



GRAND RAPIDS HOUSING COMMISSION

## Request For Tenancy Approval

All paperwork should be forwarded to the attention of: Move Department

The State of Michigan requires the following 2 statements be included in each lease. Each statement must be in 12 point boldface type which is at least 4 points larger than the body of the lease.

- o ***“Michigan law establishes rights and obligations for Parties to rental agreements. This agreement is required to comply with the Truth in Renting Act. If you have a question about the interpretation or legality of a provision of this agreement, you may want to seek assistance from a lawyer or other qualified person.”***
- o ***“You must notify your landlord in writing within 4 days after you move of a forwarding address where you can be reached and where you will receive mail; otherwise your landlord shall be relieved of sending you an itemized list of damages and the penalties adherent to that failure.”***

### Some of the items that we look for at the inspection are:

- The unit must be vacant and all trash or debris must be removed and the unit must be cleaned.
- All utilities must be turned on. If the unit is not a single family unit, there must be separate meters for utility services (gas, electric, water, etc) for each unit.
- There cannot be any broken or cracked windows.
- There cannot be any tripping hazards.
- If the unit is located in Grand Rapids, a 10-year sealed lithium battery smoke alarm is required in each bedroom and on each level of the unit per city code. (This includes the basement and attic)
- If the unit is located outside of Grand Rapids, a smoke alarm, of any type, is required on each level of the unit.
- Window locks are required on all 1st floor windows.
- Windows must be able to remain open at any height.

*The GRHC will charge a fee of \$25 for a fail re-inspection(s) for the following situation: (1) when the owner notifies the GRHC that a repair has been made but the deficiency has not been corrected, and (2) when the time for repairs has elapsed and the deficiency has not been corrected. Fees will not be imposed for (1) tenant-caused damages, (2) for cases in which the inspector could not gain access to the unit, or (3) for new deficiencies discovered during a re-inspection. The owner may not pass the cost of a re-inspection fee to the family.*

Copies for the HQS Inspection Booklet can be obtained at:

### Grand Rapids Housing Commission

1420 Fuller Avenue SE, Grand Rapids, Michigan 49507

# 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. 09/30/2017)

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. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance

1. Name of Public Housing Agency (PHA)  Grand Rapids Housing Commision 1420 Fuller Ave. SE Grand Rapids, MI 49507			2. Address of Unit (street address, apartment number, city, State & zip code)		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection

9. type of House/Apartment

Single Family Detached   
  Semi-Detached / Row House   
  Manufactured Home   
  Garden / Walkup   
  Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:

Section 202   
  Section 221(d)(3)(BMIR)   
  Section 236 (Insured or noninsured)   
  Section 515 Rural Development  
 Home   
  Tax Credit  
 Other (Describe Other Subsidy, Including any State or Local Subsidy) \_\_\_\_\_

11. Utilities and Appliances:

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

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal / Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal / Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal / Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Other			

Office use only: CT _____ Kids <6 _____ Staff _____ Inspection date/time _____ Inspector _____
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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.

12. Owner's Certifications.

\_\_\_ 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 own responsibility.**

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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 as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, state, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)
Email		Email	

Coordinator: Move Department

**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.*

**Lessor's Disclosure (initial)**

(a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).  
\_\_\_\_\_  
\_\_\_\_\_

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 one below):

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).  
\_\_\_\_\_  
\_\_\_\_\_

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)**

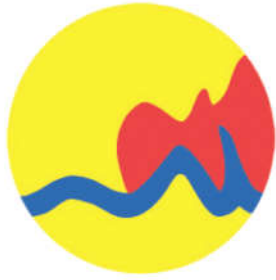
(e)  Agent has informed the lessor of the lessors obligations under 42 U.S.C. 4582(d) and is aware of his/her responsibility to ensure compliance

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____	_____
Lessor	Date
_____	_____
Lessee	Date
_____	_____
Agent	Date

_____	_____
Lessor	Date
_____	_____
Lessee	Date
_____	_____
Agent	Date



GRAND RAPIDS HOUSING COMMISSION

RENT REASONABLENESS ASSESSMENT DATA SHEET

The Grand Rapids Housing Commission is required to assess whether the proposed rent for your unit is comparable to similar units within its local market. Our rent reasonable assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and correct. If the GRHC's Inspector is unable to verify this information provided, the GRHC will need to re-assess the proposed rent and may need to request that it be lowered, which will delay the processing of your contract approval.

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Footage: \_\_\_\_\_

Unit Condition:  Excellent  Good  Fair  Poor

Property Amenities:

- Property amenities checklist including Air Conditioning, Alarm System, Balcony, Cable Hook-up, Club House, Controlled Access, Courtyard, Cover Parking, Dish Washer, Food Disposal, Fireplace, Fitness Center, Freeway Access, Laundry Room, Microwave, Parking Garage, Patio, Pets, Fitness Center, Playground, Pool, Range, Refrigerator, Sewer, Social Service / Medical Personnel, Snow Removal, Trash Collection, Washer / Dryer (in unit), Washer / Dryer (connections), Water.

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator: Move Dept. \_\_\_\_\_ Census Tract: \_\_\_\_\_ Inspector's Initials: \_\_\_\_\_

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false statements.