Dear Landlord:

Be advised that the City of McKeesport has an ordinance requiring Residential Occupancy Certificate for all residential units within the city. You must provide a copy of the Occupancy Certificate along with your Request For Tenancy Approval. If you have applied for one and have yet to be approved, you must provide this office with proof of application. If you have not yet applied for one you will find an application attached. Please complete and return to the City of McKeesport (not MHA):

City of McKeesport
500 Fifth Avenue
McKeesport, PA 15132
412-675-5020

Sincerely,

Section 8 Department
APPLICATION FOR RESIDENTIAL OCCUPANCY CERTIFICATE

Real Estate Transfer Date: ________________________ Date of Application: _______________________________

Property Address: __________________________________________________________________________________

Name of New Owner:________________________ Phone Number: ___________________________________

Address: __________________________________________________________________________________________

Intended Residential Occupancy: Total Dwelling Units: _______

❑ Single Family
❑ 2-Family
❑ Multi-family
❑ Owner Occupied
❑ Renter Occupied (list tenant names, SS# below):

____________________________________________
____________________________________________
____________________________________________
____________________________________________

Finance Office Certification

❑ EIT  ❑ MSF  ❑ Sewage

________________________________________________
SIGNATURE _________________________________ DATE ______________________

Application is hereby made for permission to occupy the premise above described/or the purpose herein stated. If such use complies with provisions of all laws and ordinances, and certificate of occupancy is used, it is understood by the applicant that the said certificate will authorize only the use stated in this application and that such use may not legally be extended or changed without authorization in a new certificate of occupancy. If the building located on these premises or any part of the said building is to be occupied as a dwelling, the applicant understands that the occupancy thereof is to be limited to the number of families stated in this application.

____________________________________________
APPLICANTSIGNATURE PRINT NAME DATE ______________________

This is to certify that ________________________________ is in compliance with the Building Code of the City of McKeesport and is permitted to occupy said premises or buildings for purpose as stated in this application.

X _________________________, being duly sworn, deposes and says that he/she is Owner-Lessee-Agent of the premises herein described and that the statements made in this application are true and correct as he/she verily believes.

Inspected By

____________________________________________
BUILDING INSPECTOR

____________________________________________
FIRE CHIEF
FIRE DEPARTMENT: 412-675-5050 [ext 667 OR 664]
Public reporting burden for this collection of information is estimated to average 0.8 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.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, and if the lease complies with the program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)  
   Housing Authority of the City of McKeesport

2. Address of Unit (street address, apartment number, city, State & zip code)

3. Requested Beginning of Lease
4. Number of Bedrooms
5. Year constructed
6. Proposed Rent
7. Security Deposit Amount
8. Date unit available for inspection

9. Type of 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)(BMR)
   - Section 236 (Insured or noninsured)
   - Section 515 Rural Development

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 by the owner.

<table>
<thead>
<tr>
<th>Item</th>
<th>Specific fuel type</th>
<th>Provided by</th>
<th>Paid by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heating</td>
<td>Natural gas</td>
<td>Bottle gas</td>
<td>Electric</td>
</tr>
<tr>
<td>Cooking</td>
<td>Natural gas</td>
<td>Bottle gas</td>
<td>Electric</td>
</tr>
<tr>
<td>Water Heating</td>
<td>Natural gas</td>
<td>Bottle gas</td>
<td>Electric</td>
</tr>
<tr>
<td>Other Electric</td>
<td>Natural gas</td>
<td>Bottle gas</td>
<td>Electric</td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sewer</td>
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<td></td>
<td></td>
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<tr>
<td>Trash Collection</td>
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</tr>
<tr>
<td>Air Conditioning</td>
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<td></td>
<td></td>
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<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Range/Microwave</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

12. Owner’s Certifications. By executing this request, the owner certifies that:
   a. The most recent rent charged for the above unit was $_________ per month. This rent included the following utilities:
      The reason for any difference between the prior rent and the proposed rent in Block 6 is: ____________
   b. 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.

<table>
<thead>
<tr>
<th>Address and unit number</th>
<th>Date Rented</th>
<th>Rental Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. PHA Determination
   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 Other Party Authorities to Execute the Lease
Print or Type Name of Family

Signature
Signature (s)

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)