

**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\***

1-WHITE AMERICAN  
2-BLACK AMERICAN  
3-NATIVE AMERICAN

4-HISPANIC AMERICAN  
5-ASIAN/PACIFIC AMERICAN  
6-HASIDIC JEWS

7-OTHER  
8-MINORITY OWNED BUSINESS  
9-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](http://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: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

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

\_\_\_\_\_  
DATE