



# HIP HOMELESS INCENTIVE PROGRAM

## Los Angeles County Development Authority

### PRE-REQUEST FOR TENANCY APPROVAL

Landlord Name:	
Phone Number:	
Street Address:	
City, State, Zip Code:	
Email Address:	

**THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM, IF NECESSARY OR NOT PREVIOUSLY SUBMITTED:**

- Owners Certification of Rents Charged (for the owner of properties with five (5) or more units on the premises)
  - IRS W-9 Form
  - Authorization Agreement for Direct Deposit
  - Letter of Authorization establishing legal signing power
- Note:** If you are unable to submit your own Letter of Authorization on official letterhead, please complete the attached Letter of Authorization form and submit:
- Operating Agreement (Limited Liability Company)
  - Partnership Agreement (Limited Liability Partnership)
  - Articles of Incorporation or Bylaws (Corporation)
  - Copy of the Trust (Trusts)

**UNIT TO BE INSPECTED**

Street Address		Unit/Apartment #	
City		State	Zip Code
Number of Bedrooms	Year Built	Proposed Rent \$	Date Unit Ready for Inspection*

- UNIT TYPE** (check one)  **Single-family Detached** (one family under one roof)  **Semi-Detached** (Duplex, attached on one side)  **Condominium**
- High-Rise Apartment Building** (4 stories or fewer)  **Low-Rise Apartment Building** (4 stories or fewer)  **Townhouse/Roadhouse** (attached on two sides)
- Manufactured home** (mobile home and space rent)  **Mobile space** (space rent only)

**IF THIS UNIT IS SUBSIDIZED, INDICATE TYPE OF SUBSIDY**

- Tax Credit  Home Program  Section 221(d)(3)(BMIR)  Section 236 (Insured or Noninsured)  Section 202
- Section 515 Rural Development  Other \_\_\_\_\_ (Describe other subsidy, include state or local subsidy)

**UTILITIES AND APPLIANCES**

Responsibilities selected below (provided by) must match what is stated in the Lease Agreement for this tenancy. (check applicable boxes)

Item	Specify Fuel Type	Paid By (check one)
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Heating*	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
<b>Is the Water Heater for this unit:</b>		
Communal (Shared by the complex) or Individual (exclusively used by the unit)		
Other Electric	Paid by (check one)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water/Sewer	Paid by (check one)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Trash Collection	Paid by (check one)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Refrigerator	Provided by (check one)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Stove	Provided by (check one)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner

**HEATING SYSTEM** (Check One)

- Base Board  Boiler
- Central  Furnace
- Heat Pump  None
- Other  Radiator
- Space Heater  Unknown

Window/Wall

**COOLING SYSTEM** (Check One)

- Central  Swamp Cooler
- None  Unknown
- Other  Window/Wall

**UNIT INSPECTION DATE**

The **unit must be vacant** or occupied by the assisted tenant in order for an inspection to be scheduled. Any furniture and appliances present in the unit must remain in place for the assisted tenancy. If the unit is furnished with items not to remain in place for the assisted tenancy, the unit is not ready for inspection. **If the tenant moves into the unit before the date authorized by the Los Angeles County Development Authority (LACDA), the tenant is responsible for the entire rent until the date of authorization.**

Owner Initials \_\_\_\_\_

**RENTING TO A RELATIVE DISCLOSURE (must check one)**

The assisted tenant is not allowed to rent a unit from an owner (including a principal or other interested party) who is the spouse, parent, child, grandparent, grandchild, and sister or brother of any member of the assisted tenant. Exceptions may be made to this requirement as a Reasonable Accommodation for persons with disabilities.

- YES**, we are hereby disclosing under penalty of perjury, that we are related in accordance with the disclosure statement above.
- By checking this box, we are hereby requesting a reasonable accommodation to the requirement above.
- YES**, we both certify, under penalty of perjury, that we are not related in accordance with the disclosure.

**RELEASE OF INFORMATION TO OWNER**

The LACDA does not screen the family for suitability. **Screening is the owner's responsibility.** The LACDA is authorized to release specific information about a family/tenant's current and prior addresses if the information is available and requested in writing by an owner who has completed an RTA. Requests may be submitted in writing to: **Los Angeles County Development Authority, P.O. Box 1503, Alhambra, CA 91802.**

**HOW DID YOU HEAR ABOUT US?**

- Landlord Event  LACDA Website  Billboard  Bus Shelter  Marketing E-Mail  Television  Radio  Word of Mouth
- Other \_\_\_\_\_