



(P) 985-537-5289 (F) 985-537-6126

Request for Tenancy Approval Packet

TENANT NAME: Sharotte Butler

PROOF OF OWNERSHIP WILL HAVE TO BE PROVIDED BEFORE AN INSPECTION IS SCHEUDLED. MUST NOT BE DELINQUENT IN PROPERTY TAXES.

PLEASE RETURN BY EITHER:

FAXING TO 985-537-6126

EMAILING TO ashley.every@lphousing.org or ellis.cole@lphousing.org

MAILING TO P.O. Drawer 499 Raceland, La 70394

DROPPING OFF TO 3920 Peggy St. Raceland, La 70394

Instructions to Landlord: PLEASE READ

If assistance is needed with completing this packet, please contact the HCV department before returning this packet.

1. Complete entire packet in its entirety. Leaving areas blank/failing to complete in full will only delay the process.
2. PLEASE SUBMIT A **BLANK** COPY OF YOUR LEASE WITH THIS PACKET
3. Remember that you are not allowed to rent to relatives. Be sure to sign the statement included with this packet.
4. Once the tenant has been approved for the unit, you will need to submit a copy of the original deed or current year Property Tax Statement for the property.
5. Once the unit passes inspection and the tenant has been leased up, you will be required to submit a signed lease.
6. If you are already a landlord on our program and you need to change your Direct Deposit information, please submit this request to change to the PHA.
7. Inspections are only completed on certain days and are done in the order in which our tenancy approval forms are received, completed and approved.
8. If you are a New Landlord, please submit your Direct Deposit information with this packet.

Address of Prospective Unit:

Street 104 Michelle Place Apt # B
City Thibodaux State LA Zip Code 70301

Is the above referenced Unit Insured?

☒ Yes

☐ No

Are you requiring renter to obtain renters insurance?

☐ Yes



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Restrictions on Leasing to Relatives

Owner Name: Ross Stanga

Tenant Name: Charlotte Butler

The above-mentioned owner certifies that he/she is not the parent, step-parent, child, step-child, grandparent, grandchild, sister, step-sister, brother, or step-brother of any member of the tenant's family.

Ross Stanga
Owner's Signature

08/06/2024
Date



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Landlord Certification

Address of Perspective Assisted Unit:

Street: 104 Michele Place Apt #: B
City: Thibodaux State: LA Zip Code: 70301

Ownership of Assisted Units (Please Initial)

☒ I certify that I am legal or the legally-designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

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 (Inspections)

☒ 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.

Tenant Rent Payments

☒ I understand that the tenant's portion of the contract rent is determined by the Housing Authority and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

☒ I understand that should the assisted unit become vacant, I am responsible for notifying 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 of 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 Housing Choice Voucher 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 Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law.

Ross Stanya
Signature of Landlord/Agent

08/06/2024
Date

WARNING: Title 18, US Code Section 1001, states that a person knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State Law may also provide penalties for false or fraudulent statements.



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Disclosure of Information on Lead-Based Paint and 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 taken care of 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 lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (**Landlord initial**)

____ (a) Presence of lead-based paint or lead-based paint hazards (check on below).

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

☒ 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 one below)

☐ 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)

☒ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in The housing.

Lessee's Acknowledgement (**Tenant 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*.

Agents Acknowledgment (**Landlord Initial**)

____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(d) and is 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 provided by the signatory is true and accurate.

Ross Stanga

Lessor/Landlord

08/06/2024

Date

Lessee/Tenant

Date

Agent

Date

Property Information Form



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Property Information Form

PROPERTY INFORMATION

Rent Amount: \$ <u>1600.00</u>	Security Deposit: \$ <u>1000.00</u>	Bedrooms: <u>2</u> Baths: <u>1</u> ½ Baths: <u>1</u>	Date Available: <u>08 / 06 / 2024</u>	Square Footage: <u>900</u> Yr. Built: <u>1980</u>	Pets Allowed: Yes <input checked="" type="checkbox"/> No
Property Type: <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Villa <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Row House <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input checked="" type="checkbox"/> 4Plex (Select One)					

AMENITIES AND ACCESSIBILITY

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	Laundry Type: <input checked="" type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer Included <input type="checkbox"/> Dryer Included <input type="checkbox"/> Onsite Laundry	Heat Type: <input checked="" type="checkbox"/> Central <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall Unit <input type="checkbox"/> Space Heaters	Kitchen: <input type="checkbox"/> Dishwasher <input checked="" type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input checked="" type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave	Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input checked="" type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included <input checked="" type="checkbox"/> Fenced Yard
Parking: <input type="checkbox"/> Carport <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Unassigned <input type="checkbox"/> Assigned <input type="checkbox"/> Driveway <input type="checkbox"/> Street <input type="checkbox"/> None	Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	Other <input type="checkbox"/> Age Restricted <input checked="" type="checkbox"/> Pest Control Included	Utilities: Water Paid By <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant Electricity Paid By <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant Gas Paid By <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> N/A	Heating Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane Heating Fuel Paid By: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant
Water Type: <input checked="" type="checkbox"/> City <input type="checkbox"/> Well Water	How Water Fuel Type: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane	Cooking Fuel Type: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane	Sewer Type: <input type="checkbox"/> Septic Tank <input checked="" type="checkbox"/> Public Sewer Paid By: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant	Cooling Type: <input checked="" type="checkbox"/> Central <input type="checkbox"/> Window/Wall Unit <input type="checkbox"/> None
Handicap Accessibility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description: _____				



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**Request for Tenancy Approval Packet
Direct Deposit Information**

1. Only fill out this page if you are a NEW Landlord on the HCV/Section 8 program.
2. Previous Landlords fill out if you need to change your direct deposit information.

Owner/Landlord: _____

Payer Name: Housing Authority of Lafourche Parish

Address: P.O. Box 499 Raceland, LA 70394 (mailing)

3920 Peggy Street Raceland, LA 70394 (physical)

I hereby authorize the Housing Authority of Lafourche Parish to initiate Direct Deposit entries and to initiate, if necessary, debit entries and adjustments for any entries made in error to my account listed below.

Financial Institution Name: _____

☐ **Checking**

☐ **Savings**

Account Number: _____

Routing Number: _____

Please provide this information if we do not already have it on file.

Tax Id Number/EIN: _____

Or

Social Security Number: _____

This

authority is to remain in full force until the Housing Authority of Lafourche Parish has received written notification from me of its termination in such timely manner as to afford The Housing Authority of Lafourche Parish and the Financial Institution a reasonable opportunity to act on it.

Print Name: _____

Signature: _____



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