



Date Received: _____

Tenant Name: _____ Last Four of SSN: _____ Household ID: _____

Voucher Issue: _____ Expiration Date: _____ HAP Term Date: _____

Please provide the information requested below and attach all documents to Request for Tenancy Approval (RFTA) application. All requested information and documents from checklist must be submitted for the RFTA to be considered complete. We will NOT evaluate the affordability or schedule the inspection until the RFTA application is received/completed.

Property Address: _____

County: _____ Unit Square Footage: _____

Bedroom: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Bath: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ½ Bath: ☐ 1 ☐ 2 Year Built: _____

Amenities & Housing Services

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Gated Community | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Pool | <input type="checkbox"/> Microwave | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Washer/Dryer in Complex | <input type="checkbox"/> Washer/Dryer in Unit | <input type="checkbox"/> Washer/Dryer Hookups | <input type="checkbox"/> Ceiling Fans |

Parking

- ☐ Carport ☐ Car Garage ☐ Assigned ☐ Un-Assigned ☐ Street

Exterior

- ☐ Balcony ☐ Patio ☐ Deck ☐ Porch

Unit Quality

- ☐ Newly Constructed or completely renovated ☐ Well-maintained and/or partially renovated
☐ Adequate, but some repairs may be needed

I certify that these amenities are currently in the proposed unit and are verifiable by DCA at the inspection.

Owner/Management Agent Signature

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. 04/30/2026

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.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)		
<input type="checkbox"/> Semi-Detached (duplex, attached on one side)			<input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME		
<input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)			<input type="checkbox"/> Section 236 (insured or uninsured)		
<input type="checkbox"/> Low-rise apartment building (4 stories or fewer)			<input type="checkbox"/> Section 515 Rural Development		
<input type="checkbox"/> High-rise apartment building (5+ stories)			<input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		
<input type="checkbox"/> Manufactured Home (mobile home)					

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

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. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- 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 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.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

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	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)