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# Request for Tenancy & Occupancy Certificate FOR LANDLORDS

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



CITY OF MCKEESPORT
500 Fifth Avenue | McKeesport, PA 15132

APPLICATION FOR RESIDENTIAL OCCUPANCY CERTIFICATE

Real Estate Transfer Date: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of New Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Intended Residential Occupancy:

- Single Family
2-Family
Multi-family

Total Dwelling Units: \_\_\_\_\_

- 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]

**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. 12/31/2002)

Public reporting burden for this collection of information is estimated to average .08 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 lent itself to confidentially.

1. Name of Public Housing Agency (PHA)  <h2 style="text-align: center;">Housing Authority of the City of McKeesport</h2>			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 <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-detached/Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden/ Walkup <input type="checkbox"/> Elevator/ High-Rise					
10. If this unit is subsidized, indicate type of subsidy  <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> 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.

Item	Specify fuel type	P rovided by	P aid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> B ottle gas <input type="checkbox"/> Oil or E lectric <input type="checkbox"/> al or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> B ottle gas <input type="checkbox"/> Oil or E lectric <input type="checkbox"/> al or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> B ottle gas <input type="checkbox"/> Oil or E lectric <input type="checkbox"/> al or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
R ange/Micro wave			
Other (s pecify)			

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.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

c. The owner (including a principal or other interested party) is not the parent, child, grandparent, sister or brother of any member of the family, unless the PHA has determined (and had notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would reasonable accommodation for a family member who is a person with disabilities.

d. 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 inspector certified under the Federal certification program or under a federally accredited State or Tribal certification program

\_\_\_\_\_ A completed statement is attached containing of known information on lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has lead hazard information pamphlet to the family

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)