



**Pinellas County Housing Authority**

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**REQUEST FOR SECTION 8 TENANT TO RENT FROM RELATIVE**

Please complete the form below. If you submit this form with incomplete or missing documentation, this form will be returned to you to complete, which will delay the processing of your request. Until a decision has been made; you are encouraged to continue looking for housing. A decision will be made within in thirty (30) days of the receipt of this request.

Case or Property Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

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

Tenant Current Address: \_\_\_\_\_

According to HUD regulations, a Section 8 tenant may not be related by blood or marriage to the owner of the unit they rent under the Section 8 program. Exceptions may only be granted in rare cases as a reasonable accommodation for persons with disabilities who require a specially modified unit which is only available from a relative. Tenant must be able to provide verification from medical provider (Disability Verification form), documentation of the unique features of the proposed unit, and other information requested below.

**Please provide the following information and documents:**

Proposed Unit Address: \_\_\_\_\_

1. Completed Disability Verification Form, with explanation as to the unique features of the proposed unit. This will be verified by your health care provider after you return the form.
2. Specifically, what modifications have been made to this unit? When were these modifications completed?  
\_\_\_\_\_  
\_\_\_\_\_
3. Please submit pictures of all home modifications listed above.
4. List of properties contacted verifying that you have searched for a unit with the necessary modifications and been unable to locate one. (See second page of this form.)
5. Verification that owner does not live in the unit that you propose to rent. Verification may include utility bills, rental agreements, mortgage documents showing the owner's residence.

**The next page is to be Completed by Owner:**

**To be Completed by Owner:**

I, (OWNER) certify that I am the owner of the unit at: \_\_\_\_\_ (address of proposed rental unit) and that I am the \_\_\_\_\_ (relationship status; father, cousin, daughter etc.) of the tenant.

I certify, under perjury, that I do not live at the unit that I propose to rent to tenant, nor do I intend to live in the unit during the period of Section 8 assistance. I certify that this property is not covered by any local ordinances that require the owner to live in the unit, and that by renting to this specific Section 8 tenant, I am in full compliance with the requirements of any state and local laws.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Printed Name: \_\_\_\_\_ Owner SS#/Tax ID# \_\_\_\_\_

Owner Home Address: \_\_\_\_\_

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

List of Properties Contacted: Question 4.

Property Address	Phone	Date Contacted	Owner/Agent Name	Reason for not renting
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				