**REQUEST FOR TENANCY**

**TENANT NAME:** ____________________________  **PHONE:** __________________________

**Landlord/Agent Contact Name:** ____________________________  **Phone:** __________________________

**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 Detached
- □ Row House/Semi Detached
- □ Duplex/Two Family
- □ Apartment - (1-4 Stories)
- □ Mobile Home
- □ Apartment - (5 or more Stories)

**Number of Bedrooms**

- □ Yes
- □ No

**Building Age Pre-1978**

- □ Yes
- □ No

<table>
<thead>
<tr>
<th>Heat:</th>
<th>Hot Water:</th>
<th>Cooking (Stove):</th>
<th>Electric:</th>
<th>Sewer:</th>
<th>Water:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Tenant</td>
<td>□ Oil</td>
<td>□ Tenant</td>
<td>□ Electric</td>
<td>□ Yes</td>
<td>□ Tenant</td>
</tr>
<tr>
<td>□ Owner</td>
<td>□ Natural Gas</td>
<td>□ Owner</td>
<td>□ Propane</td>
<td>□ Yes</td>
<td>□ Owner</td>
</tr>
<tr>
<td></td>
<td>□ Kerosene</td>
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<td>□ Natural Gas</td>
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<td></td>
<td>□ Wood</td>
<td></td>
<td>□ Propane</td>
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</tr>
</tbody>
</table>

**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 □

*Landlord/Agent print EXACTLY how Housing Assistance Payment (HAP) Check is to be made out. This should match the information listed on the W-9.*

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

**Landlord/Agent Signature:** ____________________________  **Date:** __________________________

**OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

**Location Designation:**

- □ CC-Portland HMFA
- □ CC-Cumberland HMFA
- □ CC-Bridgton Area
- □ YC-York HMFA
- □ YC-Kittery/Berwick HMFA
- □ Other:

**Unit Size Approved: **

**Reason for Inspection:**

- □ Initial Move-In
- □ Unit Transfer

**Children Under 6?**

- □ Yes
- □ No

**Contract Rent:** $ ________________  **Utility Allowance:** $ ________________

**Is Tenant Eligible for a Sec. Dep.? If so, list amount to be pd.**

- □ Yes
- □ No

**Date Forwarded to Housing Inspector:** ____________________________  **Date and Time of Schedule Inspection:** ____________________________