

MAINEHOUSING STEP/ TBRA PROGRAM REQUEST FOR UNIT APPROVAL

Please print clearly and complete all sections. If this form is not clear, or incomplete, it will delay scheduling of the inspection.

TENANT NAME: _____ TELEPHONE NUMBER: _____
 UNIT NUMBER & ADDRESS: _____ TOWN: _____ ZIP: _____
 OWNER NAME: _____ TELEPHONE NUMBER: _____
 OWNER ADDRESS: _____
 OWNER EMAIL: _____

The shaded areas below are to be filled in by the Housing Navigator after the form is completed and returned by the Owner/Landlord.

1. START/END DATES OF LEASE:			7. UTILITIES&APPLIANCES Natural Gas, Propane, Oil, Kerosene, Electric, Coal, etc.	PROVIDED BY OWNER	PROVIDED BY TENANT	NAVIGATOR - IF BY TENANT
2. NUMBER BEDROOMS:	NUMBER BATHROOMS:		HEATING FUEL TYPE:	☐	☐	\$
3. YEAR CONSTRUCTED:			COOKING FUEL TYPE:	☐	☐	\$
4. MONTHLY RENT:			HOT WATER FUEL TYPE:	☐	☐	\$
5. SECURITY DEPOSIT:			ELECTRIC, LIGHTS	☐	☐	\$
6. TYPE OF BUILDING / HOUSE / APARTMENT ☐ SINGLE FAMILY DETACHED ☐ DUPLEX ☐ ROW/TOWN HOUSE ☐ LOW-RISE (3-4 STORIES) ☐ HIGH-RISE (5 OR MORE STORIES) ☐ MOBILE HOME / TRAILER ☐ SRO ☐ OTHER:			WATER	☐	☐	\$
NAVIGATOR: PLEASE COMPLETE THE FOLLOWING BASED ON INFORMATION IN THE			SEWER	☐	☐	\$
COUNTY UNIT IS IN:	UTILITY REGION #:	NUMBER OF BEDROOMS:	REFRIGERATOR	☐	☐	\$
MAXIMUM VOUCHER PAYMENT STANDARD (Based on location, type of building, # of Bedrooms) \$			RANGE	☐	☐	\$
TOTAL MONTHLY COST FOR THIS UNIT (Monthly Rent + Monthly Tenant Paid Utilities) \$			TRASH COLLECTION	☐	☐	\$
IS THIS UNIT WITHIN PROGRAM GUIDELINES: ☐ YES ☐ NO (TOTAL MONTHLY COST IS LESS THAN OR EQUAL TO MAX VPS)			OTHER SPECIFY:	☐	☐	\$
TOTAL MONTHLY COST OF UTILITIES PROVIDED BY TENANT				☐		\$

OWNER CERTIFICATION: By signing this Request for Unit Approval, the owner certifies that the information provided by owner on this form is true and complete.

- (1) The unit identified above is not covered by any federal, state, local or private subsidy, and the owner has not received any payment from the proposed tenant or any public or private source for rental of the unit to the proposed tenant.
- (2) The owner does not and will not discriminate against any person on the basis of race, color, ancestry, age, religion, sex, sexual orientation, national origin, physical or mental disability, or familial status.
- (3) The owner (including any principal) is not related by blood or marriage to any person in the proposed tenant family.
- (4) The proposed tenant does not have any ownership interest in the unit identified above or the building in which it is located.
- (5) The proposed rent set forth above is not more than the rent charged for other unassisted comparable units in the same premises.
- (6) 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. (Please attach a copy of certification report)
- _____ 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.

- (7) A copy of the proposed lease for the unit is attached, with the lease addendum required under the Program. The lease is in a standard form that is used by the owner in the locality for unassisted tenants and is consistent with Maine law and any applicable local ordinances.

TENANT SCREENING: By signing this Request for Unit Approval, the owner acknowledges and agrees that the owner, and not MaineHousing, is responsible for screening the proposed tenant's suitability for tenancy.

MaineHousing will arrange for inspection of the unit and will notify the owner and tenant family whether or not the unit is approved.

Owner: _____ Date _____

Print _____

Name of Company _____

Tenant: _____ Date _____

Print Name: _____

Maine State Housing Authority ("MaineHousing") does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and Maine activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Kelley Stonebraker, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice), Maine Relay 711, or EqualAccess@mainehousing.org (email)

Navigator: _____

Agency: _____

Phone: _____

Email: _____

Coupon Issue Date: _____ # BR's on Coupon: _____

ANY CHILDREN UNDER 6 YRS OLD IN THE HOUSEHOLD: ☐ YES ☐ NO