Joseph L, Smith Chambin, Board of Commissioners Janet Abrahams Sacutive Orestor



MOVE IN AUTHORIZATION

DATE: 12-2-19	
MOVE IN AUTHORIZATION FOR:	
Tenant Name:	
Address: 1817 17. Spr.	ryst
Galts, mo	21213
The contract rent for the above unit is	: \$1047.10
Tenant portion is:	#0.0
HAP portion is:	1047.00
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NOTE: The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD Requirements. (See page 2, #7 of the HAP contract)

It is considered fraud to enter into side payment arrangements otherwise stipulated over and above the agreed upon contract rent. (See page 9-#5e of the HAP contract)

The tenant will receive keys and the move in date will commence on: $1/2 \cdot 1/9$

Failure to move in as stipulated above can result in the tenant being terminated from the Housing Choice Voucher Program and recapture of payment to the owner.

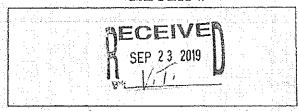
Tenant Signature Owner/Representative



Housing Choice Voucher Program (Section 8)

1225 West Pratt Street-Baltimore, MD 21223 Customer Relations Call Center: 443-984-2222

REQUEST FOR TENANCY APPROVAL (RFTA) RECEIPT



(Date RFTA Submitted)

Please allow at least (7) <u>business days</u> for an initial inspection date to be scheduled.

Do not count weekends or holidays

PROPERTY: 1817 N. Spring St 21213

RFTA PROCESS:

- 1) Please be sure your name and telephone number are filled in on back of the RFTA
- 2) Please be sure the Property Owner name and telephone number are filled in on back of the RFTA
- 3) Return your RFTA form to the Customer Relations Front Desk and receive a Receipt
- 4) Your RFTA form will be date stamped, logged in and submitted to the Leasing & Contracting Unit
- 5) The Leasing & Contracting Specialist will request the Inspection for this property
- 6) If this property FAILS the initial inspection, the Landlord will be given time to make the repairs or corrections
- 7) When the property PASSES inspection, the results will be forwarded to the Leasing & Contracting Specialist who will contact you and the Property Owner to schedule an appointment to sign your lease and contract authorizing you to move into the property

YOU MUST ALLOW AT <u>LEAST 30 BUSINESS</u> DAYS FOR COMPLETION OF THE ENTIRE MOVE PROCESS (INSPECTION, APPROVAL, RENT NEGOTIATION AND CONTRACT SIGNING)

PLEASE NOTE:

Only a Contracting Specialist may <u>authorize</u> you to move into this property. No one else, including the Landlord or the Inspector, is authorized to tell you to move into this property. If you move into this property before it passes inspection, or before you have been authorized by a Contracting Specialist, you will be <u>responsible</u> for the full rent, any repairs or other costs and expenses associated with this property. The Housing Choice Voucher Program does not determine or negotiate Security Deposits.

THANK YOU

Housing Assistance Payments Contract (HAP Contract) Section 8 Tenant-Based Assistance **Housing Choice Voucher Program**

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

Part	À	of	the	HAP	Contract:	Contract	Informati	OII
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(To prepare the contract, fill out all contract information in Part A.)

Contents of Contract

This HAP contract has three parts:

Part A: Contract Information

Part B: Body of Contract

Part C: Tenancy Addendum

2.

3. Contract Unit

1817 N Spring Street Baltimore, Maryland 21213

4. Household

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

5. Initial Lease Term

The initial lease term begins on (mm/dd/yyyy): 18-2-19

The initial lease term ends on (mm/dd/yyyy): 12 - 31 - 21

6. Initial Rent to Owner

The initial rent to owner is: \$ 1047.00

During the initial lease term, the owner may not raise the rent to owner.

7. Initial Housing Assistance Payment

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ 1047.00 per month.

The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term

in accordance with HUD requirements.

Previous editions are obsolete

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form HUD-52641 (7/2019)

frigerator and range.	Specify fuel type			Paid by
Heating	☑ Natural gas ☐ Bottle gas	☐ Electric ☐ Heat Pu	mp 🗆 Oil 🗀 Other	T
Cooking	☑ Natural gas ☐ Bottle gas	☐ Electric	Other	T
Water Heating	Natural gas Bottle gas	☐ Electric	Oil Other	T
Other Electric				<u></u>
Water				<u> </u>
Sewer	1			1
Trash Collection	<u> </u>			N/A
Air Conditioning				<u> </u>
Other (specify)				
			· · · · · · · · · · · · · · · · · · ·	Provided by
Refrigerator	_			<u> </u>
Range/Microwave			\$	<u> </u>
	gency	Owner		
	ALSTON, SR. VP	Print or Type Signature	Name of Owner Trusty, Age Name and Title of Signat	ory
HABC Print or Type Nan Signature CORLISS A Print or Type Nan	ALSTON, SR. VP	Print or Type Signature Print or Type Date (mlm/dd)	Trusty, Age	ory