

## REQUEST FOR TENANCY APPROVAL PACKET

### Thank you for your interest in the Otsego Rural Housing Assistance (ORHA) Housing Choice Voucher Program!

Every time a family with a voucher moves into a rental unit, the unit must be approved **prior** to tenancy. Your prompt submission of all required information to ORHA by mail to the address listed at the top of this page will help the process go smoothly and efficiently. Missing documents and/or incomplete information will delay the process.

#### Required Documentation (Must complete/sign and return to ORHA)

- Request for Tenancy Approval, including Rent Reasonable Addendum (attached)
- Disclosure of Information on Lead-Based Paint (attached)
- Owner Obligations Form (attached)
- Statement Regarding Restrictions on Leasing to Relatives (attached)

#### For owners new to the ORHA HCV program

- Owner/Agent Data Form (attached)
- Copy of valid driver's license or state identification card
- Management Agreement (if applicable)
- Direct Deposit Authorization form (attached)
  - Include a voided check (checking account) or a deposit slip (savings account)
- IRS form W-9 (attached)
- Tax identification
  - For an *individual* — a copy of your Social Security card
  - For a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
- Proof of Ownership and other applicable documents as listed on the Owner/Agent Data Form

#### What's next?

1. ORHA will determine if the unit is the right size and lease amount for the family and that the rent is comparable with other similar units in the area.
2. An inspection will be scheduled for compliance with Housing Quality Standards (HQS).
3. Once the unit passes HQS inspection, ORHA will prepare the lease and a Housing Assistance Payment (HAP) Contract with the owner/agent. These will be mailed to you for signatures.
4. Please submit a copy of the signed lease and the signed HAP Contract by mailing them back to us in the provided envelope. The lease cannot begin before the unit passes HQS inspection. Rental assistance will begin on the effective date of the HAP Contract and lease (which must start on the same day).

If the family moves in before the unit is approved, the family will be responsible for all rent payments until HCV rental assistance begins. Please call our office at (607) 547-8839 with any questions.

Note: Tenant screening and approval are the owner/agent's responsibility. **Have you screened your potential tenant?**  Yes  No

INTENTIONALLY BLANK

# 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)

## REQUEST FOR TENANCY APPROVAL – RENT REASONABLENESS ADDENDUM

<b>Participant Name</b>			
<b>Unit Address</b>			
<b>Owner Name</b>		<b>Date</b>	

**Check one for each section**

Type of Unit		Square Footage	
<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> High Rise with Elevator	<input type="checkbox"/> 500 or less	<input type="checkbox"/> 1001-1250
<input type="checkbox"/> Low Rise	<input type="checkbox"/> Row House/Townhouse	<input type="checkbox"/> 501-750	<input type="checkbox"/> 1251-1500
<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> 751-1000	<input type="checkbox"/> 1501 or more
Location			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial/Residential	<input type="checkbox"/> Industrial/Commercial

**Check all that apply**

Accessibility to Services			
<input type="checkbox"/> Shopping	<input type="checkbox"/> School	<input type="checkbox"/> Train/Bus/Ferry	<input type="checkbox"/> Daycare
Management & Maintenance of Building			
<input type="checkbox"/> On Site Maintenance	<input type="checkbox"/> Trash Removal	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Security Guard
<input type="checkbox"/> Owner/Super Lives in the Building			
Facilities for the Building		Amenities Provided by Owner	
<input type="checkbox"/> Intercom	<input type="checkbox"/> Good Building Exterior	<input type="checkbox"/> New Stove	<input type="checkbox"/> Separate Dining Room
<input type="checkbox"/> Security System	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> New Refrigerator	<input type="checkbox"/> Washer/Dryer Hookup
<input type="checkbox"/> Cable TV Hookup	<input type="checkbox"/> Large Yard	<input type="checkbox"/> Microwave Oven	<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> Laundry Facilities	<input type="checkbox"/> Playground	<input type="checkbox"/> New Kitchen Cabinets	<input type="checkbox"/> Clothes Dryer
<input type="checkbox"/> Community Room	<input type="checkbox"/> Driveway	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Pvt. Patio Deck/Balcony
<input type="checkbox"/> Recreational Facility	<input type="checkbox"/> Free Parking Facility	<input type="checkbox"/> Eat-in-Kitchen	<input type="checkbox"/> New Windows
<input type="checkbox"/> Handicap Access	<input type="checkbox"/> Paid Parking Facility	<input type="checkbox"/> Storage Room	<input type="checkbox"/> Window Screens
<input type="checkbox"/> Garage		<input type="checkbox"/> Den/Family Room	<input type="checkbox"/> New Carpet
		<input type="checkbox"/> Extra Full Bath	<input type="checkbox"/> New Closet Doors
		<input type="checkbox"/> Extra Half Bath	<input type="checkbox"/> Central A/C

**To be Completed by Case Manager**

<input type="checkbox"/> Assisted	<b>Utility Allowance</b>	<b>Case Manager</b>
<input type="checkbox"/> Unassisted	\$	

**To be Completed by Inspection Unit**

HQS	Inspector	Date
<input type="checkbox"/> Minimum <input type="checkbox"/> Average <input type="checkbox"/> Above Average		
Quality	Unit #	Entered By
<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		

INTENTIONALLY BLANK



140 CO HWY 33W | BOX 4 | COOPERSTOWN, NY 13326 | 607-547-8839

[www.otsegoruralhousing.org](http://www.otsegoruralhousing.org)

**OWNER/AGENT DATA FORM**

If you are a participating landlord with ORHA's HCV Program you do not need to return this form.

<b>Owner Legal Name</b>			
<b>Owner Legal Address</b>			
<b>Telephone</b>		<b>Email</b>	
<b>Social Security Number/ Employer Identification Number</b>		<b>Individual that will receive 1099</b>	
<b>Managing Agent</b>		<b>Telephone</b>	
<b>Address</b>			
<b>I am claiming EXEMPT status from backup withholding (If yes, you must fill in Part II of the W-9 form.)</b>			<b>Yes    No</b>

I certify that I am the present owner of the property identified above.

I certify that all of the information I have provided in this packet is true to the best of my knowledge.

<b>Property Owner(s) or Manager(s) Signature(s)</b>	<b>Date</b>

**Documentation Requirements (please attach the following if applicable)**

<b>LLC</b>	A letter stating name(s) of member(s) on LLC letterhead
<b>LP</b>	A letter stating name(s) of general partner(s) on LP letterhead
<b>Corporation (Corporation and LTD)</b>	A letter signed by the corporate officer on corporate letterhead with corporate seal, providing: 1) Name of the corporate President 2) Name of another corporate officer who will sign leases and contracts 3) If leases and contracts are being executed by anyone other than a corporate officer, authorization for this person or entity to execute leases and contracts on behalf of the corporation.
<b>Trust</b>	A copy of the trust deed and a Rider to the Request of Tenancy Approval form signed by all trustees and the tenant. The copy of the trust deed must have the full disclosure of all beneficiaries.

<b>Acceptable Proof of Ownership</b>	<b>Unacceptable Proof of Ownership</b>
Settlement statement Trust agreement Recorded deed with Schedule A Recorded quit claim Recorded judicial sale deed	Tax bill Mortgage documents Unrecorded deeds Deeds that do not include an official stamp from the county recorder's office on the upper right-hand corner of the document

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



## DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form with a voided check to:

**Otsego Rural Housing Assistance, Inc.  
Housing Choice Voucher Program  
140 County Hwy 33W, Box 4  
Cooperstown, NY 13326**



Please make sure that all information on this form is legible.

### Part 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Cancellation (Leave Part 4 Blank)	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Number
------------------------------------	--	---	--

### Part 2: Owner & Payee Identification

Owner Legal Name			
Owner/Company Tax ID (Social Security No. or Employer Identification No.)		Landlord ID# (if assigned)	
Name of Payee	Contact Name		
Fax Number	Primary Phone Number	Secondary Phone Number	
Street Address			
Payee Email		<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent	

**WARNING:** Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, DO NOT COMPLETE THIS FORM.

Please initial in the box to the right to indicate that you have read the above warning.  
**If you fail to initial here, direct deposit will not be approved.**

--

### Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize Otsego Rural Housing Assistance, Inc. and/or the New York State Housing Trust Fund Corporation to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is received. The undersigned must allow reasonable amount of time for initiating or terminating direct deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Title	Date

### Part 4: Required Information

Financial Institution		<input type="checkbox"/> Individual/Consumer
Account Name		<input type="checkbox"/> Commercial (Corporation/Partnership/etc.)
Bank Routing Number		
Account Number		

Payment remittances can be viewed at: <https://apps.hcr.ny.gov/Section8Payments/default.aspx>

**Please include a voided check with this form.**

In reference to (any tenant of landlord)	HOH	Log	CM
--	-----	-----	----

INTENTIONALLY BLANK



140 CO HWY 33W | BOX 4 | COOPERSTOWN, NY 13326 | 607-547-8839

[www.otsegoruralhousing.org](http://www.otsegoruralhousing.org)

### OWNER OBLIGATIONS

#### THE OWNER OF YOUR UNIT IS RESPONSIBLE FOR:

- Maintaining the unit in accordance with our standards and providing normal maintenance.
- Providing information required by our office.
- Collecting any security deposit and your share of the rent from you. They **must not** collect a larger rent payment from you than what the lease and HAP Contract specify and must immediately return any excess rent payment to you.
- Collecting any charges for damage caused by you, a member of your family, or your guest.
- Enforcing your obligations under the lease.
- Paying for utilities and services unless paid by you under the lease.

#### THE OWNER OF YOUR UNIT MUST NOT:

- Violate the Fair Housing Act, Federal Equal Housing Opportunity requirements, New York State Real Property Law, or their obligations under the Housing Assistance Payments Contract.
- Commit fraud, bribery, or any other corrupt or criminal act in connection with a Federal Housing Program.
- Treat you differently from other tenants due to your participation in the HCV Program or any other legal source of income.

### TENANT SCREENING

Owners are permitted and encouraged to screen families on the basis of their tenancy histories. An owner may consider a family's background with respect to such factors as:

- Payment of rent and utility bills
- Caring for a unit and premises
- Respecting the rights of others to the peaceful enjoyment of their housing
- Drug related criminal activity or other criminal activity that is a threat to the life, safety, or property of others.
- Compliance with other essential conditions of tenancy.

Owners **may not** deny a family's application for a rental unit based on a past legal conflict with a landlord, such as suing a previous landlord to make needed repairs. If a landlord rejects a family after using a tenant screening service report containing prior landlord-tenant cases or relies on review of those records themselves, the law assumes the family was rejected because of this history. The landlord may have to pay a fine between \$500 to \$1,000 to the State if they cannot give a good reason for the denial.

#### THE AGENCY MUST GIVE THE OWNER:

- The family's current address (as show in records).
- Name and address (if known) of the landlord at the family's current and prior addresses.
- Information about the tenancy history of family members.
- At the owner's request, information on drug-related criminal activity by family members, if available.

**I/We have read and understand the ORHA HCV Program Owner Obligations, and I/we agree to abide by these obligations.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

## 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, landlords must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.*

### Housing Address

---

Street Address and Unit #

---

City

State

Zip code

### Landlord'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) \_\_\_\_\_ Landlord has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

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

(i) \_\_\_\_\_ Landlord has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

---

---

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

### Tenant's Acknowledgment (initial)

(c) \_\_\_\_\_ Tenant has received copies of all information listed above.

(d) \_\_\_\_\_ Tenant has received the pamphlet *Protect Your Family from Lead in Your Home*. (Provided by ORHA.)

### Agent's Acknowledgment (initial)

(e) \_\_\_\_\_ Agent has informed the landlord of the landlord'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.

---

Landlord \_\_\_\_\_ Date \_\_\_\_\_

---

Landlord \_\_\_\_\_ Date \_\_\_\_\_

---

Tenant \_\_\_\_\_ Date \_\_\_\_\_

---

Tenant \_\_\_\_\_ Date \_\_\_\_\_

---

Agent \_\_\_\_\_ Date \_\_\_\_\_

---

Agent \_\_\_\_\_ Date \_\_\_\_\_