

Regional Rental Assistance Program Request for Tenancy Approval



Eligible individuals/families submit this information to CA Housing Management Services (CAHMS) when applying for rental assistance under the Regional Rental Assistance Program as authorized under Neb. Rev. Stat. § 71-812(3). CAHMS uses the information to determine if the individual/family is eligible, if the unit is eligible and if the lease complies with program and statutory requirements. Responses are required to gain this rental assistance benefit from the Regional Rental Assistance Program. The information requested does not lend itself to confidentiality.

1. Name of Agency Managing Program: CA Housing Management Services 4001 Leavenworth Street Omaha, NE 68105			2. Full Address of Unit (Name, Street address, Apt #, City, State, Zip) 																															
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amount.	8. Date Unit Available for Inspection																													
9. Type of House/Apartment: <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached/Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden-Walk-up <input type="checkbox"/> Elevator / High Rise																																		
10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Not Applicable (unit is not subsidized) <input type="checkbox"/> Section 202 <input type="checkbox"/> HOME <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 811 <input type="checkbox"/> Tax Credit <input type="checkbox"/> Section 236 Insured or Noninsured <input type="checkbox"/> Other _____																																		
11. Utilities and Appliances <p>The owner shall provide or pay for utilities and appliances as indicated below in the boxes checked "Owner". The tenant shall provide or pay for utilities and appliances as indicated below in box checked "Tenant". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Item</th> <th style="width:40%;">Specify fuel type</th> <th style="width:40%;">Paid by</th> </tr> </thead> <tbody> <tr> <td>Heating</td> <td> <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric </td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Cooking</td> <td> <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric </td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Water Heating</td> <td> <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric </td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Other Electric</td> <td rowspan="9" style="background-color: #cccccc;"></td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Water</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Sewer</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Trash Collection</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Air Conditioning</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Refrigerator</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Range/Microwave</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> <tr> <td>Other (specify)</td> <td> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A </td> </tr> </tbody> </table>						Item	Specify fuel type	Paid by	Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Other Electric		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Water	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Sewer	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Trash Collection	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Air Conditioning	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Refrigerator	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Range/Microwave	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	Other (specify)	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> N/A
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12. Owner's Certifications

- a. The program regulation requires CAHMS to certify that the rent charged to the regional rental assistance program is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than four (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, sister or brother of any member of the family, unless CAHMS 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 a mental illness.
- 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 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.

- 13. CAHMS has not screened the individual/family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.
- 14. The owner's lease must include word-for-word all provisions of the Tenancy Addendum and Drug Free Housing addendum.
- 15. CAHMS will arrange for inspection of the unit and will notify the owner and individual/family as to whether or not the unit will be approved.

OWNER/OWNER REPRESENTATIVE:

HOUSEHOLD HEAD:

Print or Type Name/Title of Owner/Owner Representative

Print or Type Name of Household Head

Signature

Signature

Business Address:

Current Address of Individual/Family:

Phone No. _____

Phone No.: _____

Date: _____

Date.: _____