

LORAIN OHIO 44052-3317

Lorain Metropolitan Housing Authority

"Equal Opportunity Authority"

TTY/TTD (800) 750-0750 FAX (440) 288-1636 WEB: WWW.LMHA.ORG

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IMPORTANT

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

The forms must be RETURNED to the Section 8 office at 1600 Kansas Avo

44052 within TEN (10) DAYS.
IF YOU DO NOT INTEND TO RENEW the lease with the present tenant, you must send
written notice to the Section 8 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?YESNO
If YES, please state your elected position:
ADE VOU DELATED IN ANY MAY TO ANY MEMBER OF THE FARM VOLUME AND
ARE YOU RELATED, <u>IN ANY WAY</u> , TO <u>ANY MEMBER</u> OF THIS FAMILY?YESNO
IF YES, GIVE RELATIONSHIP
HUD REGULATIONS STATE: The housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family unless the Housing Authority determines that approving the unit would prove a 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.

Rev. 10/02

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.

also receive a federa	lly approved pamphlet on lead	d poisoning prev	vention.	
Lessor's Disclosure (
(a) Presence of	f lead-based paint or lead-based	d paint hazards (c	check one belo	w):•
Known lead	l-based paint and/or lead-based	paint hazards are	e present in the	housing (explain):
Lessor has	no knowledge of lead-based pai	int and/or lead-ba	sed paint haza	rds in the housing.
(b) Records ar	nd reports available to the Lesso	r (check one belo	w):	
Lessor has based p	provided the lessee with all avaint and/or lead-based paint l	ailable records ar hazards in the h	nd reports pert nousing (list d	aining to the lead- ocuments below):
Lessor has in the ho	no reports or records pertaining to using.	o lead-based pain	it and/or lead-b	ased paint hazards
Lessee's Acknowledg (c) Lessee has r	ment (initial) eceived copies of all information	ı listed above.		
	received the pamphlet Protect Y ection 8 office).	our Family from	Lead in Your I	Home (Distributed
Agent's Acknowledgm (e) Agent has inf of his/he	nent (initial) formed the Lessor of the Lessor's r responsibility to ensure complia	s obligations unde ance.	er 42 U.S.C.458	32 (d) and is aware
Certification of Accura The following parties have information provided by	ve reviewed the information above the signatory is true and accura	e and certify, to the	ne best of their I	knowledge, that the
			• •	,
Lessor	Date	Lessor		Date .
Lessee	Date .	Lessee		Date

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. 4/30/2014)

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. Assurances

of confidentiality are not provided under this collection. 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 do es not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)				2. Address of Unit (street address, apartment number, city, State & zip code)					
14 . , <u>r.</u>									
3. Requested Beginning Date	te of Lease 4. Numi	6. Proposed Rent	7. Security Deposit An	t. 8. Date U	8. Date Unit Available for Inspection				
9. Type of House/Apartmer Single Family Det		i-Detached / Row	House	Manufactured Ho	ome Garden /	Walkup	Elevator / H	igh-Rise	
10. If this unit is subsidized, Section 202	indicate type of subs		Section 2	36 (Insured or no	ninsured)	Section 515 I	Rural Develop	ment	
-Home	Tax Credit								
Other (Describe 0	ther Subsidy, Inclu	ding Any State or L	ocal Subsidy)					-	
11. Utilities and Appliances The owner shall provide or by a "T". Unless otherwise	pay for the utilities a especified below, the	nd appliances indicate owner shall pay for a	ed below by an " It utilities and app	O". The tenant shall poliances provided by t	provide or pay for the utiline owner.	fies and appliar	ices indicated be	elow	
ttem	Specify fuel type					Provided by	Paid by		
Heating	Natural gas	Bottle gas	Oil	Electric	Coal or Other			-	
Cooking	Natural gas	Bottle gas	Oil	Electric	Coal or Other			-	
Water Heating	Natural gas	Bottle gas	Oil	- Bectric	Coal or Other			-	
Other Electric								-	
Water								-	
Sewer							-	- · .	
Trash Collection								'	
Air Conditioning						· · · · · · · · · · · · · · · · · · ·		-	
Refrigerator			e dine		Constitution of the second			•	
Range/Microwave				ula de la companya d La companya de la companya de		3111-311-311-311-311-311-311-311-311-31		-	
Other (specify)	355 480 TS-300	The second secon	·		The state of the s			-	
	-		•					-	

12. Owner's Certifications. a. The program regulation requires the to the housing choice voucher tenant is nother unassisted comparable units. Own units must complete the following secomparable unassisted units within the	ot more than the re ers of projects w tion for most rec	ent charged for vith more than 4	c. Check one of the following: Lead-based paint disclosure requirements do not apply because to property was built on or after January 1, 1978.				
Address and unit number	Date Rented	Rental Amount		ricing the unit, and exterior painted			
1			surfaces associated with such unit or common areas have been found to lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.				
2			information on lead-based paint and/	ached containing disclosure of known for lead-based paint hazards in the uni infaces, including a statement that the information pamphlet to the family.			
3.			The PHA has not screened the tenancy. Such screening is the organization.	ne family's behavior or suitability for wner's own responsibility.			
			 The owner's lease must include HUD tenancy addendum. 	de word-for-word all provisions of the			
b. The owner (including a principal or parent, child, grandparent, grandchild, sis family, unless the PHA has determined (a family of such determination) that approvi ing such relationship, would provide reason member who is a person with disabilities.	fer or brother of an and has notified the ang leasing of the u	ny member of the cowner and the unit, notwithstand-	15. The PHA will arrange for inspe owner and family as to whether or no				
Print or Type Name of Owner/Owner Repre-	sentative _		Print or Type Name of Household Head				
Signature			Signature (Household Head)				
Business Address			Present Address of Family (street address, ap	eartment no., city, State, & zip code)			
Telephone Number		Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)			
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