

**ROBERT G. CASSILLY**  
Harford County Executive

**ROBERT S. McCORD**  
Director of Administration



**BARBARA W. RICHARDSON**  
Director of Housing &  
Community Services

## RTA DEADLINE NOTICE

Enclosed is a Request for Tenancy Approval (RTA) for requesting changes to the rent amount or utility responsibility of your tenant. If you are requesting a rent increase, the RTA must be completed and signed by you and your tenant and returned to the Housing & Community Services office at least sixty (60) days before the requested effective date (Box 3 on the RTA). An effective date and RTA deadline date chart is printed below for your reference.

If you are not requesting any changes, you do not need to submit an RTA.

A rent increase request will only be considered at least 12 months after the most recently approved rent increase.

If you have any questions regarding this matter, please contact this Department at 410-638-3045.

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### Rent Increase Request RTA Deadlines

**RTA must be received from the landlord at least sixty (60) days prior to the effective date.**

#### RTA Deadline to Housing & Community Services

- January 1
- February 1
- March 1
- April 1
- May 1
- June 1
- July 1
- August 1
- September 1
- October 1
- November 1
- December 1

#### Effective Date

March 1  
April 1  
May 1  
June 1  
July 1  
August 1  
September 1  
October 1  
November 1  
December 1  
January 1  
February 1

*Harford County Celebrates 250 Years ~ 1773-2023*



410.638.3045 | 410.879.2000 | 15 South Main Street, Bel Air, Maryland 21014 | [www.harfordcountymd.gov](http://www.harfordcountymd.gov)

THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

# 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)			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
9. Structure Type <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)			10. If this unit is subsidized, indicate type of subsidy: <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)		
		Provided by
Refrigerator		
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.		
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 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)



# HARFORD COUNTY HOUSING AND COMMUNITY SERVICES

## Unit Amenity Form

Unit Address: \_\_\_\_\_

Proposed Contract Rent (per month): \_\_\_\_\_

### Unit Type

- ☐ Single Family Detached
- ☐ Duplex
- ☐ Townhouse (multi-level)
- ☐ Row House (single level)
- ☐ Manufactured/Mobile Home
- ☐ Garden/Apt/Walkup/Multi
- ☐ High Rise (more than 4 floors)

Square Footage \_\_\_\_\_  
Year Built \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_  
Number of Bathrooms \_\_\_\_\_

### Amenities

- |  |  |
|--|--|
| <input type="checkbox"/> Finished Basement/Attic           | <input type="checkbox"/> Handicap Accessible                     |
| <input type="checkbox"/> Business/Fitness Center           | <input type="checkbox"/> Hardwood Floors                         |
| <input type="checkbox"/> Cable/Internet Ready              | <input type="checkbox"/> Laundry Facilities (community use)      |
| <input type="checkbox"/> Carpeting                         | <input type="checkbox"/> Microwave                               |
| <input type="checkbox"/> Ceiling Fan                       | <input type="checkbox"/> Modern Appliances (5 years old or less) |
| <input type="checkbox"/> Central A/C Unit                  | <input type="checkbox"/> Playground/Courts                       |
| <input type="checkbox"/> Ceramic Tile Floors               | <input type="checkbox"/> Pool                                    |
| <input type="checkbox"/> Covered and/or Off-street Parking | <input type="checkbox"/> Range                                   |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch          | <input type="checkbox"/> Refrigerator                            |
| <input type="checkbox"/> Dishwasher                        | <input type="checkbox"/> Security System                         |
| <input type="checkbox"/> Elevator                          | <input type="checkbox"/> Storage                                 |
| <input type="checkbox"/> Energy Efficient Certified Unit   | <input type="checkbox"/> Washer/Dryer Hookups (in unit)          |
| <input type="checkbox"/> Fenced Yard                       | <input type="checkbox"/> Washer/Dryer (in unit)                  |
| <input type="checkbox"/> Garage                            | <input type="checkbox"/> Window/Wall A/C Unit                    |
| <input type="checkbox"/> Garbage Disposal                  | <input type="checkbox"/> Working Fireplace                       |

Other amenities: \_\_\_\_\_

### Services

- |  |   |
|--|---|
| <input type="checkbox"/> Lawn Upkeep           | <input type="checkbox"/> Elderly Transportation |
| <input type="checkbox"/> Snow Removal          | <input type="checkbox"/> On-site Child Care     |
| <input type="checkbox"/> Pest Control Provided | <input type="checkbox"/> Free Cable or Wi-fi    |
| <input type="checkbox"/> Package Receiving     |   |

Other: \_\_\_\_\_

### Maintenance

- |  |  |
|--|--|
| <input type="checkbox"/> Owner Provides On-site Maintenance  | <input type="checkbox"/> Owner Provides No Maintenance                         |
| <input type="checkbox"/> Owner Provides Off-site Maintenance | <input type="checkbox"/> Owner Charges Maintenance Call Fee<br>Amount \$ _____ |

Name of Owner (Please Print) \_\_\_\_\_

Signature of Owner/Owner Representative \_\_\_\_\_

Date \_\_\_\_\_