a copy of such changes. The lease, including any changes, must be in accordance with the requirements of the tenancy addendum.

b. In the following cases, tenant-based assistance shall not be continued unless the PHA has approved a new tenancy in accordance with program requirements and has executed a new HAP contract with the owner.

- (1) If there are any changes in lease requirements governing tenant or owner responsibilities for utilities or appliances;
- (2) If there are any changes in lease provisions governing the term of the lease;
- (3) If the family moves to a new unit even if the unit is in the same building or complex.

c. PHA approval of the tenancy, and execution of a new HAP contract, are not required for agreed changes in the lease other than as specified in paragraph b.

d. The owner must notify the PHA of any changes in the amount of the rent to owner at least sixty days before any such changes go into effect and the amount of the rent to owner following any such agreed change may not exceed the reasonable rent for the unit as most recently determined or redetermined by the PHA in accordance with HUD requirements.

16. Notices

Any notice under the lease by the tenant to the owner or by the owner to the tenant must be in writing.

17. Definitions

Contract unit: The housing unit rented by the tenant with assistance under the program.

Family: The persons who may reside in the unit with assistance under the program.

HAP Contract: The housing assistance payments contract between the PHA and the owner. The PHA pays housing assistance payments to the owner in accordance with the HAP contract.

Household: The persons who may reside in the contract unit. The household consists of the family and any PHA-approved live-in aide. (A live-in aide is a person who resides in the unit to provide necessary supportive services or a member of the family who is a person with disabilities.)

Housing Quality Standards (HQS): The HUD minimum quality standards for housing assisted under the Section 8 tenant-based programs.

HUD: The US Department of Housing and Urban Development.

HUD Requirements: HUD requirements for the Section 8 program. HUD requirements are issued by HUD headquarters, as regulations, Federal Register notices or other binding program directives.

Lease: The written agreement between the owner and the tenant for the lease of the contract unit to the tenant. The lease includes the tenancy addendum prescribed by HUD.

PHA: Public Housing Agency.

Premises: The building or complex in which the contract unit is located including common areas and grounds.

Program: The Section 8 housing choice voucher program.

Rent to owner: The total monthly rent payable to the owner for the contract unit. The rent to owner is the sum of the portion of rent payable by the tenant plus the PHA housing assistance payment to owner.

Section 8: Section 8 of the United States Housing Act of 1937 (42 United States Code 14371).

Tenant: The family member (or members) who leases the unit from the owner.

Voucher Program: The Section 8 housing choice voucher program. Under this program, HUD provides funds to a PHA for rent subsidy on behalf of eligible families. The tenancy under the lease will be assisted with rent subsidy for a tenancy under the voucher program.

Tenant Name

Signature

Date

Signature

Date

Owner Name

Owner Signature

Date

Disclosure of Information on Lead-Based Paint and/or 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 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 (i) or (ii) below):

(i) ___ Known lead-based paint and/or lead-based paint hazards are present in the housing.

Explain: _____

(ii) ___ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the house

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) ___ 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).

Explain: _____

(ii) ___ 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*.

Agents Acknowledgment (initial)

(e) _____ Agent has informed the lessor of their obligations under 42 USC. 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 they have provided is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date





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CARBON MONOXIDE ALARM & SMOKE DETECTOR AGREEMENT

Resident Name: _____

Address/Unit: _____

State law requires property owners to install one approved operating carbon monoxide alarm within 15 feet of every sleeping room in a dwelling only if the building uses fossil fuel combustion for any purpose or has an attached garage. State law also requires one smoke detector within 15 feet of each sleeping room. These devices may be combined or separate and can be battery operated, plug-in with battery back-up, or hard-wired with battery backup.

It is the responsibility of the property owner to supply and install the required alarms, and provide written instructions regarding testing, operation, and maintenance to the resident.

It is the responsibility of the resident to regularly test the alarms, provide general maintenance for the alarms, including replacement of batteries as necessary, and to notify the owner in writing of any deficiencies that the tenant cannot correct. Tampering with, removing, destroying, disconnecting, or removing the batteries from any installed alarm is a Class 4 Misdemeanor for a first conviction, and a Class 4 Felony for any subsequent convictions.

Resident shall read and initial each item:

1. _____ No carbon monoxide alarms are required in this dwelling (Skip to #3)
2. _____ Number of _____ Carbon Monoxide Alarm(s) are installed and working
 _____ I have received written instructions for the carbon monoxide alarm
3. _____ Number of _____ Smoke Detector Alarm(s) are installed and working
 _____ I have received written instructions for the smoke detectors
4. _____ I understand testing, operation & maintenance of these devices
5. _____ I will notify the owner in writing of any operating deficiencies of these devices

I have read, understand, acknowledge and agree to the above:

 Head of Household Signature

 Owner Representative Signature

 Print Name & Date

 Print Name & Date





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CERTIFICATION OF FAMILY INCOME

INSTRUCTIONS:

Any sources of income identified in this interview must be promptly verified and an interim reexamination must be processed according to SHA procedures. The Housing Specialist must also initiate action against the household for any violation of program rules revealed during this interview. When completed, all adults over the age of 18 in the household and the Housing Specialist must sign this certification in the spaces provided.

INTERVIEW QUESTIONS:

	<u>YES</u>	<u>NO</u>
1. Is any household member employed either full-time, part-time or seasonally?	_____	_____
2. Does any household member expect to work for any period during the next twelve months?	_____	_____
3. Does any household member work for someone who pays them in cash?	_____	_____
4. Is any household member on leave of absence due to lay-off, medical, maternity or military leave?	_____	_____
5. Does any household member now receive or expect to receive unemployment benefits?	_____	_____
6. Does any household member now receive or expect to receive child support?	_____	_____
7. Is any household member entitled to child support that they are not receiving?	_____	_____
8. Does any member of your household now receive or expect to receive alimony payments?	_____	_____
9. Is any household member entitled to alimony payment that they are not receiving?	_____	_____
10. Does any household member receive or expect to receive public aid assistance?	_____	_____
a. SNAP Benefits	_____	_____
b. TANF Cash	_____	_____
11. Does any household member receive or expect to receive Social Security benefits?	_____	_____
12. Does any household member receive or expect to receive income from retirement, pension or annuity?	_____	_____
13. Does any household member receive regular contributions of cash and/or gifts from outside the home?	_____	_____
a. Individuals	_____	_____
b. Agencies	_____	_____
14. Does any household member receive income from assets including interest from?		
a. Checking or Savings Account	_____	_____
b. Stocks or Bonds	_____	_____
c. Income from Rental Property	_____	_____

INTERVIEW QUESTIONS CONTINUED:

YES

NO

15. Have you applied for all benefits your may be entitled to including general assistance?

16. Do you need assistance in applying for or obtaining benefits?

17. Is there anyone staying with you in your unit without approval?

18. Who pays for your utilities?

19. What funds do you use to pay for food and clothing?

20. What funds do you use to pay for personal items like toiletries, cigarettes, school supplies, etc?

21. What form of transportation do you use and how is it paid for?

CERTIFICATIONS:

I certify that I have answered all the above questions fully and truthfully to the best of my knowledge. I understand my reporting requirements and understand that failure to report all household income is a Federal Offense punishable by fines and imprisonment.

Head of Household Signature

Date

Spouse

Date

Other Adult over 18 years of age

Date

Other Adult over 18 years of age

Date

Other Adult over 18 years of age

Date

SUMMARY TO BE COMPLETED BY HOUSING CHOICE VOUCHER SPECIALIST:

Based upon answers to this certification, it has been determined that this applicant/participant does _____ or does not _____ have household funds which are considered income.

I certify that I have asked any question desirable to any answers the applicant/participant gave regarding this questionnaire and will promptly take action as described above.

Housing Choice Voucher Specialist Signature

Date

