



PROPERTY CODE \_\_\_\_\_ TENANT ID \_\_\_\_\_  
 VOUCHER SIZE \_\_\_\_\_ REQUEST # \_\_\_\_\_  
 ISSUED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_  
**CURRENT LEASE ENDS \_\_\_\_\_ (new Lease start after)**  
 VOUCHER EXPIRES \_\_\_\_\_

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

**INSPECTION REQUEST**

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. A letter will be sent to your prospective Landlord with information on how to prepare for and schedule an inspection. **Failure to complete this form accurately or in its entirety may delay the processing of this request.**

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 Air
- Refrigerator  Window A/C Unit(s)
- Central Heat  Other Heat Source \_\_\_\_\_
- 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: \_\_\_\_\_

<input type="checkbox"/> Chapple	<input type="checkbox"/> R.Harris
<input type="checkbox"/> Clark-Tisdol	<input type="checkbox"/> Myrick
<input type="checkbox"/> S.Smith	<input type="checkbox"/> Martin
<input type="checkbox"/> Culverhouse	<input type="checkbox"/> L.Harris
<input type="checkbox"/> Speights	<input type="checkbox"/> _____

Date Rec'd by Case Manager: \_\_\_\_\_

Inspections: \_\_\_\_\_

If this unit is subsidized, indicate type of subsidy:

- Section 202
- Section 515 Rural Development
- Section 221(d)(3)(BMIR)
- Home
- Section 234 (insured or non-insured)
- 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:

\_\_\_\_\_  
\_\_\_\_\_