

# Request for Lease Approval My Home Housing Program

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

OMB Approval No. 2577-0169  
(exp. 07/31/2007)

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.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA 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.

<b>Housing Office Use Only</b>	
C.T. # _____	_____
Program _____	_____
HPA _____	_____

1. Name of Public Housing Agency (PHA) <b>Milwaukee County My Home Housing Program</b> 600 W. Walnut Street, Suite 100 Milwaukee, WI 53212		2. Address of Unit (street, apartment number, city, state & zip code)	
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3. Requested Beginning Date of Lease	4. No. of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Late Payment Penalty, if none, state.
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9. Type of House/Apartment  
 Condo     Townhouse     Single Family     Apartment     Duplex     Triplex     Multi

10. Utilities and Appliances.		SPECIFY FUEL TYPE			
ITEM	FURNISHED BY				
Heating	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other _____		
Cooking	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other _____		
Water Heating	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other _____		
Other Electric	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Water	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Sewer	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Trash Collection	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Air Conditioning	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Refrigerator	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Stove	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant				
Equipment (snow removal/grounds)	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant			If owner provides, specify:	
Other Amenities	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant			If owner provides, specify:	

Pets allowed     No     Yes

11. For repairs, contact    Name: \_\_\_\_\_    Phone: \_\_\_\_\_

12. Rent payment    Address: \_\_\_\_\_

13. Name and address of person authorized to accept service of legal process or notices on behalf of owner (can be owner). Must be in State of Wisconsin.

14. Owner's Certifications.  
 a. The Program regulation requires the Program to certify that the rent charged to the My Home Housing Program tenant is not more than the rent charged for other unassisted comparable units. Indicate whether rental amount includes utilities.

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 Program 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 tenant has been provided the lead hazard information pamphlet.  
**15. The Program has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**  
 16. The Program 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. Housing assistance payments will not be made until the unit is approved and a County lease and contract are signed.

17. Print or type owner name to be used on contract and lease		18. Print or type name of family	
Print or type name of owner or other party authorized to sign the lease		Head of household	
Business address		Present Address of Family (street address, apartment no., city, state, & zip code)	
Telephone number		Telephone Number	
Signature	Date (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)