

BOARD OF COMMISSIONERS

Wayne A. Orio, Chairman

John R. O'Connor, Vice-Chairman

Harold Burns, Treasurer

Rosemarie Paine

Jasmin Nugent



John P. Counter
Executive Director

REQUEST FOR TENANCY APPROVAL.

TO ALL POTENTIAL LANDLORDS AND TENANTS:

**SAVIN ROCK COMMUNITIES WILL NO LONGER PROCESS INCOMPLETE
REQUESTS FOR TENANCY APPROVAL.**

**ALL PAPERWORK MUST BE COMPLETED AND ALL REQUESTED FORMS MUST BE ATTACHED (IE, PROOF TAXES
ARE CURRENT, PROOF OF OWNERSHIP, ETC). ** in addition to providing proof of ownership, if you are a landlord
representative and/or management agency please provide copy of management contract**

**THE PAPERWORK MUST BE COMPLETED FOR EACH REQUEST SUBMITTED REGARDLESS OF THE NUMBER OF
EXISTING SECTION 8 TENANTS YOU CURRENTLY HAVE.**

**ALL MOVE INS FOR EXISTING TENANTS MOVING FROM ONE UNIT IN WEST HAVEN TO ANOTHER WILL NEED TO
MOVE IN BY THE FIRST OF THE MONTH. WE WILL NOT DO MID MONTH MOVE INS FOR EXISTING TENANTS. NEW
TENANTS ON THE PROGRAM AS WELL AS PORT-INS FROM OTHER TOWNS MAY BE ABLE TO MOVE IN AT
ANY TIME WITHIN THE MONTH.**

**NAMES, ADDRESSES AND SIGNATURES OF TENANTS AND LANDLORDS MUST BE COMPLETED ON PAGE 2 OF
THE REQUEST.**

**COMPLETED REQUESTS MUST BE RECEIVED BY THIS OFFICE NO LATER THAN THE 22ND OF THE
MONTH IN ORDER FOR A POSSIBLE 1ST OF THE MONTH MOVE IN.**

ANY REQUESTS RECEIVED AFTER THE 22ND WILL BE PROCESSED THE FOLLOWING MONTH.

**** in addition to proof of ownership, if you are a landlord representative, property manager, management agency please
provide copy of management contract and or verification of LL representation**

If you need forms, documents, services or information in a language other than English, to read or understand this or any other communications from the Savin Rock Communities (SRC), or to fully utilize our programs and services, please notify our agency at, 203-934-9266 x 100 or email us at section8@savinrockcommunities.org.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please notify our agency at, 203-934-9266 x 100 or email us at section8@savinrockcommunities.org.

Si necesita, formularios, documentos, servicios o información en un idioma que no sea inglés, para leer o comprender esta o cualquier otra comunicación de Savin Rock Communities (SRC), o para utilizar plenamente nuestros programas y servicios, notifique a nuestra agencia al 203-934-9266 ext. 100 o envíenos un correo electrónico a section8@savinrockcommunities.org.

Si usted o alguien de su familia es una persona con discapacidades y necesita una adaptación específica para utilizar plenamente nuestro programas y servicios, notifique a nuestra agencia al 203-934-9266 ext.100 o envíenos un correo electrónico a section8@savinrockcommunities.org.

Section 8 Offices • 23B Glade Street • West Haven, CT 06516

Tel: (203) 934-9266 • Fax: (203) 937-0306

Section 8 Inspection Office • Tel: (203) 691-8444 • Fax (203) 691-8426

www.savinrockcommunities.org

Equal Opportunity Housing

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 Housing Agency (PHA) Savin Rock Communities 23 B Glade ST West Haven 06516			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 <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

1. 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)		
Refrigerator		Provided by
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.		
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 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.

Submit packet COMPLETED & Signed by landlord & tenant

Submit with proof of ownership

Utilities MUST be on for inspection

If you are a landlord representative and/or management agency, please provide copy of management contract

** Must be completed in full & signed by landlord & tenant. This form will not be processed if return incomplete.

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)

Rent Reasonableness

Address of unit: _____

Name of Complex (if applicable): _____

Number of bedrooms _____ # of full baths _____ # Half baths _____ square footage _____ year Built _____

Type of unit:

Apartment _____, Condo _____, Duplex _____, Low Rise _____, High rise (+10 story) _____, single family house _____, Mobile home _____, Row House _____, TH/Villa _____, condo(TH/VILLA) _____, triplex _____, 4 plex _____

Type of heating system **CIRCLE TYPE OF HEATING SYSTEM**

Baseboard, boiler, central, furnace, heat pump, none, other, radiator, space heater, window /wall

Are any utilities included in the rent? Y or N list what is incl: _____

Amenities – **CIRCLE ALL THAT APPLY**

INDOOR

Cable included

Ceiling fans

Dryer

Washer

w/d hook ups

onsite laundry

PARKING

Garage

Covered space

Driveway

Street

open

None/ Unknown

KITCHEN

dishwasher

Garbage Disposal

Microwave

Refrigerator

Stove

new appliances

MAINTENANCE

lawn care

Pest Control

trash

OUTDOOR

Balcony

Pool

on site res svc coordinator

On site security personnel

full time on site maint staff

free wi-fi

OTHER

gated community

security cameras

on site management

**** Proof of ownership & proof of paid up to date taxes attached (at initials and/or change of ownership)**

**** Please make sure entire RFTA is complete – PLEASE REVIEW ALL PAGES/** Incomplete RFTA's WILL NOT be processed**

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 housing.

(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).

(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*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 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

SAVIN ROCK COMMUNITIES
SECTION 8 LANDLORD CERTIFICATION OF RESPONSIBILITY

1. I certify that I am the legal or the legally designated agent for the above referenced unit, and that the tenant has no ownership in this dwelling unit.
2. I understand that I must comply with equal opportunity requirements.
3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.
4. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants.
6. I understand that the family members listed on the Housing Assistance Payments Contract (form HUD-52641) are the only individuals permitted to reside in the unit. I understand that SAVIN ROCK COMMUNITIES and I must grant prior written approval for other persons to be added to the household. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
7. I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B and C. I understand that it is imperative that I fully understand the terms and conditions of the lease, Tenancy Addendum (form HUD-52641-A), and the HAP Contract.
8. I understand that I must submit to the tenant for their consideration and the SAVIN ROCK COMMUNITIES for their review, any new lease or lease revision a minimum of forty-five (45) days in advance of the effective date of the lease or lease revision.
9. I understand that I must provide SAVIN ROCK COMMUNITIES with a written request for any rent increase a minimum of forty-five (45) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.
10. I understand that the tenant's portion of the contract rent is determined by SAVIN ROCK COMMUNITIES and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by SAVIN ROCK COMMUNITIES.
11. I understand that I may not lease a unit to my family members, including all occupants, who are related to me in any of the following ways: parent, child, grandparent, grandchild, sister or brother. I understand that the SAVIN ROCK COMMUNITIES may grant prior written approval if the rental unit will provide reasonable accommodations for a family member who is a person with disabilities.
12. I understand that I may not assign the HAP Contract to a new owner without the prior written consent of SAVIN ROCK COMMUNITIES.
13. I understand my obligations in compliance with the HAP Contract to perform necessary maintenance so that the unit continues to comply with Housing Quality Standards.

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Executive Director

In accordance with Savin Rock Communities (SRC) policy enacted April 9, 2002, this verification of tax status must be completed by the Office of the Tax Collector of the City of West Haven and submitted with your Request for Tenancy Approval (RFTA) form.

To engage a Section 8 contract with SRC ALL taxes must be current with the City of West Haven.

To obtain verification, please have this form completed by the:

Office of the Tax Collector
City of West Haven
355 Main Street
West Haven, CT 06516

All forms submitted to the housing authority must be the original and bear the tax collectors information & stamp. NO faxes accepted

Please print:

Property owner name: _____

Mailing address: _____

Property Address: _____

Property list #: _____
(List number may be obtained at Assessors office)

**Tax Status Verification
For Tax Collector's Use ONLY**

Paid Current: ___yes ___No

Signature: _____ Date: _____
(Tax Collector)

Statement attached: ___yes ___no Stamp: _____

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