

LORAIN METROPOLITAN HOUSING AUTHO 1600 Kansas ave Lorain Ohio 44052

(440) 288-1600 TDD/TTY (800) 750-0750 WWW.LMHA.ORG

EQUAL HOUSING OPPORTUNITY

TO THE OWNER:

IMPORTANT

IF YOU INTEND TO RENEW the lease with the present tenant, please have these forms filled in completely and answer all questions. The forms need to be signed by BOTH OWNER AND TENANT.

The forms must be RETURNED to the HCVP office at 1600 Kansas Ave., Lorain, OH 44052 with TEN (10) DAYS.

IF YOU DO NOT INTEND TO RENEW the lease with the present tenant, you must send written notice to the HCVP office IMMEDIATELY so we may make the necessary arrangements with your tenant. Otherwise, the Annual Renewal will be completed.

DISCLOSURE STATEMENT BY OWNER

All elected officials must disclose their position in order to determine the possibility of any conflict of interest.

Are you an ELECTED Official? _____ YES _____ NO

If YES, please state your ELECTED position: ______ Municipality: _____ ___

HUD Regulation 24 CFR 982.306(d) states, in part, "The PHA must not approve a unit if the owner is the parent, child, grandchild, sister, or brother of any member of the family, unless the PHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities." Failure to disclose this information, or to provide false information regarding this regulation, is grounds for denial or termination of assistance AND considered FRAUD, punishable by prosecution.

ARE YOU RELATED IN ANY WAY TO ANY MEMBER OF THIS FAMILY? _____ YES _____ NO

IF YES, GIVE RELATIONSHIP _____

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. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

		•	,		•
	Disclosure (Initial) Presence of lead-b	ased paint or lead-had	sed paint hazards (ct	reck one below)	ş.·.
	1 10001100 011000		ood paare razurao (or	ical one below)	1. - *
***************************************	_ Known lead-based	paint and/or lead-base	ed paint hazards are	present in the h	ousing (explain):
	Lessor has no know	vledge of lead-based p	paint and/or lead-bas	ed paint hazard	s in the housing.
(b) Records and report	is available to the Les	sor (check one belov	v);	
	Lessor has provide based paint and	d the lessee with all	available records and t hazards in the ho	d reports pertain ousing (list doc	ning to the lead- cuments below):
	Lessor has no repor in the housing.	ts or records pertainin	g to lead-based paint	and/orlead-bas	sed paint hazards
	Acknowledgment (in Lessee has received	-	ion listed above.	•	
(d) Lessee has received by the Section 8		Your Family from L	ead in Your Ho	me (Distributed
	cknowledgment (ini Agent has informed the of his/her respon		or's obligations under oliance.	42 U.S.C.4582	(d) and is aware
The follow	on of Accuracy ing parties have reviev n provided by the sign	wed the information ab atory is true and accu	ove and certify, to the	e best of their kno	owledge, that the
	,			٠.	
Lessor		Date	Lessor		Date .
Lessee		Date	10000		Denin

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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housi	ng Agency	(РПА)				2. Address of Uni	t (street ac	aress,	unit #, c	ity, state, zip code)
3. Requested Lease Star Date	t 4.	Number	of Bedrooms	5. Year (Constructed	6. Proposed Rent	7. Security Amt	/ Depos		Date Unit Available for Inspection
9. Structure Type						10. If this unit is	L s subsidiz	ed, inc	dicate ty	pe of subsidy:
☐ Single Family De	Section 202 Section 221(d)(3)(BMIR)									
Semi-Detached (duplex, attached on one side)						☐ Tax Credit ☐ HOME				
Rowhouse/Townhouse (attached on two sides)						Section 236 (insured or uninsured)				
Low-rise apartment building (4 stories or fewer)						Section 515 Rural Development				
☐ High-rise apartment building (5+ stories)					Other (Describe Other Subsidy, including any state or local subsidy)					
11. Utilities and Appl The owner shall providutilities/appliances in refrigerator and range	de or pay t dicated be /microwa	elow by	a " T ". Unless							and provide the
<u>Item</u>	Specify f	uel type								Paid by
Heating	☐ Natu	ıral gas	☐ Bottled	gas [Electric	☐ Heat Pump	Oil		Other	
Cooking	☐ Natu	ıral gas	☐ Bottled	gas [Electric				Other	
Water Heating	☐ Natu	ıral gas	□ Bottled	gas [☐ Electric		□ Oil		Other	
Other Electric										
Water										To a second seco
Sewer										
Trash Collection										
Air Conditioning										
Other (specify)										
										Provided by
Refrigerator										
Range/Microwave										

 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. 					 Check one of the following: Lead-based paint disclosure requirements do not appearable because this property was built on or after January 1978. The unit, common areas servicing the unit, and exterpainted surfaces associated with such unit or common areas have been found to be lead based paint from the lead based pa				
1.	dress and unit number	Date Rented	Rental Amount	 areas have been found to be lead-based paint fre lead-based paint inspector certified under the Fe certification program or under a federally accred State certification program. 					
2.				_					
3.				(mation on lead-based paint nazards in the unit, common			
b.	The owner (including a party) is not the parent sister or brother of any the PHA has determine and the family of such cleasing of the unit, not would provide reasona member who is a personal party.	, child, grandpa member of the d (and has notif determination) withstanding su- ble accommoda	rent, grandchild, family, unless fied the owner that approving ch relationship, tion for a family	13. T suita resp 14. T prov 15. T	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 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 if the unit is not approved.				
Print or Type Name of Owner/Owner Representative					Print or Type Name of Household Head				
Owner/Owner Representative Signature				Head of Household Signature					
Business Address				Present Address					
Tele	ephone Number	Date	e (mm/dd/yyyy)	Tele	ohone Number	Date (mm/dd/yyyy)			
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