

OWNER APPLICATION
RALEIGH HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

(INDIVIDUAL PROPERTY OWNERS)

(Revised 3/2017)

Please complete and submit this form with the prospective tenant's RFTA packet to the Raleigh Housing Authority, Leased Housing Department at **900 HAYNES STREET, RALEIGH, NORTH CAROLINA 27604**. **Faxed copies are not accepted.** A criminal BACKGROUND CHECK will be completed for each Owner/Landlord to determine their eligibility to participate in the Housing Choice Voucher Program. False responses or misrepresentations made by the Owner/Landlord in the completion of this form will constitute an automatic denial of participation in the Raleigh Housing Authority Housing Choice Voucher Program.

TENANT NAME: _____ **PROPERTY ADDRESS:** _____

OWNER NAME: _____
 FIRST **MIDDLE** **LAST**

OWNER DATE OF BIRTH: _____ (Required)

CO-OWNER NAME: _____
 FIRST **MIDDLE** **LAST**

CO-OWNER DATE OF BIRTH: _____ (Required)

OWNER RACIAL/ETHNICITY CODE (PLEASE CIRCLE ONE) *FOR HUD REPORTING PURPOSES ONLY*

- | | | |
|--------------------------|---------------------------------|--------------------------------------|
| 1-WHITE AMERICAN | 4-HISPANIC AMERICAN | 7-OTHER |
| 2-BLACK AMERICAN | 5-ASIAN/PACIFIC AMERICAN | 8-MINORITY OWNED BUSINESS |
| 3-NATIVE AMERICAN | 6-HASIDIC JEWS | 9-NON-MINORITY OWNED BUSINESS |

OWNER'S PHYSICAL ADDRESS: _____
(NUMBER, STREET, APT OR SUITE NO.)

(CITY, STATE AND ZIP CODE)

CO- OWNER'S PHYSICAL ADDRESS: _____
(NUMBER, STREET, APT OR SUITE NO.)

(CITY, STATE AND ZIP CODE)

PREFERRED MAILING ADDRESS: _____
(NUMBER, STREET, APT OR SUITE NO.)

(CITY, STATE AND ZIP CODE)

OWNER TELEPHONE NUMBER: _____ ***OWNER EMAIL:** _____
* Email address is REQUIRED for program participation.

THE OWNER/LANDLORD MUST ANSWER THE FOLLOWING QUESTIONS TO FACILITATE AN EVALUATION TO DETERMINE THE OWNER'S/LANDLORD'S ELIGIBILITY TO PARTICIPATE IN THE RALEIGH HOUSING AUTHORITY'S HOUSING CHOICE VOUCHER PROGRAM.

1. Do you or anyone with partial ownership of the rental unit have a criminal record?

YES _____ **NO** _____

If so, please list dates and types of Offense: _____

2. Has the owner/landlord of the property in question ever been debarred, suspended or subject to a limited denial of participation under any HUD regulatory programs?

YES _____ NO _____

3. Has the owner/landlord ever been convicted of fraud, bribery or any other corrupt or criminal acts in connection with any federal housing assistance programs?

YES _____ NO _____

4. Is the property in question pending foreclosure or tax lien status?

YES _____ NO _____

5. Does owner/landlord have full or partial ownership of the property listed for participation in the housing choice voucher program?

FULL _____ PARTIAL _____

6. Is the Owner/Landlord or anyone with partial ownership related, by family, to the prospective tenant?

YES _____ NO _____

→ If owner/landlord answered "YES" to questions 1-4 noted above then he/she is **not eligible** to participate as an owner/landlord in the RHA Housing Choice Voucher program.

→ If owner/landlord answered "NO" to questions 1-4 noted above, then owner/landlord should complete the owner/landlord application on the reverse side of this form, and allow RHA sufficient time to process the owner/landlord application.

ADDITIONAL INFORMATION

- 1. RHA will e-mail all correspondence from RHA to owners/landlords. RHA will not share or sell this confidential information to third parties.
- 2. Direct deposit is **MANDATORY** for participation in the Section 8 program. Please print and complete the direct deposit form located on RHA's website, www.rhaonline.com, and submit it to the following address:
 Raleigh Housing Authority
 Attention: **Section 8 Direct Deposit**
 900 Haynes Street
 Raleigh, NC 27604

OWNER SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE

FOR USE BY RALEIGH HOUSING AUTHORITY STAFF ONLY:

APPROVED: _____ DENIED: _____ EFFECTIVE DATE: _____

REASON FOR DENIAL: _____

STAFF SIGNATURE

DATE