

Washington County CDA Washington Cares Request for Tenancy Approval

****PLEASE READ CAREFULLY****

Dear Owner and Tenant:

The attached form, “**Request for Tenancy Approval,**” (RFTA) **must** be completed by the Owner/Landlord to enable a tenant to receive rent assistance through the Washington County CDA’s Washington Cares Program. The attached form is not a lease; however, the landlord should not complete the form unless he/she is willing to enter into a lease with the tenant. The information on the form enables the CDA to prepare the necessary documents to begin rent assistance for the tenant. The Housing Assistance Payment will be made directly to the Owner/Landlord each month on behalf of the tenant.

SECURITY DEPOSIT:

The Owner/Landlord may collect security deposits from Washington Cares participants that are up to, but not greater than, the amount they would collect from a private market, unassisted tenant.

SCREENING TENANTS:

The owner is responsible for tenant screening. **The CDA does not screen the family for suitability of tenancy.**

LEASE:

The assisted lease between the **Tenant** and the **Owner** must be approved by the CDA. Canvas Health acts as the Master Lease holder in Washington Cares units.

PLEASE NOTE:

After receipt of this form the CDA must:

- Review and approve that the contract rent is reasonable and within program guidelines;
- Review and approve the lease signed by both tenant and Owner/Landlord.
- Conduct a Housing Quality Standards (HQS) inspection - the unit must pass an HQS inspection prior to making a housing assistance payment to an owner on behalf of an assisted tenant. This inspection will be normally be completed on the 1st day of the month, which is the same day the tenant will move in.
- If the inspection does not pass on the 1st of the month, the CDA portion of rent will be prorated to the date the repairs are made. Because of the prorating it is important to make the repairs as soon as possible.

The requirement of these items may delay the first housing assistance payment to you. Housing assistance payments are sent on the first working day of each month. Delayed payments are made on the 7th and 21st of each month. Your cooperation is appreciated in the initiation of a new tenant’s rental assistance. The initial payment may be late while we complete all the necessary paperwork and inspection. We appreciate your patience.

CDA POLICIES:

Be aware no side payments are allowed when participating in the Washington Cares Program. Only CDA approved payments can be made. If a tenant or landlord has offered or required an extra side payment(s), please inform the CDA immediately. If the Washington County CDA determines that side payments were made, the tenant will be terminated from the program and both the owner and tenant will be turned over to the Federal Government for investigation of Fraud charges and prosecution. The penalty for fraud is 5 years in prison and/or up to \$10,000 fine.

The responsibility of utilities must be indicated on page 3 and they must match what is on the lease. Once the responsibility of the utilities is determined it CANNOT change during the tenancy. Responsibility of utilities may only be changed if approved by the CDA. The rent calculations are based on who is paying specific utilities, so this is very important. Utilities the tenant is responsible for paying MUST be in the tenant's name. All utilities the owner is responsible for paying MUST be in the owner's name. Any payments outside of those approved by the CDA to each other are considered side payments and are not allowed.

If a problem occurs during this tenancy, please contact the CDA in writing immediately. Most problems can be resolved if addressed early.

The tenant is responsible for paying all utilities and rent on time.

IMPORTANT

This form must be completed and returned to the CDA office by the 15th of the month for assistance to be processed for the 1st of the following month. Washington County CDA only starts assistance on the 1st of each month.

IF YOU HAVE QUESTIONS REGARDING THIS FORM:

Please call 651-458-0936 and ask to speak to the Washington Cares Worker

You may fax this form to the Washington County CDA at 651-458-1696

U.S. Department of Housing and Urban Development

REQUEST FOR TENANCY APPROVAL

Name of Family Representative: _____

Washington County CDA 7645 Currell Blvd Woodbury, MN 55125 (651) 458-0936 fax: (651) 458-1696		Address of Unit: (street address, apartment number, city, State & zip code)	
	Year Constructed:	Proposed Rent: \$	Security Deposit: \$
Lease Begins:	Number of Bedrooms:	<input type="checkbox"/> Occupied <input type="checkbox"/> Vacant	Available for CDA inspection on or after:

- a. Are you giving the tenant any kind of rent concessions? Yes No
If yes, explain: _____
- b. Is a garage included in the rent? Yes No
- c. If yes, is the garage optional? Yes No
- d. If yes, how much of the rent is attributed to the garage? \$ _____
- e. Does this include pet rent? Yes No
- f. Are you in default on your mortgage for this unit? Yes No
- g. Have you received a pre-foreclosure notice for this unit? Yes No
- h. Do you intend to sell this unit within the next 12 months? Yes No
- i. Are you now in a redemption period for your mortgage? Yes No
- j. Is this a tax credit unit/property? Yes No

Type of Unit: (Check applicable box below)

- Single Family
 Apartment Bldg.
 3-Plex
 4-Plex
 Townhouse
 Duplex
 Mobile Home
 Cottage

Utilities: The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided By	Paid By
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

OWNER'S CERTIFICATIONS:

- a. The program regulation requires the CDA to certify that the rent charged to the Washington Cares 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.		

b. The owner (including a principal or other interested party) **cannot be** the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the CDA has determined that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. By signing below the landlord is certifying he/she is not related to the tenant.

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.

1. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

2. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

3. The PHA will not enter into a Housing Assistance Payments Contract on single family homes or duplexes if the property is up for sale or in foreclosure.

OWNER: (Print)

By signing below, you read and agree to all requirements and policies on pages 1 thru 4 of this RFTA. Signature of a Property Manager is the same as an Owners signature.

Complex Name/Management Company

Owner/Manager's Name

Phone Number

Owners Street Address

City

State

Zip Code

Mailing Address for Rent Payment (if different than above)

Signature

Date

TENANT:

By signing below, you read and agree to all requirements and policies on pages 1 thru 4 of this RFTA. By signing this form, I am authorizing the release of this information to the owner of the rental property where I am requesting to receive assistance.

Signature

Date

Phone Number

Current Address

Current Landlord's Name

Street Address

State and Zip Code

Public reporting burden for this collection of information is estimated to average 0.08 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. Send comments regarding this burden estimate or any other aspect of its collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0169), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.