

Request For Tenancy Approval

All paperwork should be forwarded to the attention of: Move Department

The State of Michigan requires the following 2 statements be included in each lease. Each statement must be in 12 point boldface type which is at least 4 points larger than the body of the lease.

- o ***“Michigan law establishes rights and obligations for Parties to rental agreements. This agreement is required to comply with the Truth in Renting Act. If you have a question about the interpretation or legality of a provision of this agreement, you may want to seek assistance from a lawyer or other qualified person.”***
- o ***“You must notify your landlord in writing within 4 days after you move of a forwarding address where you can be reached and where you will receive mail; otherwise your landlord shall be relieved of sending you an itemized list of damages and the penalties adherent to that failure.”***

Some of the items that we look for at the inspection are:

- The unit must be vacant and all trash or debris must be removed and the unit must be cleaned.
- All utilities must be turned on. If the unit is not a single family unit, there must be separate meters for utility services (gas, electric, water, etc) for each unit.
- There cannot be any broken or cracked windows.
- There cannot be any tripping hazards.
- If the unit is located in Grand Rapids, a 10-year sealed lithium battery smoke alarm is required in each bedroom and on each level of the unit per city code. (This includes the basement and attic)
- If the unit is located outside of Grand Rapids, a smoke alarm, of any type, is required on each level of the unit.
- Window locks are required on all 1st floor windows.
- Windows must be able to remain open at any height.

The GRHC will charge a fee of \$25 for a fail re-inspection(s) for the following situation: (1) when the owner notifies the GRHC that a repair has been made but the deficiency has not been corrected, and (2) when the time for repairs has elapsed and the deficiency has not been corrected. Fees will not be imposed for (1) tenant-caused damages, (2) for cases in which the inspector could not gain access to the unit, or (3) for new deficiencies discovered during a re-inspection. The owner may not pass the cost of a re-inspection fee to the family.

Copies for the HQS Inspection Booklet can be obtained at:

Grand Rapids Housing Commission

1420 Fuller Avenue SE, Grand Rapids, Michigan 49507

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
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)		
		Provided by
Refrigerator		
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.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

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)

Solicitud de Aprobación del Inquilinato

Programa de Vales de Elección de Vivienda

Departamento de Vivienda y Desarrollo Urbano de los EE. UU.
Oficina de Vivienda de Interés Social e Indígena

Núm. de aprobación de la OMB: 2577-0169
vence el 30/ABR/2026

Cuando el participante selecciona una unidad, su propietario llena este formulario para proporcionar a la agencia de vivienda popular (PHA, por sus siglas en inglés) información sobre ella. La información se usa para determinar si la unidad satisface los requisitos para recibir ayuda para el alquiler.

1. Nombre de la agencia de vivienda pública (PHA)			2. Dirección de la unidad (número y calle, núm. de apto., ciudad, estado y código postal)		
3. Fecha de inicio del arriendo solicitada	4. Número de recámaras	5. Año de construcción	6. Alquiler propuesto	7. Monto del depósito de garantía	8. Fecha en que la unidad estará disponible
9. Tipo de estructura			10. Si se trata de una unidad subsidiada, indique el tipo de subsidio:		
<input type="checkbox"/> Unifamiliar independiente (una familia bajo un mismo techo) <input type="checkbox"/> Semiindependiente (dúplex, adosada por un lado) <input type="checkbox"/> Casa adosada/ <i>townhouse</i> (adosada por dos lados) <input type="checkbox"/> Edificio de apartamentos de baja altura (4 pisos o menos) <input type="checkbox"/> Edificio de apartamentos alto (5 pisos o más) <input type="checkbox"/> Casa prefabricada (móvil)			<input type="checkbox"/> Sección 202 <input type="checkbox"/> Sección 221(d)(3)(BMIR) <input type="checkbox"/> Crédito fiscal <input type="checkbox"/> Programa HOME <input type="checkbox"/> Sección 236 (asegurada o no asegurada) <input type="checkbox"/> Sección 515, Desarrollo rural <input type="checkbox"/> Otro (describalo, incluyendo cualquier subsidio local o estatal) _____		

11. Servicios públicos y electrodomésticos

El propietario proporcionará o pagará los servicios públicos/electrodomésticos que se indican con una "O" a continuación. El inquilino proporcionará o pagará los servicios públicos/electrodomésticos que se indican con una "T" a continuación. Salvo lo especificado de otro modo a continuación, el propietario pagará todos los servicios públicos, y proporcionará el refrigerador y la estufa o microondas.

Elemento	Especifique el tipo de combustible	Pagado por
Calefacción	<input type="checkbox"/> Gas natural <input type="checkbox"/> Gas envasado <input type="checkbox"/> Electricidad <input type="checkbox"/> Bomba de calor <input type="checkbox"/> Aceite <input type="checkbox"/> Otro	
Cocina	<input type="checkbox"/> Gas natural <input type="checkbox"/> Gas envasado <input type="checkbox"/> Electricidad <input type="checkbox"/> Otro	
Calentador de agua	<input type="checkbox"/> Gas natural <input type="checkbox"/> Gas envasado <input type="checkbox"/> Electricidad <input type="checkbox"/> Aceite <input type="checkbox"/> Otro	
Otro aparato		
Agua		
Alcantarillado		
Recolección de basura		
Aire acondicionado		
Otro (especifique)		
		Proporcionado por
Refrigerador		
Estufa/microondas		

12. Certificaciones del propietario

- a. La normatividad del programa exige que la PHA certifique que el alquiler cobrado al inquilino que recibe un vale de elección de vivienda no es mayor que el cobrado por otras unidades comparables que no reciben asistencia. Los propietarios de proyectos con más de 4 unidades deben llenar la siguiente sección para las unidades comparables más recientemente alquiladas que no reciben asistencia dentro del predio.

Dirección y número de unidad	Fecha de alquiler	Monto del alquiler
1.		
2.		
3.		

- b. El propietario (incluyendo el titular u otra parte interesada) no es el padre, hijo, abuelo, nieto ni hermano de ningún miembro de la familia, a menos que la PHA haya determinado (y notificado al propietario y a la familia de tal determinación) que, al aprobar el arriendo de la unidad, a pesar de que exista semejante parentesco, proporcionaría un alojamiento razonable a un miembro de la familia que es una persona con una discapacidad.

- c. Marque una de las opciones siguientes:

- Los requisitos de divulgación acerca de la pintura a base de plomo no corresponden porque esta propiedad fue construida el 1 de enero de 1978 o después.
- Un inspector de pintura a base de plomo certificado conforme al programa de certificación federal o al amparo de un programa de certificación estatal acreditado por el gobierno federal determinó que la unidad, sus áreas comunes de servicio y las superficies exteriores pintadas que atañen a dicha unidad o a las áreas comunes están libres de pintura a base de plomo.
- Se adjunta una declaración completa divulgando la información sobre la pintura a base de plomo, o los peligros que ésta plantea en la unidad, las áreas comunes o las superficies exteriores pintadas, incluyendo una declaración al efecto de que el propietario le ha proporcionado el folleto de información sobre los peligros del plomo a la familia.

13. La PHA no ha evaluado el comportamiento o la idoneidad de la familia para asumir el inquilinato. Dicha evaluación es responsabilidad del propietario.

14. El contrato de arriendo del propietario debe incluir, palabra por palabra, todo lo dispuesto en la adenda de inquilinato de HUD.

15. La PHA hará arreglos para inspeccionar la unidad, y notificará al propietario y a la familia si no fue aprobada.

Declaración de Carga Horaria de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés): Se estima que la carga horaria para esta recopilación de información pública es de 0.5 horas, incluyendo el tiempo que toma leer las instrucciones, buscar las fuentes de datos existentes, reunir y mantener los datos necesarios, y completar y verificar la recopilación de información. La recopilación de información sobre las características de la unidad, el nombre del propietario y el nombre del inquilino es voluntaria. Los conjuntos de datos proporcionan a la PHA la información necesaria para aprobar el alquiler. No se ofrecen garantías de confidencialidad al amparo de esta recopilación. Envíe sus comentarios en relación con esta estimación de la carga horaria o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir dicha carga, a la Oficina de Vivienda de Interés Social e Indígena del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos en Washington, D.C. 20410. HUD no llevará a cabo ni auspiciará una recopilación de información, y una persona no tiene que responder a ella, a menos que presente un número de control válido.

Aviso de privacidad: El Departamento de Vivienda y Desarrollo Urbano (HUD) está autorizado para recopilar la información que solicita este formulario al amparo de la § 982.302 del 24 del CFR. El formulario proporciona a la PHA la información necesaria para aprobar el alquiler. Los datos de identificación personal (PII, por sus siglas en inglés) recopilados en este formulario no se almacenan en, ni se extraen de, un sistema de registro.

Yo/Nosotros, el/los abajo firmante(s), certifico/certificamos, so pena de perjurio, que la información antes proporcionada es veraz y correcta. ADVERTENCIA: Cualquier persona que, a sabiendas, presente o haga una reclamación o declaración falsas está sujeta a sanciones penales o civiles, como la reclusión por hasta 5 años, multas, y sanciones civiles y administrativas (§§ 287, 1001, 1010 Y 1012 del 18 del Código de los Estados Unidos o U.S.C., por sus siglas en inglés; y §§ 3729 y 3802 del 31 del U.S.C.).

Escriba a máquina o a mano el nombre del propietario o de su representante		Escriba a máquina o a mano el nombre del jefe de familia	
Firma del propietario o de su representante		Firma del jefe de familia	
Domicilio social		Domicilio actual:	
Número de teléfono	Fecha (dd/mm/aaaa)	Número de teléfono	Fecha (dd/mm/aaaa)

Disclosure of information on Lead-Based Paint and Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

(a) Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check one below):

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

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

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

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

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessors obligations under 42 U.S.C. 4582(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 provided by the signatory is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date



RENT REASONABLENESS ASSESSMENT DATA SHEET

The Grand Rapids Housing Commission is required to assess whether the proposed rent for your unit is comparable to similar units within its local market. Our rent reasonable assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and correct. If the GRHC's Inspector is unable to verify this information provided, the GRHC will need to re-assess the proposed rent and may need to request that it be lowered, which will delay the processing of your contract approval.

Landlord: _____ Phone: _____

Tenant: _____ Phone: _____

Unit Address: _____ Apt.: _____

City, State, Zip: _____ Footage: _____

Unit Condition: *Excellent* *Good* *Fair* *Poor*

Property Amenities:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> <i>Air Conditioning</i> | <input type="checkbox"/> <i>Alarm System</i> | <input type="checkbox"/> <i>Balcony</i> | <input type="checkbox"/> <i>Cable Hook-up</i> |
| <input type="checkbox"/> <i>Club House</i> | <input type="checkbox"/> <i>Controlled Access</i> | <input type="checkbox"/> <i>Courtyard</i> | <input type="checkbox"/> <i>Cover Parking</i> |
| <input type="checkbox"/> <i>Dish Washer</i> | <input type="checkbox"/> <i>Food Disposal</i> | <input type="checkbox"/> <i>Fireplace</i> | <input type="checkbox"/> <i>Fitness Center</i> |
| <input type="checkbox"/> <i>Freeway Access</i> | <input type="checkbox"/> <i>Laundry Room</i> | <input type="checkbox"/> <i>Microwave</i> | <input type="checkbox"/> <i>Parking Garage</i> |
| <input type="checkbox"/> <i>Patio</i> | <input type="checkbox"/> <i>Pets</i> | <input type="checkbox"/> <i>Fitness Center</i> | <input type="checkbox"/> <i>Playground</i> |
| <input type="checkbox"/> <i>Pool</i> | <input type="checkbox"/> <i>Range</i> | <input type="checkbox"/> <i>Refrigerator</i> | <input type="checkbox"/> <i>Sewer</i> |
| <input type="checkbox"/> <i>Social Service / Medical Personnel</i> | <input type="checkbox"/> <i>Snow Removal</i> | <input type="checkbox"/> <i>Trash Collection</i> | |
| <input type="checkbox"/> <i>Washer / Dryer (in unit)</i> | <input type="checkbox"/> <i>Washer / Dryer (connections)</i> | <input type="checkbox"/> <i>Water</i> | |

Landlord's Signature: _____ Date: _____

Coordinator: Move Dept. _____ Census Tract: _____ Inspector's Initials: _____

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