

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO (HACSM)

264 Harbor Blvd., Bldg. A, Belmont, CA 94002-4017 ♦ Tel: (650) 802-3300 ♦ Fax: (650) 802-3372

Subject: **REQUEST FOR TENANCY APPROVAL**

Initial

Relocation

Head of Household: _____ T Code: _____ Program Code: _____

Dear Property Owner:

Thank you for your interest in participating in our Rent Subsidy Program. Please complete **both sides** of this form and return it to our office as soon as possible.

In order for HACSM to approve the unit for payment, ALL of the following conditions must be met:

1. The unit meets Housing Quality Standards. HACSM will arrange for inspection of the unit.
2. The contract rent is reasonable in comparison to similar units in the same general neighborhood where the unit is located, and the contract rent may not be more than what you charge for non-subsidized units.
3. You submit a signed copy of the Lease Agreement between you and the tenant. Although the Lease Agreement is between the tenant and the owner, the Tenancy Addendum prescribed by HACSM must be a part of the Lease Agreement. You may review the Tenancy Addendum at: <http://housing.smcgov.org/landlord-forms>
4. You sign and return the Housing Assistance Payments (HAP) Contract which will be prepared by HACSM. If the tenant moves into the unit prior to our approval, he/she will be responsible for 100% of the contract rent for any period prior to the start date of the HAP Contract.
5. You submit a copy of a signed Management Agreement if you are represented by a property manager/management company.

Note: If there is more than one owner on the grant deed or if the party signing the lease and/or receiving rent payments is acting as your representative, we may request a copy of a Management Agreement or Power of Attorney.

TAX IDENTIFICATION STATEMENT

Please print clearly

PURPOSE: The Housing Authority is required to file an information return (1099 MISC) with the Internal Revenue Service and must obtain your correct Taxpayer Identification Number (TIN) to report the rental income paid to you. The name on line 1 below **MUST** be stated **EXACTLY** as shown on your Social Security Card or TAX ID Certificate. Furnishing your correct TIN and making the appropriate certifications will prevent rental payments from being subject to the 20% back-up withholding.

Rent Payments will be issued in the name as it appears on **LINE 1** below

1. Name of person/agency to whom check is to be issued and reporting income to IRS (on 1099):	
2. Social Security Number or TAX ID# assigned to the party on line 1:	
Please check appropriate box: <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____	
I certify that the TAX ID or Social Security Number, items #2 or #3, is assigned to the person or agency on line 1. I understand that the IRS form 1099 MISC and the assistance check will be issued in the name of the person or agency on line 1.	
Sign: _____	Date: _____
Print Name: _____	Title: _____
Mailing Address: _____	
City _____	State _____ Zip Code _____

NON-FINANCIAL CONTACT INFORMATION Same as above

Property Manager/Agent Name	Address	Phone Numbers
		()
Email: _____		()

FOR HACSM USE ONLY:

Voucher Size		O & T Contacted		Grant Deed	On File / Request
Date Issued		Utility Service	Y / N	Payee/Mgmt. Auth.	On File / Request
Date Expires		Heater Pilot	Y / N	Direct Deposit	On File / Request
AAI	\$	Smoke Detector	Y / N	Inspection Appt.	
Affordability	Y / N	Assigned Inspector		Recheck Appt.	
Final Contract Rent	HAP	Tenant Rent	Lease Term	From:	To:
\$	\$	\$			

Notes: _____

Request for Tenancy Approval (continue from page 1)

Please review the entire form carefully and complete all items. An incomplete form may delay the inspection process.

1. Name of Public Housing Agency (PHA) HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO (HACSM)				2. Address of Unit (Street address, Apartment number, City, State & Zip code)		
3. Requested Beginning Date of Lease	4. No. of Bedrooms	5. Year Constructed	6. Square Feet	7. Proposed Rent	8. Security Deposit Amt.	9. Date Unit Available for Inspection
10. Type of Unit: <input type="checkbox"/> Single Family Detached House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> In-Law unit <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Shared Housing: No. of Bedrooms to be rented by Head of Household: _____ <input type="checkbox"/> Other: _____						
11. Utilities and Appliances (Place an "X" for any tenant-paid utilities and tenant-provided appliances):						
Utilities				Appliances		
Gas and Electricity <input type="checkbox"/>	Water <input type="checkbox"/>	Garbage <input type="checkbox"/>	Refrigerator <input type="checkbox"/>	Range/Microwave <input type="checkbox"/>		
12. HACSM determines program eligibility only. It is the owner's responsibility to screen the family for suitability.						
13. Owner's Certifications:						
a. The program regulation requires the HACSM to certify that the rent charged to the subsidized tenant is not more than the rent charged for other unassisted comparable units. If there are more than 4 units at the address listed in box 2 above, the owner must complete the following section for units (regardless of the bedroom size) that were rented within the last 3 years. A rent roll report is also acceptable. Use additional page if needed. Place "NA" in line 1 if there were no move-ins within the last 3 years.						
Address and unit number		# of Bedrooms	Date Rented	Rental Amount		
1.						
2.						
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 HACSM 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. Lead-based paint - If the rental unit was constructed before 1978, the owner will comply with all of the following requirements:						
<ul style="list-style-type: none"> • Disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling before the tenant signs the lease agreement • Give the tenant a copy of the federal government's pamphlet, "Protect Your Family From Lead in Your Home" (available by calling 1-800-424-LEAD, or at www.epa.gov/lead), before the tenant signs the lease agreement • The lease agreement will contain a Lead Warning Statement in legally-required language • Give the tenant a written Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards 						

Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I certify that I have supplied accurate and complete information. I understand that reporting false or incomplete information is fraud and may result in denial or termination of rental housing assistance. I/We, the undersigned, understand that I/we are responsible for ensuring that the information is complete and accurate. I/We declare under penalty of perjury that the foregoing is true and correct.

Print or Type Name of Owner/Owner Representative	Print or Type Name Head of Household
Signature (Owner/Owner Representative)	Signature (Head of Household)
Date:	Date:
Business Address (Street address, Apt. no., City, State, & Zip)	Present Address (Street address, Apt. no., City, State, & Zip)
Phone No.: (_____) _____	Phone No.: (_____) _____
Alternate Phone No.: (_____) _____	Alternate Phone No.: (_____) _____
Email: _____	Email: _____
<input type="checkbox"/> I am a current landlord with HACSM. <input type="checkbox"/> I am interested in the Landlord Continuity Bonus program.	Case Manager: _____ Phone No.: (_____) _____ Email: _____