

REQUEST FOR TENANCY APPROVAL
IMPORTANT INFORMATION TO OWNERS AND TENANTS

1. **Lead Conformance Certificate:** In accordance with RI State Law, property owners MUST submit a copy of the unit's Current Lead Conformance Certificate (Preferably with this completed Request for Tenancy Approval Form) or evidence that the unit is exempt. **PLEASE BE ADVISED THAT INSPECTIONS WILL NOT BE SCHEDULED WITHOUT PROOF OF COMPLIANCE WITH THE RHODE ISLAND STATE LEAD MITIGATION LAW / CURRENT LEAD CONFORMANCE CERTIFICATE OR PROOF OF EXEMPTION.**
2. **A Completed Direct Deposit Form:** The North Providence Housing Authority will not authorize a move without a completed Direct Deposit form.
3. **Lead Disclosure:** This form is attached to the "Request for Tenancy Approval" and must be completely filled out and signed by you and your prospective tenant.
4. **Restriction on Leasing to Relatives:** This form must be signed by you and your prospective tenant certifying that you are not blood-related according to definition on this form. The North Providence Housing Authority may not approve a unit if the owner is the parent, child, grandchild, sister or brother of any member of the family except as a reasonable accommodation for a person with a disability.
5. **Tenant Screening:** It is the responsibility of the landlord to determine the suitability of prospective tenants. Owners are encouraged to screen potential tenants.
6. **Inspections:** Families **MAY NOT** move into the unit until the unit passes inspection. If the unit fails the inspection, the owner has one opportunity to complete any repairs necessary. If the repairs are not completed by the proposed deadline, then the prospective tenant may not move in and no other inspection will be granted to the unit. If a tenant moves into a unit before it has passed inspection, the tenant will be fully responsible for the entire rent.
7. **Lease Agreement:** Once the unit passes inspection, we will need to have a signed lease between the owner and the tenant. A Program representative will contact you to come to the office to sign the HAP Contract. You must bring a picture ID, Social Security card or TIN, please be advised that checks cannot be released until all documents are provided and signed. If more than one person's name is on the deed, please bring a notarized letter from the other parties authorizing you to sign on behalf of everyone. If not, all parties must be present to sign the lease.

DEADLINES: IF THE ABOVE DOCUMENTS ARE NOT RETURNED TO THE NORTH PROVIDENCE HOUSING AUTHORITY BY THE 15TH OF THE MONTH, WE WILL NOT BE ABLE TO SUBSIDIZE THIS TENANT FOR THE REQUESTED BEGINNING DATE OF THE LEASE. (Example: In order to lease-up for June 1st, all the above forms must be submitted no later than May 15th).

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. 7/31/2022

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)			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) _____		

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)		
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.

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)

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller'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) _____ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) _____ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

(c) _____ Purchaser has received copies of all information listed above.

(d) _____ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) _____ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) _____ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(f) _____ Agent has informed the seller of the seller'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.

_____ Seller	_____ Date	_____ Seller	_____ Date
_____ Purchaser	_____ Date	_____ Purchaser	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

LANDLORD DIRECT DEPOSIT AUTHORIZATION

Landlord Name: _____

Address: _____

Email: _____

Social Security or Employer Identification #: _____

Phone: _____

Bank Name: _____

Address: _____

Which account do you wish your rental payment deposited to? (Please select one):

Checking Account #: _____

Savings Account #: _____

Bank Routing #: _____

I authorize the North Providence Housing Authority to start or stop direct deposit of rental assistance payments, to initiate credit entries to my account, or debit entries if any overpayment were to occur.

Print Landlord/Representative Name:

Signature Landlord/Representative:

Date:

945 Charles Street
North Providence, RI 02904
401-728-0930



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

SECTION 8 LANDLORD CERTIFICATION

Name of Tenant: _____

Street Address: _____

City/Town/State: _____

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

I understand that the family members listed on the dwelling Lease Agreement as approved by the North Providence Housing Authority are the only individuals permitted to live in the unit while I am receiving housing assistance payments (HAP).

I understand my obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards. (HQS)

I understand that I MAY NOT collect a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.

I understand that should the assisted unit become vacant; I will be responsible for notifying the North Providence Housing Authority immediately in writing.

I understand that failure to comply with the terms and responsibilities of the North Providence Housing Authority Assistance Payment Contract (HAP) is grounds for termination of participation in the Section 8 Housing Choice Voucher program.

I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature of Landlord/Agent

Date

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

945 Charles Street
North Providence, RI 02904
401-728-0930



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

SECTION 8 LANDLORD CERTIFICATION

Name of Tenant: _____

Street Address: _____

City/Town/State: _____

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

I understand that the family members listed on the dwelling Lease Agreement as approved by the North Providence Housing Authority are the only individuals permitted to live in the unit while I am receiving housing assistance payments (HAP).

I understand my obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards. (HQS)

I understand that I MAY NOT collect a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.

I understand that should the assisted unit become vacant; I will be responsible for notifying the North Providence Housing Authority immediately in writing.

I understand that failure to comply with the terms and responsibilities of the North Providence Housing Authority Assistance Payment Contract (HAP) is grounds for termination of participation in the Section 8 Housing Choice Voucher program.

I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature of Landlord/Agent

Date

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

945 Charles Street
North Providence, RI 02904
401-728-0930



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

HOUSING CHOICE VOUCHER (HCV) PARTICIPANT RESPONSIBILITIES

- **YOU MUST COMPLY WITH YOUR LEASE**

It is your responsibility to live up to the lease that you signed. This responsibility includes paying your share of rent when it is due. You must obey the rules and regulations of your building as well as all other rules written in your lease. You should be careful not to damage the units; if you need repairs, notify the landlord right away. If you violate your lease, you can be evicted and the North Providence Housing Authority will terminate your Voucher of Participation.

- **YOU MUST PAY YOUR SECURITY DEPOSIT AND MAKE UTILITY PAYMENTS:**

When you move into your unit you must pay your security deposit. If you are paying for any utilities, make sure to pay your bills each month. If you should fail to pay your utilities the North Providence Housing Authority can terminate your Voucher of Participation.

- **REPORT ALL CHANGES IN INCOME TO THE AUTHORITY:**

Changes in income will affect your Tenant Rent: therefore, all changes must be reported to the North Providence Housing Authority.

- **ANNUAL INSPECTIONS AND RECERTIFICATIONS:**

At least once a year an HQS Inspector will conduct an inspection on your unit. You must allow access to the Inspector. Make sure someone over the age of 18 is there to allow access to the unit. Once a year, a review of the subsidy and your eligibility will be conducted. You must provide the required information and documents for the purpose of adjusting your Tenant Rent.

- **LANDLORD NON-COMPLIANCE:**

Notify the North Providence Housing Authority if the landlord does not comply with his/her obligations.

- **WHAT TO DO IF YOU WISH TO MOVE:**

Notify the landlord, in writing, (with a copy to the North Providence Housing Authority) when you decide to move providing at least 30 days' notice. If you wish to move before your lease expires, you must get written approval from your landlord.

945 Charles Street
North Providence, RI 02904
401-728-0930



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

SECURITY DEPOSITS

The owner may collect a security deposit from the tenant. However, the North Providence Housing may prohibit the owner from collecting a security deposit in excess of private market practice, or in excess of amounts charged by the owner to unassisted tenants.

Families are responsible for paying the security deposit.

When a tenant moves out, the owner, subject to State or Local Law, may use the security deposit as a reimbursement for any:

- Damages to the unit, or
- Other amounts the tenant owes under the terms of the lease

The owner must give the tenant and the North Providence Housing Authority a written list of all items and amounts charged against the security deposit.

After deducting the reimbursement to the owner, the owner must promptly refund the unused balance of the security deposit to the tenant.

If the security deposit is not sufficient to cover amounts the family owes under the lease, the owner may seek to collect the balance from the tenant.

Owner Printed Name

Date

Owner Signature

Date

Tenant Printed Name

Date

Tenant Signature

Date



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

HOUSING CHOICE VOUCHER (HCV) PARTICIPANT RESPONSIBILITIES

- **YOU MUST COMPLY WITH YOUR LEASE**

It is your responsibility to live up to the lease that you signed. This responsibility includes paying your share of rent when it is due. You must obey the rules and regulations of your building as well as all other rules written in your lease. You should be careful not to damage the units; if you need repairs, notify the landlord right away. If you violate your lease, you can be evicted and the North Providence Housing Authority will terminate your Voucher of Participation.

- **YOU MUST PAY YOUR SECURITY DEPOSIT AND MAKE UTILITY PAYMENTS:**

When you move into your unit you must pay your security deposit. If you are paying for any utilities, make sure to pay your bills each month. If you should fail to pay your utilities the North Providence Housing Authority can terminate your Voucher of Participation.

- **REPORT ALL CHANGES IN INCOME TO THE AUTHORITY:**

Changes in income will affect your Tenant Rent: therefore, all changes must be reported to the North Providence Housing Authority.

- **ANNUAL INSPECTIONS AND RECERTIFICATIONS:**

At least once a year an HQS Inspector will conduct an inspection on your unit. You must allow access to the Inspector. Make sure someone over the age of 18 is there to allow access to the unit. Once a year, a review of the subsidy and your eligibility will be conducted. You must provide the required information and documents for the purpose of adjusting your Tenant Rent.

- **LANDLORD NON-COMPLIANCE:**

Notify the North Providence Housing Authority if the landlord does not comply with his/her obligations.

- **WHAT TO DO IF YOU WISH TO MOVE:**

Notify the landlord, in writing, (with a copy to the North Providence Housing Authority) when you decide to move providing at least 30 days' notice. If you wish to move before your lease expires, you must get written approval from your landlord.

945 Charles Street
North Providence, RI 02904
401-728-0930