

Request for Lease Approval

STATE OF CONNECTICUT

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 9/30/2002)

RENTAL ASSISTANCE PROGRAM (R.A.P.)

Public reporting burden for this collection of information is estimated to average 5 minutes 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.

Eligible families submit this information to the Housing Authority (HA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The HA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Program Type (mark one) <input type="checkbox"/> Certificate S.E.R.T. PROGRAM	2. Address of Unit (street address, apartment number, city, State & zip code) Please attach proof of ownership for initial move-in.
1. Name of Housing Agency (HA) HAMDEN HOUSING AUTHORITY P.O. BOX 185095, HAMDEN CT 06518 ~ (203) 281-7669	

3. Requested Beginning Date of Lease (mm/dd/yyyy)	4. Number of Bedrooms	5. Year Constructed (yyyy)	6. Proposed Rent	7. Security Deposit Amount
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8. Type of House/Apartment
 Single Family Detached Semi-Detached / Row House Manufactured Home Garden / Walkup Elevator / High-Rise

9. Utilities and Appliances. Insert O if furnished by Owner or T if furnished by Tenant.

Item	O / T	Coal	Oil	Natural Gas	Electric	Bottle Gas	Other
Heating (Specify Type)							
Cooking (Specify Type)							
Other Electric							
Air Conditioning							
Water Heating (Specify Type)							
Water							
Sewer							
Trash Collection							
Range/Microwave							
Refrigerator							
Other (Specify)							

10. Owner's Certifications. By executing this request, the owner certifies that:

a. The most recent rent charged for the above unit was \$ _____ per month. This rent included the following utilities:

The reason for any difference between the prior rent and the proposed rent in Block 6 is:

b. I will advise the HA and family of any lead-based paint on the surfaces of the unit of which I have knowledge prior to or during the initial housing quality standards (HQS) inspection of the unit.

c. 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 HA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

11. HA Determinations.

- a. **The HA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**
- b. The owner's lease must include word-for-word all provisions of the HUD lease addendum.
- c. The HA will arrange for inspection of the unit and will notify the owner and family as to whether or not the lease and unit will be approved.

Print or Type Name of Owner or Other Party Authorized to Execute the Lease		Print or Type Name of Family	
Signature		Signature (s)	
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)

Previous editions are obsolete

form HUD-52517 (12/98)
ref. Handbook 7420.8