**HOME TBRA-REQUEST FOR UNIT APPROVAL (SCATTERED SITES)**

**INSTRUCTIONS:**

**Provide this form to the tenant identified below (“Tenant”) after intake is complete. This form should be completed by the Tenant and the landlord listed below (“Landlord”) to request the Subrecipient's approval of the unit for which the Tenant has elected to receive rental assistance (the “Unit”).**

**Landlord:** Please read the Rental Assistance Payment Contract and information about Housing Quality Standards provided in it. After the Tenant submits this request to the Subrecipient, a staff member will contact the Landlord to schedule an inspection of the Unit. The Subrecipient is not responsible for paying any part of the rent to the Landlord prior to its approval of the Unit and its execution of the Rental Assistance Payment Contract (“RAP”). Please attach a copy of your proposed lease to this form.

**Tenant:** With the Landlord, complete this form and return it to:

**Do not sign a lease for the Unit until the Subrecipient has inspected and approved the Unit.**

Type of Unit:

Single Family

Semi-detached/Row House

Garden/Walk up

Elevator/High Rise

Mobile Home

Date Constructed: Most recent rent charged: Proposed rent:

Unit Address:

Landlord Contact Information:

Were the same utilities/appliances included in the rent: Yes No **Insert Source of** **Utilities.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Utility / Appliance Source: Oil Electric Gas Propane** | **Included in Rent** | **Paid by Tenant** | **Utility/ Appliance Source: Oil Electric Gas Propane** | **Included in Rent** | **Paid by Tenant** |
| Heating - source: |  |  | Water Heating-source: |  |  |
| Cooking – source: |  |  | Water |  |  |
| Other Electric |  |  | Sewer |  |  |
| Air Conditioning |  |  | Trash Collection |  |  |
| Range/Microwave |  |  | Other |  |  |
| Refrigerator |  |  | Other |  |  |

**OWNER CERTIFICATION:** By executing this request, the Landlord agrees and certifies that: (1) the information provided on the form is accurate and true; (2) the Unit is not receiving rental assistance or operating assistance through other federal, State, or local sources; (3) the Unit currently meets Housing Quality Standards set forth in 24 CFR 982.401 (“HQS”) or will be brought up to HQS standards before the RAP is executed; and (4) the Unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, or familial status. In accordance with 18 U.S.C. §1001, the payment of fines and/or imprisonment may be required or repayment of any funds received by the Landlord pursuant to the RAP in the event that the Landlord provides false, incomplete or misleading information.

**Tenant Name Landlord Name**

*Type or Print name here Type or Print name here*

**Signature Date Signature Date**