

HOUSING PLUS SUBSIDY PROGRAM REQUEST FOR LEASE APPROVAL (RLA)

1. REQUEST: The undersigned Owner (Lessor) and Family (Lessee) hereby request the Department of Housing and Residential Programs to approve the lease for the dwelling unit located at:

Client Name _____
 Street Address _____ Unit _____ Zip Code _____
 Security Deposit \$ _____ Requested Rent \$ _____ # of Bedrooms _____

2. OTHER UNASSISTED UNITS: If the unit to be assisted is an apartment, are all similar unassisted units of the same bedroom size in this building or complex renting at the same or higher rents? Y N
 If no, please list rents that are lower and explain why they are lower than this unit.

3. STRUCTURE TYPE

- Low Rise:** 1 story unit, 3 or more units per building with 2-4 stories
- High Rise:** 1 story unit, 3 or more units per building with 5+ stories
- Detached:** Single Family Unit
- Duplexes:** 1 or 2 story building with 2 units per building
- Row/Town House:** 2 or more stories per unit

4. AMENITIES

Check any value-added amenities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fenced private yard | <input type="checkbox"/> Garage or carport | <input type="checkbox"/> Gated parking |
| <input type="checkbox"/> Gated community | <input type="checkbox"/> Central AC | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Fireplace or woodstove | <input type="checkbox"/> View of water/vista | <input type="checkbox"/> Free cable |
| <input type="checkbox"/> High speed internet | <input type="checkbox"/> Finished basement | |

Check any landlord-owned appliances for private use within the unit:

- | | | |
|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer | <input type="checkbox"/> Dryer |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Microwave |

Check any services provided by the landlord:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Accessibility features | <input type="checkbox"/> Social services | <input type="checkbox"/> Gardener (paid) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Meal services | |

5. UTILITIES

	Who pays this utility?	What is the energy source?	If other, explain.
Heat			
Hot Water			
Cooking Fuel			
Air Conditioning			
Other Electric			

	Who pays this utility?
Water	
Sewer	
Trash	

7. CERTIFICATIONS: Owner, by executing request, certifies that no one was involuntarily* displaced from unit. [*DISPLACED PERSON: A person (family, individual, business, nonprofit organization or farm) that moves from real property or moves personal property from real property permanently as direct result of acquisition, rehabilitation or demolition for a Housing Plus.]

8. CERTIFICATIONS: The Owner, by executing this request, certifies that:

- A The most recent monthly rent charged for the above dwelling unit was: \$ _____
- B The reason for the difference between this amount and the proposed rent above is: _____
If no difference, please write N/A

9. HOUSING PLUS DETERMINATION: Housing Plus will arrange unit inspection and notify owner and tenant applicant if proposed Lease and Unit are approved. Housing Plus is not responsible for any rent prior to execution of Housing Plus Subsidy Contract.

10. CONTACT INFORMATION

A. PAYMENTS

All Housing Plus subsidy checks shall be made to designated person/entity below. Checks MUST be paid to the individual/entity listed on the W-9.

Payment mailing Address can be different than address listed on W9.

Checks made payable to _____

Address _____ Unit _____ State _____ Zip Code _____

B. MANAGING AGENT

Company _____ Individual _____

Address _____ Unit _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

C. LANDLORD/OWNER

SAME AS MANAGING AGENT

Company _____ Individual _____

Address _____ Unit _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

*The IRS requires that the Housing Plus prepare and submit IRS Form 1099 Statement of Recipients of Miscellaneous Income for all recipients who receive income for a calendar year. To comply, we need your tax ID # (either Social Security # or your Business Federal Tax ID #, depending on how you report rental income.)

Changes need to be sent to us in writing, signed and dated by an authorized person.

*Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agencies of the U.S. as to any matter within its jurisdiction.

Completed by: _____

Signature: _____ Date _____