

**BOSTON HOUSING AUTHORITY**

Leased Housing
52 Chauncy Street
Boston, MA 02111

Phone: (617) 988-4000
TDD: 1-800-545-1833, EXT.420
www.BostonHousing.org

(This information is available in an alternative format upon request.)

Request For Tenancy Approval Section 8 Housing Choice Voucher Program

Eligible families submit this information to the Boston Housing Authority (BHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The BHA uses this 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.

BHA Use Only: Owner Lease attached when returned to BHA? (please check one) <input type="checkbox"/> yes <input type="checkbox"/> no						
Voucher Size	# in Family	Child Under Six? __ Yes __ No	EBL? __ Yes __ No	Leasing Officer	Date Recv'd	Visual Detector? __ Yes __ No

Request: The undersigned owner (Lessor) and family (Lessee) request the Boston Housing Authority to inspect and approve the tenancy for the apartment at:

Street _____ Apt.# _____ City _____ Zip _____

This apartment will be ready for inspection on _____ and may be occupied by the family on _____. If the unit is vacant, please wait three work days and then call (617) 522-0048 to schedule an inspection.

Lease Beginning Date	No. of Bedrooms	Year Constructed	Proposed Rent	Security Deposit

___ Single Family ___ Duplex/Three Decker ___ Garden/Walkup ___ Elevator/High Rise ___ Other _____
If the unit subsidized, indicate type: ___ Section 202 ___ Section 221(d)(3) ___ Section 236 ___ Section 515 Rural Development

Utility

Paid By Family	Paid By Owner
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Utility	Specify Type (Gas, Oil, Electric)	Paid By Family	Paid By Owner	BHA Use Only Utility Allowance
Fuel For Heating	(Gas, Oil, Electric)			
Fuel For Cooking	(Gas, Oil, Electric)			
Fuel For Water Heating	(Gas, Oil, Electric)			
Electricity				
Refrigerator Provided By				

Owner's Certifications. By executing this request, the owner certifies that:

a. The most recent rent charged for this apartment was \$_____ per month. This rent included the following utilities: ___Heat ___Cooking Fuel ___Hot Water Fuel ___Electricity ___Refrigerator. The reason for any difference between the prior rent and the proposed rent is: _____.

b. I will advise the BHA and family of any lead-based paint on the surfaces of the unit of which I have knowledge prior to or during the initial housing quality standards (HQS) inspection of the unit. (The BHA requires that you submit a certificate of compliance from a licensed lead testing company stating that your housing or building is in compliance with the Massachusetts Lead Law, M.G.L., c.111, sections 197-199. For buildings constructed after 1978, a copy of the original Building Permit for the structure is required).

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 BHA 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.

BHA Determinations.

a. **The BHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.**

b. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum. The BHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the lease and unit will be approved.

Understanding: The owner and family understand that the BHA will inspect the apartment and tell them whether or not the BHA can approve the apartment and the lease. The BHA is not responsible for any part of the rent before it executes a



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Owner or Agent	
Address:	_____
City: _____	Zip Code: _____
Day Phone Number :	_____
Signature: _____	Date: _____
Print Name and Title	_____

SAMPLE



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Rent Roll

Tenant's Name (please print): _____

Address of Property: _____ Apt.# _____

Number of apartments in the building: _____

PLEASE COMPLETE THE RENT ROLL FOR ALL APARTMENTS IN THE BUILDING.

THE BHA MAY NOT APPROVE A HIGHER RENT THAT THE RENT WHICH MARKET TENANTS IN THE BUILDING ARE PAYING FOR SIMILAR UNITS.

Unit #	Number of rooms (excluding bathroom(s) and foyer)	What is the current rent?	When did current tenant first occupy apartment ?	If rent is subsidized, list program and agency. If private market tenant or rent-controlled please indicate	Does tenant or owner pay for utilities?	Amenities (if any)	Are these units similar and comparable in terms of condition and amenities to the unit described in this form?	Owner Comments (if any)

Rents of similar units have been raised to \$ _____, effective as of the date of _____.

(Attach any additional rental information on separate sheet.)

CERTIFICATION BY OWNER/AGENT

I hereby certify that the information on this form is true and accurate. (Warning: It is a federal offense to submit false information in connection with receiving funds from any federal assistance program [18 United States Code, Section 1001].

Signature _____ Title _____ Date _____

Owner's Name (please print): _____

For BHA Use Only - Do Not Write In This Space		
Utility Allowance: \$ _____	Rent Requested: \$ _____	Voucher Size: _____
FMR: \$ _____	Bedrooms: _____	Comparables: \$ _____, \$ _____, \$ _____
Date: _____	Approved: \$ _____	Piont Score: _____