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.

PROPERTY ADDRESS:

TENANT NAME:	PROPERTY ADDRESS:					
OWNER NAME: FIRST	MIDDLE	LAST				
OWNER DATE OF BIRTH:		20.				
CO-OWNER NAME:						
FIRST	MIDDLE	LAST				
CO-OWNER DATE OF BIRTH:	(Required)					
OWNER RACIAL/ETHNICITY CODE	(PLEASE CIRCLE ONE) *FOR HUD REF	PORTING PURPOSES ONLY*				
⊙WHITE AMERICAN ○BLACK AMERICAN ○NATIVE AMERICAN	OHISPANIC AMERICAN OASIAN/PACIFIC AMERICAN OHASIDIC JEWS	OOTHER OMINORITY OWNED BUSINESS ONON-MINORITY OWNED BUSINESS				
OWNER'S PHYSICAL ADDRESS:	(NUMBER, STREET, APT	OR SUITE NO.)				
	(CITY, STATE AND ZIP C	CODE)				
CO- OWNER'S PHYSICAL ADDRES		(NUMBER, STREET, APT OR SUITE NO.)				
	(CITY, STATE AND ZIP C	ODE)				
PREFERRED MAILING ADDRESS:	(NUMBER, STREET, APT OR SUIT	F NO)				
	(NOMBER, STREET, AFT OR SOTT	L NO.				
	(CITY, STATE AND ZIP CODE)					
OWNER TELEPHONE NUMBER:	ELEPHONE NUMBER: *OWNER EMAIL:					
		* Email address is REQUIRED for program participation.				
	ER THE FOLLOWING QUESTIONS TO FA RALEIGH HOUSING AUTHORITY'S HOU	ACILITATE AN EVALUATION TO DETERMINE THE OWNER'S/LANDLORD'S ISING CHOICE VOUCHER PROGRAM.				
1. Do you or anyone with pa	artial ownership of the rental unit h	ave a criminal record?				
YES	NO					
If so, please list dates an	d types of Offense:					

2.	Has the owner/landlor participation under an			been debarred, susp	ended or subject to a limited denial of
	YES_		NO		
3.	Has the owner/landlor federal housing assista			ibery or any other co	rrupt or criminal acts in connection with any
	YES_		NO		
4.	Is the property in ques	stion pending fo	oreclosure or tax lie	en status?	
	YES_		NO		
5.	Does owner/landlord l program?	nave full or part	tial ownership of th	ne property listed for	participation in the housing choice voucher
	FULL		PARTIAL		
6.	Is the Owner/Landlord	d or anyone witl	h partial ownership	related, by family, t	o the prospective tenant?
	YES		NO		
→ ADDIT	Housing Choice Voucher part of the state of this form, and the state of the	orogram. ed "NO" to quest and allow RHA su ondence from RH TORY for participom, and submit it Ra At	tions 1-4 noted above afficient time to proce the definition of th	t, then owner/landlord s ss the owner/landlord a ds. RHA will not share or g program. Please print ress:	gible to participate as an owner/landlord in the RHA hould complete the owner/landlord application on the pplication. The sell this confidential information to third parties. The and complete the direct deposit form located on RHA's
OWNER	SIGNATURE		DATE		
CO-OWI	NER SIGNATURE		DATE		
FOR USE	BY RALEIGH HOUSING AU	THORITY STAFF	ONLY:		
APPROV	/ED:	DENIED:		EFFECTIVE DA	TE:
REASON	FOR DENIAL:				
STAFF S	SIGNATURE			DATE	