

**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. 04/30/2026

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                     |                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------|--|
| 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<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |
| 9. Structure Type                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                     | 10. If this unit is subsidized, indicate type of subsidy:                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                  |  |
| <input type="checkbox"/> Single Family Detached (one family under one roof)<br><input type="checkbox"/> Semi-Detached (duplex, attached on one side)<br><input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)<br><input type="checkbox"/> Low-rise apartment building (4 stories or fewer)<br><input type="checkbox"/> High-rise apartment building (5+ stories)<br><input type="checkbox"/> Manufactured Home (mobile home) |                       |                     | <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)<br><input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME<br><input type="checkbox"/> Section 236 (insured or uninsured)<br><input type="checkbox"/> Section 515 Rural Development<br><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  |                                                                                                                                                                                                            |             |