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 Heath 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

- ☐ Single Family Detached (one family under one roof)
- ☐ Semi-Detached (duplex, attached on one side)
- ☐ Rowhouse/Townhouse (attached on two sides)
- ☐ Low-rise apartment building (4 stories or fewer)
- ☐ High-rise apartment building (5+ stories)
- ☐ Manufactured Home (mobile home)

10. If this unit is subsidized, indicate type of subsidy:

- ☐ Section 202
- ☐ Section 221(d)(3)(BMIR)
- ☐ Tax Credit
- ☐ HOME
- ☐ Section 236 (insured or uninsured)
- ☐ Section 515 Rural Development
- ☐ 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	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Heat Pump ☐ Oil ☐ Other	
Cooking	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Other	
Water Heating	☐ Natural gas ☐ Bottled gas ☐ Electric ☐ Oil ☐ Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
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.

_____ Date_____20_____
Signature of Landlord/Agent

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

☐ 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 -

Prior Owner's Signature Date

Date Submitted to **Local Health Department**:

GoSection8.com
RENT REASONABLE FORM

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~~: ◉ Unknown ○ Poor ○ Fair ○ Average ○ Above Average ○ Excellent

* **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:
☑ Gas ☐ Electric ☐ Oil ☐ Propane

Heating Fuel Paid by:
☐ Tenant ☐ Owner

Cooking fuel Type:
☐ Propane ☐ Gas ☐ Electric ☐ Oil

Cooking Paid by:
☐ Tenant ☐ Owner

Hot Water fuel Type:
☐ Gas ☐ Propane ☐ Electric ☐ Oil

Hot Water Paid by:
☐ Tenant ☐ Owner

Utilities: Electric paid by:
☐ Tenant ☐ Owner

Water Type:
☐ Well Water ☐ City Water

Water Paid by:
☐ Tenant ☐ Owner

Sewer Type:
☐ Septic Tank ☐ Public Sewer

Sewer Paid by:
☐ Tenant ☐ Owner

Cooling Type:
☐ Window/Wall ☐ Swamp Cooler ☐ Central ☐ None

Heat Type:
☐ Baseboard ☐ Space ☐ Central ☐ Window/Wall ☐ Radiator ☐ None ☐ Heat Pump ☐ Boiler

Indoor:
☐ Ceiling Fan(s) ☐ Cable Included

Laundry Type:
☐ W/D Hook-ups ☐ Washer ☐ Onsite Laundry ☐ Dryer ☐ Washer/Dryer

Kitchen:
☐ Dishwasher ☐ Stove ☐ Refrigerator ☐ Microwave ☐ Garbage Disposal

Outdoor:
☐ Swimming pool ☐ Gated Community ☐ Balcony

Parking:
☐ 1 Car Garage ☐ 2 Car Garage ☐ 3 Car Garage ☐ 1 Covered Space ☐ 2 Covered Spaces ☐ Unassigned ☐ Street ☐ Assigned ☐ Driveway ☐ Open ☐ Unknown ☐ None

Maintenance:
☐ Pest Control Included ☐ Lawn Included ☐ 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 privace 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: _____

Newton Housing Authority
82 Lincoln Street
Newton Highlands, MA 02461
Tel: (617) 552-5501
TDD: (617) 332-3802
Fax: (617) 964-8387

ACH Direct Deposit Registration

To register for ACH, please attach the following forms:

1) Completed NHA "ACH Credit Authorization" form
2) A voided check or letter from financial institution verifying the account number and routing number
3) Copy of owner W9

NEWTON HOUSING AUTHORITY
82 LINCOLN STREET
NEWTON HIGHLANDS, MASSACHUSETTS 02461

Telephone: (617) 552-5501

Fax: (617) 964-8387

ACH CREDIT AUTHORIZATION (DIRECT DEPOSIT)

I (we) hereby authorize Newton Housing Authority to initiate credit and, if necessary, debit entries and adjustments to any credit entries in error, to my (our) account indicated below at the depository named below, hereinafter called FINANCIAL INSTITUTION.

TYPE OF ACCOUNT: ☐ **CHECKING** ☐ **SAVINGS**

_____

OWNER NAME(S)

_____

NAME OF THE FINANCIAL INSTITUTION

_____

ABA / ROUTING NUMBER ACCOUNT NUMBER

_____

OWNER ADDRESS

_____

OWNER CITY, STATE/ZIP

_____

TELEPHONE NUMBER EMAIL ADDRESS

_____

NAME OF TENANT(S)

This authority is to remain in full force and effect until Newton Housing Authority has received written notification from me (or either of us) of its termination in such time and manner as to afford Newton Housing Authority and the Financial Institution named above a reasonable opportunity to act on it.

_____

SIGNATURE DATE

***PLEASE ATTACH A VOIDED CHECK OR A LETTER FROM THE FINANCIAL INSTITUTION CONFIRMING THE ROUTING NUMBER & ACCOUNT NUMBER TO THIS AGREEMENT.**

You may email this agreement with all supporting documents to bjancarik@newtonhousing.org.