

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

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

**\*\*\*Please note that this form will NOT need to be completed until you have a prospective Section 8 tenant interested in your available unit.\*\*\***

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

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

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

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 STAFF PHONE# DATE

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

**THE OWNER/LANDLORD NEEDS TO ANSWER THE FOLLOWING QUESTIONS SO A DETERMINATION OF THE OWNER/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 HAS EVER BEEN CHARGED WITH A "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 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 \_\_\_\_\_

NOTE: By signing below you are authorizing the Raleigh Housing Authority to complete the required criminal background check to determine eligibility to participate with the Housing Choice Voucher (Section 8) program.

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

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

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\*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.

\*\*\*This form will need to be submitted to our office at the same time the RFTA packet is submitted by the Tenant. **This information can be submitted by the Owner/Landlord and does NOT have to be submitted by the Tenant.**

The Raleigh Housing Authority  
Attn: Relocation Team  
900 Haynes Street  
Raleigh, NC 27604