

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

(Company 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. **If all required fields are not completed the application will not be processed.**

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

BUSINESS NAME: _____

LIST THE NAME(S) AND DATES OF BIRTH FOR ALL COMPANY OWNERS/PARTNERS/PRINCIPLES BELOW: (THIS INFORMATION IS REQUIRED.)

NAME: _____ **DOB:** _____

NAME: _____ **DOB:** _____

NAME: _____ **DOB:** _____

NAME: _____ **DOB:** _____

(Attach additional documents, if necessary)

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

- | | | |
|---|--|---|
| <input checked="" type="radio"/> WHITE AMERICAN | <input type="radio"/> HISPANIC AMERICAN | <input type="radio"/> OTHER |
| <input type="radio"/> BLACK AMERICAN | <input type="radio"/> ASIAN/PACIFIC AMERICAN | <input type="radio"/> MINORITY OWNED BUSINESS |
| <input type="radio"/> NATIVE AMERICAN | <input type="radio"/> HASIDIC JEWS | <input type="radio"/> NON-MINORITY OWNED BUSINESS |

COMPANY PHYSICAL ADDRESS: _____
(NUMBER, STREET, AND APT. OR SUITE NO.)

(CITY, STATE AND ZIP CODE)

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

REGISTERED AGENT INFORMATION: (If applicable)

NAME: _____

PHYSICAL ADDRESS: _____

TELEPHONE #s: OFFICE: _____ **MOBILE:** _____ **EMAIL:** _____

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 any owner, partner or principle has been convicted of a violent criminal act, or charged with a sex offender crime, the Business is not eligible to participate in the Housing Choice Voucher Program.

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: _____ EFFECTIVE DATE: _____

DENIED: gw _____ EFFECTIVE DATE: _____

REASON FOR DENIAL: _____

STAFF SIGNATURE

DATE