

MADISON HOUSING AND REDEVELOPMENT COMMISSION

111 S Washington Ave, Madison, SD 57042

Ph: 605-256-2112 Fax: 605-256-9677

ATTENTION: LANDLORDS/MANAGERS

This packet is the Request for Lease Forms submitted to you by an individual/family that has been issued a voucher representing they are qualified to procure a qualified unit to participate in the HUD Section 8 Rental Assistance program administered by our office.

If you agree to enter into a contract and participate in this program, please complete all areas of the forms and statements within the packet pertaining to you as the Landlord/Manager or Lessor.

The HUD Quality Standard Inspector requires this completed packet to be returned to our office to determine the unit qualification to HUD regulations and to schedule an inspection. A contract for assistance does not begin until the unit passes inspection. The individual/family has been instructed as to the program structure and the requirements regarding a qualified unit for their voucher size issued.

I/we _____ verify by signing these forms that the unit at
(Owner/Manager)

_____ is
ready for inspection. (unit address)

I/We _____ verify that we have completed all forms and
(Owner/Manager)
statements within this packet and have signed and dated the forms as required. I/we have reviewed the Inspection Checklist and understand the requirements for an initial passed inspection.

The family/individual has been instructed to complete three (3) areas on these forms. These areas are highlighted in pink. Please be sure they have completed their areas before returning these forms.

LANDLORD/MANAGER

DATE

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) Madison Housing Authority			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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<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)			<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. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

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: _____
(street address of assisted unit)

City/Town State Zip

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 the 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

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 the amount of security deposit is determined by the landlord. The tenant's portion of the contract rent is determined by the housing authority, and is based on 30% of the adjusted annual income. It is illegal to charge any additional amounts for rent which have not been 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.

Signature of landlord/Agent

Date

Warning-Tile 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.

VERIFICATION OF UTILITY RESPONSIBILITY

The utilities **MUST** be in the head of household's name if the tenant is responsible for paying his/her own utilities.

The utilities **CANNOT** be in the owner/landlord's name with tenant paying the owner/landlord.

The landlord may keep the utilities in his/her name and increase the rent to justly compensate for the difference.

****This verification with EACH utility company, the landlord, and tenant, MUST be submitted to our office along with the landlord papers in order for us to set up an inspection of the unit.****

NAME OF TENANT: _____

ADDRESS OF UNIT: _____

Tenant is **NOT** responsible for any utilities _____ (If checked, skip to tenant/landlord signature)

Name of Agency: _____

Please check which applies to the above, named tenant:

_____ The utilities are in the tenant's name

_____ The utilities are not yet in the tenant's name, but they are able to put them in their name and have an order in place.

_____ The tenant is not able to get the utilities in their name at this time.

Signature of authorized individual at Agency _____

Phone _____ Date _____

Name of Agency: _____

Please check which applies to the above, named tenant:

_____ The utilities are in the tenant's name

_____ The utilities are not yet in the tenant's name, but they are able to put them in their name and have an order in place.

_____ The tenant is not able to get the utilities in their name at this time.

Signature of authorized individual at Agency _____

Phone _____ Date _____

Tenant Signature _____ Phone _____ Date _____

Landlord Signature _____ Phone _____ Date _____

MADISON HOUSING AND REDEVELOPMENT COMMISSION

111 S. Washington Ave, Madison, SD 57042

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OWNER'S RESPONSIBILITIES:

- The owner must maintain the unit in accordance with HQS (Housing Quality Standards).
- If the owner fails to maintain the unit to HQS, the Housing Authority must take prompt and vigorous action to enforce the owner's obligation.
- The Housing Authority's remedies for breach of HQS include termination, suspension or reduction of housing assistance payments.
- The Housing Authority must not make any housing assistance payments for a unit that fails HQS, unless the owner corrects the defect within the specified period.
- If the defect is life threatening, the owner must correct the defect within no more than 24 hours.
- For other defects, the owner must correct the defect within no more than 30 calendar days (or any Housing approved extension). If the repairs are not made within the time frame stated by the Housing Authority the rent will be abated.
- The owner is not responsible for breach of the HQS that is not caused by the owner for which the family is responsible. The Housing Authority may terminate assistance to a family because of HQS breach caused by the family.
- The owner must comply with federal regulations regarding non-discrimination.
- The owner must pay utilities not paid directly by the family.
- The owner must notify the Housing Authority if any unauthorized individuals have moved in, if the tenant has vacated the unit, or if the utilities have been disconnected.
- The owner must provide a copy of eviction or termination notices to the Housing Authority.

It is the owner's responsibility to enforce terms of the lease. (collect rents, evictions, etc).

I WILL COMPLY WITH HUD REGULATIONS, HQS, AND THE TERMS OF THE LEASE.

PENALTIES FOR COMMITTING FRAUD: The United States Department of Housing And Urban Development (HUD) places a high priority in preventing fraud. If false or incomplete information is provided to the Housing Authority, you may be:

- Required to pay all overpaid Housing Assistance Payments received from the Housing Authority.
- Fined \$10,000.
- Imprisoned for up to five years.
- Prohibited from participating in the Rental Assistance Program.
- Your state and local governments may have other laws and penalties as well.

Landlord

Date

SECTION 8 INFORMATION

FOLLOWING MUST BE COMPLETED ENTIRELY:

NAME OF TENANT: _____

FAMILY MEMBERS: _____

ADDRESS OF UNIT: _____

Unit type (circle one) Apt Duplex Single Family Dwelling Mobile Home

Neighborhood Type (circle one) Residential Commercial Mobile Home Park

Location of Property (circle one) NE SE NW SW

of Bedrooms _____ #of Bathrooms _____ Size in Square ft* _____ Date Built* (yr) _____

*Best guess

Please check any of the following amenities/facilities that are in, or part of, the contract unit:

Carpet _____	Storm Windows _____	Fireplace _____	Washer Dryer Connection _____
Patio/porch/deck _____	Laundry Facilities _____	Storage _____	Refrigerator _____ garbage disposal _____
Wood Stove _____	Range _____	Parking _____	Handicap Accessible _____
Playground _____	Dishwasher _____	Screens _____	Garage/carport _____

Type of Heat _____ Utility Company _____ pd by (circle one) tenant/landlord

If Fuel Oil Heat, #1 _____ #2 _____

Type of Water Heat _____ Utility Company _____ pd by (circle one) tenant/landlord

Type of stove _____ Utility Company _____ pd by (circle one) tenant/landlord

Other Electric (lights) - Utility Company _____ pd by (circle one) tenant/landlord

Water/sewer/garbage-Utility Company (s) _____ pd by (circle one) tenant/landlord

Owner Name _____

Owner Address _____

Owner Phone _____

Landlord Name _____

Landlord Address _____

Phone _____ Fax _____ Email _____

Is the owner/landlord a relative of the tenant? Yes No

I Certify: THE TENANT/FAMILY LISTED ABOVE IS NOT A PARENT, CHILD, GRANDPARENT, GRANDCHILD, SISTER, OR BROTHER OF ANY MEMBER OF THE FAMILY.

Landlord/Owner Signature

Date

**LESSOR'S DISCLOSURE OF INFORMATION ON
THE PRODUCTION OF METHAMPHETAMINES**

Pursuant to South Dakota Codified Law, in any hiring of a residential premises, any lessor who has actual knowledge of the existence of any prior manufacturing of methamphetamines on the premises shall disclose that information to any lessee or any person who may become a lessee.

Lessor's Disclosure (initial)

_____ (a) Presence of existence of any prior manufacturing of methamphetamines (check one below):

Lessor has knowledge of the existence of any prior manufacturing of methamphetamines on the property (explain).

Lessor has no knowledge of existence of any prior manufacturing of methamphetamines on the property.

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.

Lessor Date

Lessee Date

Lessor Date

Lessee 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 chips, and dust cans 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.

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 tenant (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*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the tenant of the landlord's obligations under 42 U.S.C. 4852(d) 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.

_____	_____	_____	_____
Tenant	Date	Tenant	Date
_____	_____	_____	_____
Landlord/Agent	Date	Landlord/Agent	Date

Madison Housing and Redevelopment Commission

111 S. Washington Avenue

Madison, SD 57042

PHONE: 605-256-2112 FAX: 605-256-9677

**THE FOLLOWING LIST IS TO HELP THE LANDLORD PREPARE THE UNIT TO PASS
INSPECTION THE FIRST TIME.**

There must be heat, lights, and water on for the inspection.

- Gas/oil/electric utility sources for lights, heat, cooking stove and water heater must be on for the inspection. If all utility sources are not on, the unit will fail inspection.
- There must be a Smoke Detector in every bedroom, by every heat source, in the basement, and on every level of the home. It must be secured according to the Manufacturer's specifications.
- All units must have access to a Fire Extinguisher. Apartment buildings must have one in the hall on each floor. All single dwelling units must have a Fire Extinguisher in the unit with current tags.
- All fuses and breakers must be labeled. All fuse boxes must have a latched door. All mail breakers outside of the unit must have a padlock and the tenant must have a key to access the breakers.
- Apartment buildings must meet State Fire Codes. For example; exit signs, emergency lights, smoke detectors, and sprinkler system all in working condition.
- Light switch and electrical outlet covers cannot be cracked or broken.
- Any electrical outlet within three (3) feet of any sink must have a (GFI) breaker.
- Outside outlets must have a (GFI) breaker.
- Windows cannot be cracked or broken. If a window is designed to open, it must open. Furniture or a/c units cannot block the window exit in the occupant's bedroom. All units must have access to a fire exit.
- There must be a storm and screen for every window.
- All bathrooms must have a ventilation fan, or a window that opens.
- The doors and windows must have secure locks.
- Basement bedrooms cannot qualify for this program unless there is a window in the room with an opening of at least 24" x 36".

- There must be a shut off valve on all gas and oil appliances.
- The water heater must have a working pressure relief valve piping, and the down pipe made of PVC pipe, copper, or steel, should be no more than 6" above floor level. In a mobile home, the down pipe must run through the floor and the water heater door must be open for inspection.
- All plumbing must be in working order and meet state codes. There can be no leaky plumbing.
- Dryer vent must be plumbed outside.
- All paint must be adhered to exterior/interior walls. No blistering, bare wood, or peeling paint in or out of the unit.
- If there is a fuel tank in the basement, it must be 10 feet from any heat source and 6 inches off the floor.
- Hook and Ladder, single tube and insulator wiring will not qualify. All wiring must meet state code.
- All homes must be free from Asbestos or any other hazardous materials.
- Mobile homes must have tie downs, and steps for the back door. Any mobile home 70 feet or long must have 3 sets of tie downs. One set at each end, and one in the center. The skirting must be open to inspect the tie downs.
- Mobile homes must have a platform for the front door that is at least 23"x42", and the platform for the back door must be at least 18"x36". Both platforms cannot be more than 2" below the floor level of the trailer. All steps must be secure to the trailer.
- All steps 26" or higher for any unit must have a railing.
- Homes located in a rural or county setting must have the septic system EPA approved. If the home is not on a rural water system, the WELL must pass a state water test.

When the inspection is finished, and if it didn't pass inspection, a letter will be sent to the landlord informing them of the repairs that must be completed. When the repairs are completed, the landlord must schedule another inspection. The housing unit must pass inspection before we can start paying Housing Assistance Payments.