



Request for Tenancy Approval (RFTA) Packet Instructions

For any New Admission or Unit Transfer Move-Ins, the landlord must complete and submit the following paperwork to the Newton Housing Authority to review. Approval will be given within 10 business days. Upon approval, Leased Housing staff will reach out to schedule a unit inspection.

Moves are not fully approved until NHA has received a signed and completed HAP Contract and Lease.

Documents may be emailed to Brittany Jancarik, Director of Leased Housing, at bjancarik@newtonhousing.org.

Housing Assistance Payments are made only on the 1st of each month. If a move-in is complete last minute and the financial period is processed, NHA will make payment for the move-in month in the next financial period.

1. Request for Tenancy Approval (HUD-52517) – In Packet
2. Section 8 Landlord Certification – In Packet
3. Lead-Based Paint Disclosure (for any household with children under age of 6)– In Packet
4. Massachusetts Department of Public Health Submetering of water and sewer Cert form (if applicable)
5. Rent Reasonableness Form – In Packet
6. Contact Information Form – In Packet
7. Attach Proof of ownership (property tax bill or sewer bill) from the new property owner
8. Attach Copy of W9 from owner
9. Direct Deposit Form – In Packet (please include voided check or verification of account by bank)
10. A copy of the proposed lease

Request for Tenancy Approval

Housing Choice Voucher Program

**U.S Department of Housing and
Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Other (specify)			
Refrigerator			Provided by
Range/Microwave			

12. 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
1.		
2.		
3.		

b. 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 the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. 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.

13. The PHA has not screened the family’s behavior or suitability for tenancy. Such screening is the owner’s responsibility.

14. The owner’s lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

SECTION 8 LANDLORD CERTIFICATION

RE: _____
Tenant Name

Ownership of Assisted Unit

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever. (Please provide the Housing Authority proof of ownership or a copy of a Management Agreement if property is being managed by an agent.)

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

I understand that I determine the amount of security deposit must be in compliance with State and local law. The tenants portion of the contract rent is determined by the Housing Authority, it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand should the assisted unit become vacant, I am responsible to notify the Housing Authority immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Section 8 Program with other Federal and State agencies.

Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State law.

Tenant/Landlord Relationship Disclosure

CFR, Section 982, states "(d) The Housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of the Voucher holder." Exception: The Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This exception does not apply to an elderly person unless he/she is disabled.

Smoke Detector Certification

The dwelling unit is protected by at least one battery-operated or hard-wired smoke detector, in proper working condition, on each level of the unit. Each bedroom occupied by a person known to me to be hearing-impaired has a visual alarm system connected to the smoke detector installed in the hallway; and a properly functioning smoke detector is located in the hallway near all bedrooms.

Signature of Landlord/Agent

Date _____ 20____

Warning – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
SUBMETERING OF WATER AND SEWER CERTIFICATION FORM**

In accordance with M.G.L. c. 186, § 22 and 105 CMR 410.000: *Minimum Standards of Fitness for Human Habitation, State Sanitary Code, Chapter II* (the "Housing Code"), the following dwelling unit is eligible for submetering water and sewer.

PROPERTY INFORMATION

Address: _____ Unit # _____ # Of units in bldg. _____

City/Town: _____ MA _____ Zip Code: _____

EQUIPMENT INSTALLATION INFORMATION

105 CMR 410.130(C) requires the installation of water conservation devices prior to a dwelling unit becoming eligible for submetering for water and/or sewer services. The devices must meet the following specifications:

Showerheads with maximum flow rate not to exceed	2.5 gallons per minute (gpm)
Faucets with maximum flow rate not to exceed	2.2 gallons per minute (gpm)
Ultra-low flush toilets not to exceed	1.6 gallons per flush (gpf)

The submetering equipment used to measure the quantity of water used for each dwelling unit and common area must meet the standards of accuracy and testing of the American Water Works Association or similar accredited association. A Massachusetts licensed plumber must install the toilets and submetering equipment.

Submetering equipment information: _____
Manufacturer Model #

LICENSED PLUMBER CERTIFICATION

I certify that (check all that apply):

- I have installed or inspected the submetering equipment listed above and have determined that they meet accepted plumbing standards.
- I have installed or inspected all the toilets in this unit and have determined that they meet accepted plumbing standards.
- The plumbing permit issued by the city/town, if required, is attached.
- This dwelling unit is connected directly to a meter installed by a water company and, in accordance with M.G.L. c. 186, § 22(p), does not require the installation of a submeter.

 Licensed Plumber's Name Plumber' Signature License # Date

OWNER CERTIFICATION

I certify that:

- (1) This dwelling unit is eligible for submetering of water and/or sewer usage in accordance with the water submetering law (MGL c. 186, §22).
- (2) All showerheads, faucets and toilets in this dwelling unit meet the conservation standards specified above.
- (3) The water submeter (if present) measuring the use of water in this dwelling unit was installed by a licensed plumber and complies with the standards of accuracy and testing required by the water submetering law (M.G.L. c. 186, § 22).
- (4) The water meter or submeter measures the water usage exclusive to this unit.
- (5) I will provide to the tenants of this dwelling unit, prior to occupancy, a written rental agreement that clearly provides for the separate charging of water and/or sewer service, and a copy of this certification form.
- (6) All information included on this certification is true and accurate to the best of my knowledge.

THIS FORM MUST BE FILED WITH THE LOCAL HEALTH DEPARTMENT PRIOR TO INITIATING SUBMETERING

Signed under the pains and penalties of perjury,

 Name of Owner Signature of Owner Date

<input type="checkbox"/> The property has been transferred to the owner above and the unit remains in compliance with the requirements of M.G.L. c. 186 §22 -	Date Submitted to Local Health Department:
_____ Prior Owner's Signature	_____ Date

Please email completed form to RROD@gosection8.com.

For immediate assistance call (561) 362-1099.

Fields with an * are required. **PLEASE PRINT CLEARLY**

TENANT INFORMATION

* First Name: _____ * Last Name: _____
 Voucher # / Reference #: _____ Housing Authority Name: _____

(STEP 1) PROPERTY LOCATION

* Address: _____ Unit Number: _____
 * City: _____ * State: _____ * Zip: _____ * County: _____

(STEP 2) PROPERTY INFORMATION

* Rent Amount: \$ _____	* Bed(s): _____ * Bath(s): _____	Square Footage: _____ Year Built: _____	Quality and Condition: <input type="radio"/> Unknown <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Excellent
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* Property Type:

- House TH/Villa Apt Condo Mobile Home Row House Duplex Triplex 4plex High-Rise Low-Rise
 Condo (APT) Condo (TH/Villa) **Applicable Utility Schedule:** _____

(STEP 3) AMENITIES AND UTILITIES * Must Complete for Adjustment Accuracy

Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane	Heating Fuel Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking fuel Type: <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Cooking Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Hot Water Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Utilities: Electric paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	Water Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	Sewer Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Type: <input type="checkbox"/> Window/Wall <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Central <input type="checkbox"/> None		
Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Radiator <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler		Indoor: <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Cable Included	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer		Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal	
Outdoor: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Balcony	Parking: <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 1 Covered Space <input type="checkbox"/> Street <input type="checkbox"/> Open <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 2 Covered Spaces <input type="checkbox"/> Assigned <input type="checkbox"/> Unknown <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> None			Maintenance: <input type="checkbox"/> Pest Control Included <input type="checkbox"/> Lawn Included <input type="checkbox"/> Trash Included		

For immediate assistance call (561) 362-1099. Email completed form to RROD@gosection8.com.

By submitting this form I affirm that I am at least 18 years of age and have read and agree to GoSection8.com terms of use and privacy policy located at: gosection8.com/Main/terms_of_use.aspx



Newton Housing Authority Housing Choice Voucher – Contact and Payment Form

The information collected below will be used as contact and HAP check information. Please contact Brittany Jancarik, Director of Leased Housing, at 617-552-5501 should any information change.

Name: _____

Organization/Company (if applicable): _____

Are you the Owner, Landlord, Property Manager, or Other _____? (please circle)

Best Phone Number: _____

Mailing Address for Participation Paperwork: _____

Email Address: _____

Name: _____ Signature: _____

Date: _____

