

TENANT NAME: \_\_\_\_\_

**OWNER APPLICATION FOR PARTICIPATION IN THE HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) – INDIVIDUALS ONLY**

*(PLEASE COMPLETE AND SUBMIT TO THE RALEIGH HOUSING AUTHORITY, LEASED HOUSING DEPARTMENT, HOUSING CHOICE VOUCHER PROGRAM, PO BOX 28007, RALEIGH, NORTH CAROLINA 27611)*

OWNER NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

OWNER SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CO-OWNER SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BUSINESS NAME, IF DIFFERENT FROM ABOVE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_  
(NUMBER, STREET, AND APT. OR SUITE NO.)

\_\_\_\_\_  
(CITY, STATE AND ZIP CODE)

OWNER'S TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE DATE

\_\_\_\_\_  
CO-OWNER'S SIGNATURE DATE

***NOTE: A CRIMINAL HISTORY REPORT/BACKGROUND CHECK IS REQUIRED TO DETERMINE ELIGIBILITY OF INDIVIDUAL OWNERS/LANDLORDS THAT REQUEST TO PARTICIPATE IN THE RALEIGH HOUSING AUTHORITY'S HOUSING CHOICE VOUCHER PROGRAM.***

**FOR HOUSING AUTHORITY USE ONLY:**

APPROVED: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

REQUEST FOR TENANCY APPROVAL FOR: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_

\_\_\_\_\_  
STAFF SIGNATURE DATE

STAFF PHONE #: \_\_\_\_\_

**RALEIGH HOUSING AUTHORITY HOUSING CHOICE VOUCHER  
OWNER/LANDLORD APPLICATION QUESTIONNAIRE**

**OWNERS/LANDLORDS NEED TO ANSWER THE FOLLOWING QUESTIONS SO AN EVALUATION OF THE OWNER'S /LANDLORD'S ELIGIBILITY TO PARTICIPATE IN THE RALEIGH HOUSING AUTHORITY'S HOUSING CHOICE VOUCHER PROGRAM CAN BE CONDUCTED)\***

1. DO YOU OR ANYONE WITH PARTIAL OWNERSHIP HAVE A CRIMINAL RECORD? (THIS MEANS FELONIES WITHIN THE LAST 5 YEARS OR MISDEMEANORS WITHIN THE LAST 3 YEARS, FOR DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY OR ANY "SEX OFFENDER" CRIME?)  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
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 ACT IN CONNECTION WITH ANY FEDERAL HOUSING ASSISTANCE PROGRAMS?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
4. IS THE PROPERTY IN QUESTION PENDING FORECLOSURE OR TAX LIEN STATUS?  
YES \_\_\_\_\_ NO \_\_\_\_\_

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\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\*(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:

1. Complete the information below regarding the unit that is to be utilized on the Housing Choice Voucher program.
2. Complete the owner/landlord application and allow RHA sufficient time to process.

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DOES OWNER/LANDLORD HAVE FULL OR PARTIAL OWNERSHIP IN THE PROPERTY LISTED BELOW THAT IS TO BE ADDED TO THE HOUSING CHOICE VOUCHER PROGRAM?

YES \_\_\_\_\_

NO \_\_\_\_\_  
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**UNIT AVAILABILITY LISTING**

UNIT ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_

PROPOSED MONTHLY CONTRACT RENT: \$ \_\_\_\_\_ WHEEL CHAIR ACCESSIBLE? Y OR N

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE#: \_\_\_\_\_