



**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM**

**RENTAL UNIT INFORMATION - REQUEST FOR LEASE APPROVAL**

OWNER/MANAGEMENT AGENT NAME:		
MAILING ADDRESS (NUMBER & STREET):		
CITY:	STATE:	ZIP CODE:
HOME PHONE: ( )	WORK PHONE: ( )	
CHECK ONE: <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> FEDERAL ID NUMBER ENTER NUMBER:		

APPLICANT NAME:		
CURRENT ADDRESS (NUMBER & STREET):		
CITY:	STATE:	ZIP CODE:
TELEPHONE: ( )		

**INSTRUCTIONS:**

This form should be completed by the Applicant and the Owner to request the Program Administrator's approval of the unit for which the Applicant has elected to receive rental assistance.

**Owner:** After the Applicant submits this request to the Program Administrator, a staff member will contact you to arrange for an inspection. The Program Administrator is not responsible for any part of the rent prior to unit approval and execution of the Coupon Contract. **Please attach a copy of your proposed lease to this form.**

**Applicant:** With the Owner, fill out this form completely and return it to: \_\_\_\_\_

**IMPORTANT: DO NOT SIGN A LEASE UNTIL THE PROGRAM ADMINISTRATOR HAS INSPECTED AND APPROVED THE UNIT.**

<i><b>YOUR ASSISTANCE AND RENT PORTION</b></i>	
YOUR HOUSEHOLD INCOME, FAMILY SIZE, AND THE SIZE OF THE UNIT YOU OCCUPY DETERMINE THE AMOUNT OF YOUR RENTAL ASSISTANCE.	
A	ELIGIBILITY SIZE (NUMBER OF BEDROOMS)
B	PAYMENT STANDARD (MAXIMUM GROSS RENT)
C	TENANT'S MONTHLY PAYMENT = 1% (.01) OF GROSS ANNUAL INCOME
D	MAXIMUM SUBSIDY (B MINUS C)
E	PROPOSED MONTHLY RENT FOR UNIT
F	SUBSIDY PAYMENT (E MINUS C)

**GUIDELINES FOR DETERMINING ELIGIBILITY SIZE (NUMBER OF BEDROOMS)**

- No more than two persons are required to occupy a bedroom.
- Persons of different generations ( i.e. grandparents, parents, children), persons of the opposite sex (other than spouses/couples) and unrelated adults are not required to share a bedroom.
- Children of the same sex (regardless of age) and couples co-habiting (whether or not legally married) must share the same bedroom for purpose of assigning number of bedrooms.
- A live-in care attendant who is not a member of the family is not required to share a bedroom with other family members.
- Individual medical problems (i.e. chronic illness) sometimes require a separate bedroom for household members who would otherwise be required to share a bedroom or an extra bedroom to store medical equipment.
- In most instances, a bedroom is not provided for a family member who will be absent most of the time (such as a member who is away in the military).

TYPE OF HOUSING:
<input type="checkbox"/> APT. 1-4 FLOORS (FLAT) <input type="checkbox"/> APT. 5+ FLOORS <input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX/TOWNHOUSE <input type="checkbox"/> OTHER:

UTILITIES – CHECK THE ITEMS THAT APPLY AND WHO PAYS FOR THEM:																												
Utilities	PAID BY		CHECK TYPE OF FUEL USED																									
	OWNER	FAMILY	NATURAL GAS	ELECTRIC	FUEL OIL	PROPANE	WOOD	COAL	SOLAR	OTHER																		
Heating																												
Cooking																												
Water Heating																												
Electricity			<b>UNIT INFORMATION:</b> <b>ADDRESS OF UNIT:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">NUMBER OF BEDROOMS IN UNIT:</td> <td style="width: 33%;">APPROXIMATE YEAR BUILT:</td> <td style="width: 33%;">APPROXIMATE SQUARE FOOTAGE:</td> </tr> <tr> <td>MOST RECENT MONTHLY RENT \$</td> <td>SECURITY DEPOSIT \$</td> <td>PROPOSED MONTHLY RENT: \$</td> </tr> <tr> <td colspan="3">THE REASON FOR ANY DIFFERENCE BETWEEN THE MOST RECENT MONTHLY RENT AND THE PROPOSED MONTHLY RENT IS:</td> </tr> <tr> <td colspan="3">IS THIS A SUBSIDIZED UNIT OR COMPLEX?    <input type="checkbox"/> No    <input type="checkbox"/> YES – IF YES, ENTER THE COMPLEX NAME:</td> </tr> <tr> <td colspan="2">BASIC RENT \$ _____</td> <td>MARKET RENT \$ _____</td> </tr> <tr> <td colspan="3">IS THIS A HOME RENTAL REHAB UNIT?    <input type="checkbox"/> No    <input type="checkbox"/> YES</td> </tr> </table>								NUMBER OF BEDROOMS IN UNIT:	APPROXIMATE YEAR BUILT:	APPROXIMATE SQUARE FOOTAGE:	MOST RECENT MONTHLY RENT \$	SECURITY DEPOSIT \$	PROPOSED MONTHLY RENT: \$	THE REASON FOR ANY DIFFERENCE BETWEEN THE MOST RECENT MONTHLY RENT AND THE PROPOSED MONTHLY RENT IS:			IS THIS A SUBSIDIZED UNIT OR COMPLEX? <input type="checkbox"/> No <input type="checkbox"/> YES – IF YES, ENTER THE COMPLEX NAME:			BASIC RENT \$ _____		MARKET RENT \$ _____	IS THIS A HOME RENTAL REHAB UNIT? <input type="checkbox"/> No <input type="checkbox"/> YES		
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IS THIS A HOME RENTAL REHAB UNIT? <input type="checkbox"/> No <input type="checkbox"/> YES																												
Air Conditioning																												
Water/Well																												
Sewer/Septic																												
Trash Collection																												
Appliances	PROVIDED BY																											
	OWNER	FAMILY																										
Refrigerator																												
RANGE/STOVE																												

**IF THE UNIT WAS CONSTRUCTED PRIOR TO 1978, CHECK ONE OF THE FOLLOWING:**

- |  |  |
|--|--|
| <input type="checkbox"/> 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 or Tribal certification program. | <input type="checkbox"/> A completed statement 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, will be required prior to Lease execution. |
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**OWNER CERTIFICATION:** By executing this request the Owner agrees: (1) the information provided on the form is accurate and true; (2) the unit currently meets Housing Quality Standards (or will be brought to HQS standard before the Rental Assistance Contract is executed); and (3) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, or familial status.

Applicant Name (Type or Print):	Owner Name (Type or Print):
(Signature/Date)	(Signature/Date)

- Program Administrator has not screened the family’s Rental History. Such screening is the Owner’s responsibility.
- Program Administrator will arrange for inspection of the unit and will notify the Owner and the family as to whether or not the unit will be approved. The inspection does not include local/state laws, ordinances, or codes.