

## DHHS RENTAL SUBSIDIES REQUEST FOR TENANCY

TENANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Landlord/Agent Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord/Agent Address: \_\_\_\_\_ Email: \_\_\_\_\_

Will you be listed on the W-9?  Yes  No If no, who will be \_\_\_\_\_

Requested Start Date of Lease: \_\_\_\_\_ Proposed Rent: \$ \_\_\_\_\_

Unit Address: \_\_\_\_\_

Is the Unit Vacant?  Yes  No

Is the Electricity on?  Yes  No

Type of Unit:  Single Family, Duplex/Semi-Detached, or Mobile Home  
 Low Rise - (1-4 Stories), Row, Garden, or Townhouse  
 High Rise - (5 or more Stories)

Number of Bedrooms _____	Building Age Pre-1978 <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Heat:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Electric-Heat Pump <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood	<b>Hot Water:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Electric-Heat Pump	<b>Cooking (Stove):</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric	<b>Electric:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Sewer:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <hr/> <b>Water:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
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Is the tenant responsible for any other expenses?  Yes  No

If yes, please list/explain: \_\_\_\_\_

Is there any chipping, peeling, or cracking paint on the interior or exterior of the building?  Yes  No

**Please Note: For Permanent Supportive Housing/ Shelter Plus Care Programs, per federal regulations, all move-ins require a lease that is:**

- For one year, or longer.
- Terminable for cause only.
- Automatically renewable upon the expiration for no less than 1 month, except on prior notice.



Landlord/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE** Housing Specialist: \_\_\_\_\_

Location Designation	Unit Size Approved _____	Reason for Inspection <input type="checkbox"/> Initial Move-In <input type="checkbox"/> Unit Transfer	Children Under 6? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Rent \$ _____	Utility Allowance \$ _____	Is Tenant Eligible for a Sec. Dep.? If so, list amount to be pd. <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Date Forwarded to Housing Inspector: _____			Date and Time of Schedule Inspection: _____			