



Section 8 Office
2015 Felton Avenue
PO Box 4928
Macon, GA 31208
Tel. (478) 752-5000

INSPECTION REQUEST FORM
Housing Choice Voucher Program

Once you have found a unit, please have the Landlord complete all of the information on this form. Both you and the Landlord must sign on the back. You are responsible for promptly returning it to your MHA Admissions or Recertification Specialist.

Tenant Name: Phone #:

Current Address:

Mailing Address, only if different than present address:

Does the Tenant have a child under the age of 6 who will live in the unit? Yes No

UNIT INFORMATION - Please provide the following information on the unit that you plan to rent:

Street Address: Apt. #:

Unit Type: Apartment Duplex/Triplex/Quad House Mobile Home

Year Built: (if unknown, write either "pre-1978" or "1978 or after")

Number of Bedrooms: Number of Bathrooms: Approx. Square Footage:

The contract rent for this unit is \$ per month and includes the following utilities: (check each utility that will be paid by the Landlord as part of the lease)

- Gas Water/Sewer Electric Trash Collection

The following appliances and amenities are included in the rent: (check each appliance/amenity that will be furnished and maintained by the Landlord as part of the lease)

- Stove Central Heat/Air Refrigerator Window A/C Unit(s) Other - please specify:

Check the type of utility used for the following:

- HEAT Gas Electric Heat Pump HOT WATER Gas Electric COOKING Gas Electric

Security Deposit to be paid by Tenant: \$

Landlord (Individual/Company Name):

Mailing Address:

City: State: Zip:

Telephone #(s): E-Mail:

MHA Account # (if known):

FOR MHA USE ONLY
Recert Month:
Cotton Martin
Finney Nelson
Jones Stewart
Lowe
Date Rec'd by Case Manager:
Inspections:

If this unit is subsidized, indicate type of subsidy:

- Section 202 Section 221(d)(3)(BMIR) Section 234 (insured or non-insured)
 Section 515 Rural Development Home Tax Credit
 Other (Describe Other Subsidy, including Any State or Local Subsidy) _____

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

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

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

IMPORTANT INFORMATION FOR TENANT AND LANDLORD:

- ⇒ MHA **has not** screened the family's behavior or suitability for tenancy. Such screening is the Landlord's responsibility.
- ⇒ 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 MHA has determined in accordance with HUD regulations and MHA policy (and has notified the owner and the family of such a determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
- ⇒ MHA will give written approval for the Tenant and the Landlord to enter into a lease only after the unit passes a physical inspection and the requested contract rent is approved by a market survey (which is done at the time of initial inspection).
- ⇒ **It is not advised for you move into the unit before receiving final written approval by MHA.** If you do so, you are doing so at your own risk. MHA is not obligated and will not pay any rent on your behalf to your new landlord during this period.
- ⇒ **By signing below, you are certifying that the information filled in is correct and is how you desire MHA to prepare the lease.**

Tenant Signature

Date: _____

Landlord Signature

Date: _____

Owner or Agent?

_____ I am the legal and rightful **owner** of the above rental property.

OR

_____ I am **authorized** by the owner of the above rental property **to act in his/her behalf** on all matters pertaining to the rental of said property. List property owner's name and address:

