

The program participant identified below has located a dwelling unit at \_\_\_\_\_

(address, unit number, city, zip)

he/she wishes to rent. The owner identified below is interested in renting the unit to the participant. The participant and owner are requesting that Minnesota Housing review the information below in order to determine if this property is eligible to participate in the Housing Trust Fund Rental Assistance Program funded and administered by Minnesota Housing. The requested beginning date of the lease is: .

1. Type of Property (check one):

- ☐ Single Family Home                      ☐ Duplex/Townhouse  
☐ Mobile Home                      ☐ Single Room Occupancy  
☐ Three to six-unit building                      ☐ Building with more than six units

2. Year Built:

3. Number of bedrooms:

4. Total monthly rent to be charged: \$  
Security Deposit: \$

5. Utilities and Appliances: (Mark "O" for those furnished by the owner and "T" for those furnished or paid for by the tenant. Indicate the fuel source, where appropriate.)

Electricity (lights)

Heating (gas ; electric ; other )

Cooking (gas ; electric )

Hot water (gas ; electric )

Water/sewer

Trash Collection

Range Refrigerator

Air conditioner

6. Lease: Owner's lease. (**Note:** The program requires that the form Housing Trust Fund Rental Assistance Lease Addendum be made part of an owner's lease.)
7. Minnesota Housing Review. The participant and owner understand that Minnesota Housing will review the above information and the proposed lease form, and will inspect the dwelling unit/property for compliance with the program's Housing Quality Standards. Minnesota Housing will notify the participant and owner whether or not the lease and property are acceptable for participation in the program. Minnesota Housing is not obligated to pay any part of the rent on behalf of the participant until the owner executes a Housing Trust Fund Rental Assistance Contract with Minnesota Housing and the unit passes the Housing Quality Standards inspection.
8. By executing this Request for Lease Approval, the owner certifies that the unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, disability, familial status, marital status, and status with regard to public assistance.

Household

By: Head of Participant Household	Date
By: Household Member	Date
	Phone Number

**Owner**

By: Owner, or authorized representative	Date
Owner's or representative's address	Phone Number
	Owner's TIN/Social Security Number