

Do Not Separate – submit stapled documents together

RTA PACKET: Checklist for Tenancy Approval

These RTA Packet documents must be submitted to MHA **in person** by the client or the prospective landlord. We do not accept RTA Packet documents sent in by mail or fax; exceptions are granted only as Reasonable Accommodation.

These documents are accepted on: ****Mondays - 2:00 to 4:00 PM **Wednesdays - 9:00 AM to 4:00 PM**
****or you can make an appointment with your caseworker.**

MHA Caseworker: _____ Phone: 770-419-3200 X _____

Date assistance terminated in previous unit: _____ or n/a

Both prospective landlord and prospective tenant must add your initials beside each item before these documents are submitted to MHA for approval. If these documents are not completed **in their entirety**, MHA will be unable to proceed with the unit inspection.

	LL initials	Tenant initials
<i>Owner of the unit is not the parent, grandparent, child, grandchild, sister or brother of any member of the family. Exceptions may be granted as Reasonable Accommodation for a family member with disabilities.</i> _____		
<i>The contract rent has been agreed upon; it does not exceed the rent maximum given to the tenant by their MHA advisor.</i> _____		
<i>Unit will be totally vacant at the time of MHA inspection.</i> _____		
<i>Unit will be ready for inspection, including all cleaning, painting and floor preparation, at the time of the MHA inspection.</i> _____		
<i>All utilities as indicated on the attached Request for Tenancy Approval (RTA) are provided and in service.</i> _____		
<i>All appliances are in the unit and working.</i> _____		
<i>I am prepared to coordinate with the MHA Inspector to allow access to the unit at the agreed date and time.</i> _____		
<i>I have reviewed an unexecuted lease and offer a copy to MHA for consideration.</i> _____		
<i>I have personally viewed the unit identified on the attached RTA and declare it is acceptable for my family's needs, pending an HQS inspection.</i> _____	XXXXXXXX	
<i>I am prepared to abide by all the regulations of the HCV Program and the Conditions set forth in the HAP Contract.</i> _____		XXXXXXXXXX
<i>As a new landlord, I have provided all the documents listed in the Landlord Packet to MHA -or- as an existing landlord, I have provided a copy of the Warranty Deed for any property that has not been previously on the MHA HCV Program.</i> _____		XXXXXXXXXX

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor	Date	Lessee	Date
Agent , if applicable	Date		