

**REQUEST FOR TENANCY APPROVAL (RFTA)**

**HOUSING CHOICE VOUCHER PROGRAM**

Client Name: <b>Robert E Taylor</b>		Client ID: <b>926908</b>		Voucher Size: <b>1</b>																																					
<b>RFTA Instructions</b>																																									
1. Please carefully read and complete all sections of the RFTA. 2. The Owner/Agent and Tenant must sign all applicable sections on Page 2 3. The RFTA must be Uploaded to the PHA Owner Portal at <a href="https://pha.hcvportal.org">https://pha.hcvportal.org</a> in the Moves Section: Upload My RFTA																																									
<b>OWNER INFORMATION</b>																																									
New Owners and Agents must complete PHA's Property Owner Application on the PHA Owner Portal <a href="https://pha.hcvportal.org">https://pha.hcvportal.org</a>																																									
PHA Owner Vendor ID/Tax ID: <b>V008351</b>		Owner Name: <b>Regency House Ass.</b>																																							
<b>HAP PAYEE INFORMATION</b> (Entity to receive HAP Payment from PHA)																																									
PHA Payee Vendor ID/Tax ID: <b>23-2241053</b>		Payee Name: <b>Regency House Ass.</b>																																							
<b>AGENT INFORMATION</b> (if applicable)																																									
Complete this section for an agent who will communicate with PHA on an owner's behalf, but will not be receiving HAP Payments.																																									
Agent Name: <b>Alison Snyder</b>		Agent Contact Information: <b>215-224-4046</b>																																							
<b>PROPOSED UNIT INFORMATION</b>																																									
The rent requested for the tenant cannot be more than the rent charged for unassisted comparable units on the premises. If requested, the owner must provide PHA information regarding rents charged for other units on the premises																																									
Street Address: <b>6301 N. 10th Street</b>		Suite / Apartment #: <b>414</b>																																							
City: <b>Philadelphia</b>		State: <b>PA</b>		Zip Code: <b>19141</b>																																					
Bedrooms: <b>1</b>	Full Bathrooms: <b>1</b>	Half Baths: <b>0</b>	Year Built:	Requested Rent: <b>\$1,460</b>	Security Deposit: <b>\$1,460</b>																																				
			Previous Tenant Move-Out Date: <b>10/29/2023</b>																																						
<b>Unit Type</b>		• Payment Responsibility enter an "X" to identify the party responsible for payment of the utility bill. • Fuel Type enter an "X" to identify the fuel which powers the utility. *Owners must have separate water meters for multi-unit buildings if the tenant is responsible for payment.																																							
Row Home (Inner Row)																																									
Row Home (End of row)																																									
Detached Row Home																																									
<input checked="" type="checkbox"/> Low Rise Apartment (-5)																																									
High Rise Apartment (5+)																																									
Single Family Unit																																									
Single Room Occupancy																																									
Shared Housing																																									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Utility</th> <th colspan="2">Payment Responsibility</th> <th colspan="3">Fuel Type</th> </tr> </thead> <tbody> <tr> <td>Heat</td> <td><input type="checkbox"/> Owner</td> <td><input checked="" type="checkbox"/> Tenant</td> <td><input checked="" type="checkbox"/> Gas</td> <td><input type="checkbox"/> Electric</td> <td><input type="checkbox"/> Oil</td> </tr> <tr> <td>Cooking</td> <td><input type="checkbox"/> Owner</td> <td><input checked="" type="checkbox"/> Tenant</td> <td><input checked="" type="checkbox"/> Gas</td> <td><input type="checkbox"/> Electric</td> <td><input type="checkbox"/> Oil</td> </tr> <tr> <td>Hot Water</td> <td><input type="checkbox"/> Owner</td> <td><input checked="" type="checkbox"/> Tenant</td> <td><input checked="" type="checkbox"/> Gas</td> <td><input type="checkbox"/> Electric</td> <td><input type="checkbox"/> Oil</td> </tr> <tr> <td>Water</td> <td><input checked="" type="checkbox"/> Owner</td> <td><input type="checkbox"/> Tenant</td> <td colspan="3"></td> </tr> <tr> <td>Electric</td> <td><input type="checkbox"/> Owner</td> <td><input checked="" type="checkbox"/> Tenant</td> <td colspan="3"></td> </tr> </tbody> </table>				Utility	Payment Responsibility		Fuel Type			Heat	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Tenant	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	Cooking	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Tenant	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	Hot Water	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Tenant	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	Water	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Tenant				Electric	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Tenant			
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<b>OWNER CERTIFICATION REQUIREMENTS</b>																																									
<b>PHILADELPHIA TAX AND RENTAL LICENSE REQUIREMENTS</b>																																									
Owners MUST have an active Philadelphia rental license and be current on all Philadelphia real estate taxes for the unit when submitting a RFTA to PHA. An inspection of the unit will not be scheduled if either fails our certification check. Owners MUST attach a copy of an active Rental License for the unit when uploading the RFTA. A rental license can be obtained from <a href="http://www.phila.gov/rental-license">www.phila.gov/rental-license</a>																																									
<b>UNIT HQS INSPECTION</b>																																									
By signing the RFTA, the owner understands that if the unit is not ready for inspection and all utilities have been turned on, the RFTA will be rejected and the client will be issued a new voucher to locate a new unit.																																									
<b>OWNER SCREENING OF PROSPECTIVE TENANTS</b>																																									
By signing the RFTA, the owner certifies an understanding that PHA does not screen the tenant for suitability. Screening is the owner's responsibility.																																									
<b>OWNER VAWA RESPONSIBILITY</b>																																									
By signing the RFTA, the owner certifies to comply with the 2013 Violence Against Women's Act (VAWA). VAWA provides protections for victims of domestic violence, dating violence, stalking and sexual assault. Please see the Owner Portal for more information on required VAWA policies.																																									
<b>ANTI-FRAUD POLICY</b>																																									
By signing the RFTA, the owner certifies to comply with PHA's Anti-Fraud Policy and prohibition on illegal side payments. PHA is committed to protecting the integrity of its housing programs and preserving and protecting the use of funds to serve the low-income residents of Philadelphia in compliance with Federal, State, and local requirements.																																									
<b>HOUSING ASSISTANCE PAYMENTS and ILLEGAL SIDE PAYMENTS</b>																																									
By signing the RFTA the owner certifies that if the tenant moves into the unit before the date authorized by PHA, the tenant is responsible for the entire rent until the Housing Assistance Payment (HAP) Contract is signed and authorized by PHA. The owner also certifies that except for the rent to owner, owners may not charge any additional amounts and/ or receive any payments or other consideration (from the family, the PHA, HUD, or any other public or private source) for rental of the contract unit during the HAP contract term.																																									

REQUEST FOR TENANCY APPROVAL (RFTA)  
HOUSING CHOICE VOUCHER PROGRAM  
SIGNATURE PAGE

**PROHIBITION OF RENTING TO OR FROM AN IMMEDIATE FAMILY MEMBER and CONFLICT OF INTEREST**

The owner and Housing Choice Voucher Program recipient certify that the owner (including a principal or other interested party) is not the spouse, parent, child, grandparent, grandchild, sister or brother of any member of the voucher holder's household that is seeking to rent the unit. (PHA may allow an exception to this policy as a reasonable accommodation for persons with a disability, if requested by the tenant, by completing a Reasonable Accommodation Request form.)

Please Note: Do not sign this section if you are renting to a family member and provide letters from both family members requesting an accommodation.

The owner also certifies that they are not a present or former member or officer of PHA (except a client commissioner); an employee of PHA, or any contractor, subcontractor or agent of PHA, who formulates policy or who influences decisions with respect to the programs; a public official, member of a governing body, or state or local legislator, who exercises functions or responsibilities with respect to the programs; or a member of the Congress of the United States.

Owner Signature

*A. L. J.*

Tenant/Client Signature

*Robert E Taylor*

**LEAD-BASED PAINT OWNER CERTIFICATION (Owner must check one and sign below)**

☐ Lead-based paint disclosure requirements do not apply because this unit 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 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.

**LEAD-BASED PAINT TENANT CERTIFICATION (Tenant must complete and sign below)**

1. Have your children UNDER 6 YEARS OF AGE ever tested for lead? ☐ Yes ☒ No ☐ N/A I do not have children under 6 years of age  
2. If Yes, please provide the date and test results in the chart below.

Date	Test Results

If lead test results are positive PHA must receive a copy of the test results from a medical professional. If any of the children show symptoms such as loss of appetite, irritability, vomiting, slowdown of playful activity, slowness in development or if you suspect that your children have been exposed to lead-based paint, contact the Childhood Lead Poisoning Prevention Program (CLPPP) at 215-684-2788 to have your children tested immediately.

Owner Signature

*A. L. J.*

Tenant/Client Signature

*Robert E Taylor*

Owner/Agent Signature

*Ausm Snyder*

Date

01/02/24

Owner/Agent Telephone Number

215-224-4046

Owner/Agent Email Address

asnyder@comehomeblindly.com

Tenant/Client Signature

*Robert E Taylor*

Date

01-02-2024

Tenant/Client Telephone Number

215-518-8956

Tenant/Client Email Address

Taylor ROBERT098@gmail.com

**Voucher**  
**Housing Choice Voucher Program**

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB No. 2577-0169  
(exp. 04/30/2018)

**Entity ID: 926908**

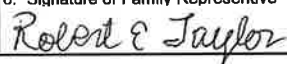
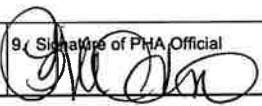
**M80 - Fairshare/WL 2023**

**Type: Issue**

**Site e - ECS Support**

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number <b>M80 - 206731</b>
1. Insert <b>unit size</b> in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size <b>1</b>	
2. <b>Date Voucher Issued (mm/dd/yyyy)</b> Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy) <b>11/06/2023</b>	
3. <b>Date Voucher Expires (mm/dd/yyyy)</b> Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy) <b>01/05/2024</b>	
4. <b>Date Extension Expires</b> (If applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy) <b>03/06/2024</b>	
5. Name of Family Representative <b>Robert E Taylor</b>	6. Signature of Family Representative 	Date Signed (mm/dd/yyyy) <b>11-11-2023</b>
7. Name of Public Housing Agency (PHA) <b>Philadelphia Housing Authority</b>		
8. Name and Title of PHA Official <b>B. Holden /Vice President of Leased Housing</b>	9. Signature of PHA Official 	Date Signed (mm/dd/yyyy) <b>11/6/23</b>

**1. Housing Choice Voucher Program**

- A. The public housing agency (PHA) has determined that the above named family (item5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

**3. PHA Approval or Disapproval of Unit or Lease**

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**

**2. Voucher**

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.



- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
  - C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. The is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.
  - D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.
  - E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
    1. The owner and the family must execute the lease.
    2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
    3. The PHA will execute the HAP contract and return an executed copy to the owner.
  - F. If the PHA determines that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:
    1. The proposed unit or lease is disapproved for specified reasons, and
    2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.
- #### 4. Obligations of the Family
- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
  - B. The family must:
    1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
    2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
    3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
    4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
    5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
    6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
    7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
    8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
    9. Request PHA written approval to add any other family member as an occupant of the unit.
    10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
    11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
  - C. Any information the family supplies must be true and complete.
  - D. The family (including each family member) must not:
    1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
    2. Commit any serious or repeated violation of lease.
    3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
    4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
    5. Sublease or let the unit or assign the lease or
    6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
    7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
    8. Receive housing choice voucher program housing assistance while residing in a unit owned by a 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 rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
    9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- #### 5. Illegal Discrimination
- If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.
- #### 6. Expiration and Extension of Voucher
- The voucher will expire on the date stated in item 3 on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.