

# VILLAGE OF SPRING VALLEY

Alan M. Simon

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Asher Grossman

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Sen. Gene Levy Municipal Plaza

200 North Main Street

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Trustee

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## DEAR LANDLORD:

Please be advised that all units subject to the Housing Choice Voucher Program are inspected and **must** pass Housing Quality Standards prior to a potential tenant moving in.

The unit **must comply with local zoning**. To comply with local zoning, the unit must have a Certification of Occupancy and the property **must** be free of any violations. As verification of compliance, a copy of the **Certificate of Occupancy and the Deed to the Property (or other proof of ownership, i.e. tax bill)** is to be returned to our office along with the Request for Tenancy Approval.

*The landlord and prospective tenant must sign the Request for Tenancy Approval and items 2 through 13 must be completely filled out. The landlord and tenant must both sign the Disclosure of Lead Based paint and Owner Responsibilities Forms.*

It is necessary for the landlord to complete the landlord information form and W-9 Request for Taxpayer Identification and Certification and in addition as verification submit a letter from the IRS with TIN number along with a copy of owner's photo ID. If you are uncomfortable with sending this information back with prospective tenant, please feel free to mail the entire original form back to our office.

We must receive the original Request for Tenancy, Lead Paint Certification, Landlord Information form and W-9 Taxpayer Identification form. Once we receive all of the above information, we will contact you in order to set up an inspection for the unit.

If you have any questions, please do not hesitate to contact the section 8 office at (845) 367.4599.

Sincerely,

Housing Program Assistant

# 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. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)			
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection	

9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____			
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11. Utilities and Appliances  
The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner's Certifications

a. 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.		

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

c. 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 free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's 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 if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
 6 City, state, and ZIP code  
 7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

				-											
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and

The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature of U.S. person ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. For more information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/ir9](http://www.irs.gov/ir9).

### Purpose of Form

Individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN). This may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to or for other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Other exchange transactions and non-dividend dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> Form 1099-MISC, Miscellaneous Income, and its Instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**SECTION 8 LANDLORD CERTIFICATION**

Re: \_\_\_\_\_  
Street Address of Assisted Unit

\_\_\_\_\_  
City/Town State Zip

**Ownership of Assisted Unit**

I certify that I am the legal or the legally-designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

**Relationship to Tenant**

I certify that I am NOT a parent, child, grandparent, grandchild, sister, brother of any member of this family.

**Approved Residents of Assisted Unit**

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Agency are the only individuals permitted to reside in the unit. I also understand that I am not permitted live in the unit while I am receiving Housing Assistance payments.

**Housing Quality Standards**

I understand my obligations in compliance with the Housing Assistance Payments contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

**Tenant Rent Payments**

I understand that the tenant's portion of the contract rent is determined by the Housing Agency, and that it is illegal to charge any addition amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Agency.

**Reporting Vacancies to the Housing Agency**

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Agency immediately in writing.

**Computer Matching Consent**

I understand the Housing Assistance Payment Contract permits the Housing Agency or HUD to verify my compliance with the Contract. I consent for the Housing Agency or HUD to conduct compute matches to verify my compliance as they deem necessary. The Housing Agency and HUD my release and exchange information regarding my participation in the Section 8 program with other Federal and State agencies.

**Administrative and Criminal Actions for Intentional Violations**

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supply false, incomplete or inaccurate information is punishment under Federal or State Criminal law.

\_\_\_\_\_  
Signature of Landlord/Agent

Date \_\_\_\_\_ 20\_\_\_\_

Warning: Title 18, U S Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of the United States is guilty of a felony. State law may also provide penalties for false fraudulent statements.

# Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

## Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

## Owner's Disclosure

(a) Presence of lead-based paint hazards (please check one box below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (Please explain).

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Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to owner (please check one below):

Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (please list documents provided below).

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Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

## Tenant's Acknowledgment

(c) Tenant has received copies of all information listed above.

(d) Tenant has received the pamphlet *Protect your Family from Lead in your Home* from the Housing Agency.

## Housing Agency's Acknowledgment

(e) Housing Agency has informed the tenant of the owner's obligations under 42U.S.C.4852(d) and is aware of agency's responsibility to ensure compliance.

## Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by those signing this document is true and accurate.

### Signatures

Housing Agency Representative

Tenant

Owner

Spring Valley

Print or Type Name of HA

Print or Type Name of Tenant

Print or Type Name of Owner

Signature

Signature

Signature

Print or Type Name and Title of Signatory

Date

Print or Type Name and Title of Signatory

Date

Date



# Housing Survey

Housing Choice Voucher Program

Please complete all of the information about the housing unit listed below.

## Unit Location

Building Name (optional) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ NY \_\_\_\_\_

## Management and Owner Information

### Management Information

Managed By  Owner  
 Management Company  
Mgr Name \_\_\_\_\_  
Mgr Phone \_\_\_\_\_  
Is the Owner / Manager On-Site?  Yes  No

### Owner Information

Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

## Unit Size, Cost and Utilities Provided

### Size of Unit

Number of Bedrooms \_\_\_\_\_  
Number of Bathrooms \_\_\_\_\_  
Square Footage  Above Average  
 Average  
 Below Average

### Lease Information

Current Rent \$ \_\_\_\_\_  
Date Rented \_\_\_\_\_

Unit is assisted under a Federal, State or local government program or the rent and rent increases are restricted by law or court action.  Yes  No

### Owner Paid Utilities

Check all utilities that are included in the rent

Heat  Water Heat  Water  Trash Collection  Refrigerator  
 Cooking  Other Electric  Sewer  Air Conditioning  Range

### Types of Utilities Used

The unit is heated with:

Natural Gas  Bottle Gas  
 Electric  Oil

The stove uses:

Natural Gas  Bottle Gas  
 Electric  Oil

The hot water is heated with:

Natural Gas  Bottle Gas  
 Electric  Oil



# Housing Survey

Housing Choice Voucher Program

## Unit Type, Quality and Age

### Unit Type

Check the one box that best describes the unit

- |   |  |
|---|--|
| <input type="checkbox"/> High Rise            | <input type="checkbox"/> Row House/Garden Apt.     |
| <input type="checkbox"/> Mobile Home          | <input type="checkbox"/> Single Family Detached    |
| <input type="checkbox"/> Older Home Converted | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Older Multi-Family   |  |

### Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average  
 Average  
 Below Average

### Age

Estimated year of construction or last major renovation \_\_\_\_\_

### Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing    Sight  
 Mobility  
 Other

## Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- Balcony, patio, deck, porch
- Driveway
- Exceptional size relative to needs of family
- Garage or parking facilities
- Good maintenance of building exterior
- Good upkeep of grounds
- High quality floors or wall coverings
- Large yard
- Other forms of weatherization
- Screen doors or windows
- Storm windows and doors
- Working fireplace

## Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# VILLAGE OF SPRING VALLEY

Alan M. Simon  
Mayor  
Asher Grossman  
Deputy Mayor

Sen. Gene Levy Municipal Plaza  
200 North Main Street  
Spring Valley, New York 10977  
Tel.: 845-367-4599  
Fax: 845-425-2967

Zach Clerina  
Trustee  
Yisroel Eisenbach  
Trustee  
Eudson T. Francois  
Trustee

## LANDLORD INFORMATION

(Please Print)

Owner Name: \_\_\_\_\_

Owner Legal Address: \_\_\_\_\_

(Cannot be a PO Box) \_\_\_\_\_

Check Mailing Address (if different from legal address):

\_\_\_\_\_  
\_\_\_\_\_

Home Phone#: \_\_\_\_\_ Business Phone#: \_\_\_\_\_

For our records, we must have landlord's Social Security # or Federal ID#:

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

If this is a business/organization/trust, etc., please supply a name and phone number of a contact person to be reached during the business hours of 9:00 a.m.-4:00 p.m.

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Thank you for your cooperation.