



## The Housing Authority of the Town of Greenwich

249 Milbank Avenue, Greenwich, CT 06830  
Phone: 203-869-1138 Fax: 203-869-2037

**Commissioners**  
Sam Romeo, Chair  
Abelardo Curdumi, Vice-chair  
James Boutelle  
Vincent De Fina  
Cathy Landy, Tenant Commissioner  
Angelo Pucci  
Robert Simms, Jr, Tenant Commissioner

**Executive Director**  
Anthony L. Johnson

### *Requests for Tenancy Approval (RFTA)*

Forms **MUST** be submitted 15 days prior to the first of the month that the lease starts. Submissions after that timeframe will be addressed for lease-up the following month.

Only **one** RFTA can be submitted at a time. Submission of a second form voids the first one. Only forms signed by both the tenant and the landlord can be processed. If landlord opts to use his own lease, it must be submitted, unsigned, *with* the RFTA

#### Landlord:

Complete items 2 through 15. Provide Name, Address & Telephone number of the check recipient; **Sign**

#### Tenant:

Complete information to right of landlord information on back of form and **sign**.

▶ ▶ **30 day written notice** to your current landlord with a copy to the Housing Authority is required.  
**Tenant in Good Standing** letter completed by current landlord must be submitted

*Please read carefully:*

### **Steps to follow if you wish to move to another apartment:**

1. Submit the **RFTA** form, which will be used to determine income eligibility for assistance in the new unit. It must be fully completed and signed by the landlord and you. If you have not provided income verifications in the last 90 days, **current verifications** must be submitted. Any utilities designated as a tenant responsibility **must** be separately metered and *only* for the tenant's unit.
2. If you are income eligible for that unit, then an inspection with the landlord will be scheduled by the inspection department **(a)**
3. Notification of the inspection results will be provided to the landlord. **(b)**
4. A form W-9 must be completed by the new landlord for entry into the computer system.
5. Once the unit **passes** inspection, the lease between the tenant and the landlord can be signed. It is the landlord's option to use his own lease or one provided by Housing. The HUD Lease Addendum **must** be a part of the lease (lease must have been pre-approved) The Contract between the landlord and the Housing Authority must be signed prior to the release of any funds. **(c)**
  - (a) Questions regarding the eligibility of the unit cannot be answered until this stage of the process is reached and the inspection is complete. If you are not eligible for assistance in this unit, you will be notified by mail. Repeated phone calls from the landlord and the tenant will slow down the procedure.
  - (b) Please ask your new landlord to notify you of the inspection and its outcome so that you can know if you can start packing. Repeated phone messages cause delays in the process.
  - (c) If the Housing Authority is extending the courtesy of preparing the lease documents for the tenant and the landlord, you will be notified when they are prepared for signing. It is not possible to return calls checking the status of the paperwork until it is complete.



# 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. 09 30 201 )

Public reporting burden for this collection of information is estimated to average .08 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. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section of the U.S. Housing Act of 193 (42 U.S.C. 143 f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant 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 assistance.

1. Name of Public Housing Agency (PHA)	2. Address of Unit (street address, apartment number, city, State & zip code)
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3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection
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9. Type of House/Apartment

Single Family Detached  
  Semi-Detached / Row House  
  Manufactured Home  
  Garden / Walkup  
  Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:

Section 202  
  Section 221(d)(3)(BMIR)  
  Section 236 (Insured or noninsured)  
  Section 515 Rural Development

Home  
  Tax Credit

Other (Describe Other Subsidy, Including Any State or Local Subsidy) \_\_\_\_\_

**11. Utilities and Appliances**

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

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.		
2.		
3.		

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 own 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 as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



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**DECLARATION OF TENANT IN GOOD STANDING**  
*(to be completed by current landlord)*

<b>Landlord Name</b>	
<b>Address</b>	
<b>City State Zip</b>	
<b>Phone</b>	
<b>E-Mail Address</b>	

**HOUSEHOLD COMPOSITION** *(List all people currently living in household)*

<b>Name of Family Member</b>	<b>Relation to Head</b>
	<i>HEAD</i>

**Check One:**

This is to declare that my tenant listed above, who lives at \_\_\_\_\_

Is a tenant in GOOD STANDING; owes no monies for rent or damages at this time and is In compliance with ALL the terms of our lease.

**IS NOT** a tenant in good standing for the following reason(s):

**Certification**

*I/We certify that the information given to the **Housing Authority of the Town of Greenwich** concerning household is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are grounds for termination of housing assistance and program participation. **WARNING:** Title 18, Section 1001 of the U.S. Code provides among other things that a person is guilty of a felony for knowingly and willingly making or using a document or writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or agency of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.*

\_\_\_\_\_  
**Landlord/agent**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**Print name of signatory**