



Atlanta Housing Authority
230 John Wesley Dobbs Avenue
Atlanta, Georgia 30303-2421
P: 404-892-4700 | F: 404-685-4896
www.atlantahousing.org

PROPERTY OWNER APPLICATION

INSTRUCTIONS: Please complete this packet in its entirety before submission.

Property Owner Name: _____

Property Manager Name (if applicable): _____

Do you have any **currently vacant** units that you are interested in making available for lease to AHA's HCVP families? yes no

If yes, how many units? _____

HOW DID YOU FIND OUT ABOUT AHA?

Professional Organization

- GAREIA
- Atlanta Board of Realtors
- Empire Board of Realtists
- Atlanta Apartment Association
- Other: _____

I came across AHA on social media

- Site/App: _____

I received a mailer or postcard from AHA

I received an email from AHA

I saw or heard an AHA advertisement

I was approached by an AHA tenant

I heard about AHA by word-of-mouth

Change of Ownership/Change of Management

I am a current landlord, but I have a new company

I was referred by a current AHA Landlord

- Name and Vendor Code: _____

I was referred by my real estate professional

- Name: _____

I met AHA at a tradeshow or expo

- Name: _____

In-person meeting with AHA employee

Please submit a completed Property Owner Application and required documents to hcontractsmailbox@atlantahousing.org or by fax to 404.279.4754.

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PROPERTY OWNER APPLICATION OVERVIEW

Thank you for your interest in Atlanta Housing Authority's (AHA) Housing Choice Voucher Program (HCVP)! The following information will assist you in accurately completing this Property Owner Application (POA) form. The POA is used to determine eligibility of property owners and their representatives for participation in the HCVP.

Please note: It is a mandatory requirement for property owners and/or their legally authorized representatives to attend a Landlord Briefing in order to participate in AHA's HCVP. AHA will not accept or process your POA or any Request for Tenancy Approval unless it includes a Landlord Briefing Attendance Number. You may access the Landlord Briefing schedule via AHA's website www.atlantahousing.org or by obtaining a briefing schedule from AHA. It is AHA's experience that property owners are more successful in the HCVP as a result of their participation in the landlord briefing.

AHA's jurisdiction is the City of Atlanta. In order for your property to participate in AHA's HCVP, it must be located within the city limits of Atlanta with property taxes paid to the City of Atlanta. The following is a list of property owner eligibility criteria for participation in the HCVP. The Property Owner:

- Has not filed for bankruptcy within the past seven years
- Has no late mortgage payment within the past six months
- Has no prior foreclosure action taken against themselves
- Is not currently in loan modification or foreclosure status
- Is not or has never been involved in fraudulent activities
- Is in good standing with AHA

Our ability to review your eligibility to participate in the HCVP is heavily dependent upon your application being complete in its entirety and your timely submission of requested documents. Below are key steps to successfully receiving a decision on your POA and renting your property to a HCVP participant:

1. Your timely submission of requested documents - Please understand that this application will undergo an underwriting process. If AHA requests additional documents from you, please provide accurate documentation promptly (i.e. within 48 hours) via fax at 404-279-4754.

2. Your receipt of the POA decision letter - After your submission of your completed POA, you will receive a decision letter from AHA via mail. If you have been approved, AHA will process any Request for Tenancy Approval (RTA) that was submitted with your POA. Upon receiving approval, you must register on the Landlord Portal. If you have been deemed ineligible, AHA will contact you via mail and will not *be able to process your RTA until you resolve issues resulting in your ineligibility. Upon resolving the reason for ineligibility, we encourage you to re-apply.*

3. Your Landlord Portal registration - With your POA Approval Letter in-hand you will be equipped to register on the Landlord Portal. The Landlord Portal is a web-based interactive communication tool that keeps you up-to-date and engaged with the HCVP. Whether you are accessing your latest remittance or viewing inspection results, you will find the Landlord Portal user- friendly. Accessing the Landlord Portal regularly will keep you current on landlord-related topics.

Thank you for your interest in partnering with the Atlanta Housing Authority to provide quality housing for the betterment of the community.

~ See the next page for a guide to assist you with completing this application. ~

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PROPERTY OWNER APPLICATION

Forms Guide and Checklist

Please note: If you are a **new** property owner to AHA's HCVP, you will be required to complete a Property Owner Application. **Current** property owners are required to update their POAs on an annual basis.

___ **IRS FORM W-9** - For IRS reporting purposes, a W-9 Form must be submitted for the payee. AHA will verify the name and Tax Identification Number (TIN) with IRS records.

___ **VOIDED CHECK OR LETTER ON BANK LETTERHEAD** - Must be submitted to initialize automatic direct deposit. Starter checks are not acceptable. If the account was recently opened- a letter including account owner information, bank routing and account numbers may be provided on bank letterhead.

___ **LANDLORD BRIEFING ATTENDANCE NUMBER** - Attendance number received at the Landlord Briefing must be provided on the Property Owner Application to verify briefing attendance and to continue processing your application.

___ **ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION OR BUSINESS LICENSE (IF APPLICABLE)** - Must be submitted for any business (property owner, property manager, or payee) involved in the application if information is not listed with the Georgia Secretary of State.

___ **LIMITED LIABILITY COMPANY (LLC) OPERATING AGREEMENT (IF APPLICABLE)** - Must be submitted for any LLC (property owner, property manager, or payee) involved in the application or IRS tax form showing membership and management of LLC.

___ **AUTHORIZATION TO TRANSACT (IF APPLICABLE)** - Must be submitted for any property manager, management company, third party individual, or business not listed on the Property Owner Application who will be conducting business with AHA on behalf of the owner.

___ **GEORGIA REAL ESTATE LICENSE/BROKERAGE FIRM NUMBER (IF APPLICABLE)** - All parties that want to do business with AHA as part of the HCVP must adhere to O.C.G.A. Title 43, Chapter 40. Under Georgia law, any individual or firm who manages property must have a Georgia real estate license unless that individual or firm meets the criteria for a specific exception. We suggest that you consult your attorney or the Georgia Real Estate Commission if you have any questions.

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Read all instructions and questions and provide the requested information in each applicable section.
 Please (A) Complete all pages of the POA, (b) Print legibly using blue or black in; (C) Attach copies of the required documents (see Part 6).

Part 2: Property Owner Information

Owner(s) of the Property (as stated on the deed)	Contact Name (Property Name)
Type of Entity (if applicable)	State of Incorporation/Organization of Entity (if applicable)
Mailing Address of Property Owner	City State Zip
Telephone Number Mobile Number	Email Address (Required) Communication Preference: <input type="checkbox"/> US Mail <input type="checkbox"/> Email
Social Security Number	If EIN is used, please provide information about the President or Principal:
Employer Identification Number	Person's Full Name (for EPLS clearance)
	Social Security Number

Property will be managed by (check one):
 Property Management Company/Agent/Other (complete Part 3) Owner (complete Part 4)

Part 3: Management of the Property

Legal Name of Property Management Company Georgia Real Estate License Number Brokerage Firm License Number

If the Property Management Company/Agent/Other listed above is exempt from the requirement to have a Georgia Real Estate License, please list the basis for this exemption: _____

Property Management Company Address City ST Zip

Telephone Number Mobile Number Email Address (Required)

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Part 4: Housing Choice Rental Assistance Agreement Payee Information

Is the owner to receive the housing assistance payment? Yes No

If payee is different from Property Owner, please provide payee information below:

Payee Name _____ Telephone Number _____ Email Address (REQUIRED) _____

Relationship to Owner: Property Manager Third Party Individual Third Party Business Entity

Part 5: Direct Deposit Banking Information

AHA makes all housing assistance payments by Automated Clearing House (ACH) to ensure swift and sure payment to the Owner of his/her representative. The below information and a voided check provides all of the information AHA needs to set up the ACH.

Bank Name _____ Name(s) on Account _____

Bank Routing Number _____ Account Number _____

Part 6: Property Owner's Required Documents and Certifications

The property owner must provide a copy of:

1. Original IRS Form W-9 (rev 10-2007)
2. Voided Check for Payee or Letter on Bank Letterhead

The property owner may need to provide the following (if applicable):

1. Articles of Incorporation, Articles of Organization, or Business License
2. Organization Documents (for entities that are not incorporations, LLCs, or Partnerships)
3. Limited Liability Company Operating Agreement
4. Partnership Agreement
5. AHA Authorization to Transact Form
6. Georgia Real Estate License Number
7. Brokerage Firm License Number

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Part 7: Vendor Registration Disclosure Questionnaire

This part requests any information that may show a *present* or *potential* conflict of interest. If you are not sure whether a conflict exists, please provide information as requested in Section G below regarding the uncertain relationship and AHA will review. The Property Owner must complete this section. If there is a Property Management Company/Agent, it must complete this section also. For purposes of this Part, the term "*current*" means at the time of completing and signing this POA. The term "*former*" means a period of one year after having the positions described below.

	Property Owner		Property Management Company (if applicable)	
	Yes	No	Yes	No
Current or Former Public Officials or AHA-related Disclosures:				
A. Do you or your business employ any current or former public official, member of a governing body, State or local legislator, or member of or delegate to the Congress of the United States?				
B. Does any current or former public Official, member of a governing body, State or local legislator, or member of or delegate to the Congress of the United States have a direct or indirect ownership interest, financial interest or monetary interest in the property of your business?				
C. Do you or your business employ any current or former AHA employee or current or former member of AHA's Board of Commissioners?				
D. Does any current or former AHA employee or current or former member of AHA's Board of Commissioners have a direct or indirect ownership interest, financial interest or monetary interest in the property of your business?				
E. Are you or your company prohibited from doing business with any governmental agency?				
F. Has the owner engaged in any drug-related criminal activity or any violent criminal activity?				

G. If you checked any "Yes" box above, or you are uncertain about the relationships of the persons described above, please provide the following information. (Note: attach additional sheets if necessary):

- Name of public official(s) or individual(s) employee with the personal or financial interest
- Value of financial interest
- Description of the nature of the personal or financial interest
- Other pertinent information

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Part 8: Principal Personal Disclosure Statement

Please provide the names and titles of the owners, partners, officers or members involved with the owner, company or property. AHA uses this information to check for actual or potential conflicts of interest. Each property owner must complete Section A. If there is a Property Management Company/Agent, please have the management company complete Section B.

Part 8: Section A – Owner as listed on recorded deed

<u>INDIVIDUAL(S)</u>	CORPORATION <small>(Identify additional officers and assistant officers, if any, on a separate page)</small>	<u>LIMITED LIABILITY COMPANY</u> <small>(Identify additional members, if any, on a separate page)</small>
Owner (PRINT NAME)	Officer (PRINT NAME)	Member (PRINT NAME)
Co-owner (PRINT NAME)	Title	Title
<u>PARTNERSHIP</u> <small>(Identify additional partners, if any, on a separate page)</small>	Officer (PRINT NAME)	Member (PRINT NAME)
	Title	Title
	<u>“OTHER” type of Organization</u> <small>(Identify additional members, if any, on a separate page)</small>	
Partner (PRINT NAME)	Entity Name	Entity Type
Title		
Partner	Name (PRINT NAME)	Name (PRINT NAME)
Title	Title of authorized signatory	Title of authorized signatory

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PROPERTY OWNER'S CERTIFICATION

I hereby certify that the information I have given in this Property Owner Application ("POA") is true and correct as of the date below. I authorize any local, state or federal law enforcement agency and/or any other entity designated by The Housing Authority of the City of Atlanta, Georgia ("AHA"), to release to AHA, in connection with my POA, any information or records indicating any criminal or illegal activity which I have been involved in, arrested for, charged with or convicted of and any information or record of any criminal activity related to the property. I further authorize any agency designated by AHA to release to AHA any information about my and /or my company's credit and mortgage payment history that AHA deems pertinent to determine my eligibility to be a property owner in AHA's Housing Choice Voucher Program. This authorization shall be effective until revoked in writing by me. A copy of this authorization shall be as effective as the original, and shall be valid until revoked by me in writing.

I understand that I am responsible for notifying AHA about property ownership or management company changes that may impact my Housing Assistance Payment, and that erroneous fund transfer to me or my property management company/agent, due to failure on my part or my property management company/agent to provide timely notification may result in AHA taking action to debit my account to correct the fund balance. I understand that any misrepresentation of information or failure to disclose information requested on this POA, or any supplements thereto, may be cause for denial of participation in AHA's Housing Choice Voucher Program. I hereby indemnify and hold AHA, its commissioners, officers, employees, contractors and agents harmless for any loss incurred due to said errors, omissions or inaccuracies.

I state that I have authorized the property management company or agent listed in Part 3 of this POA, if any, to manage the property for me or my firm, including the collection of all payments due relating to the rental of the property. I also certify and state that I am the person or an authorized representative of the entity listed in Part 8, Section A, of this POA and that I have not excluded any persons required to be listed above.

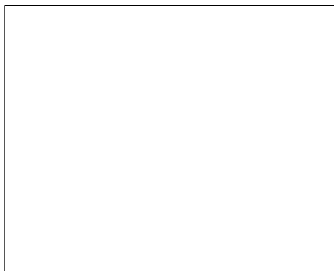
Sworn to subscribed before me this _____ day of _____, _____

Printed Name of Property Owner Title

Signature of Property Owner Date

Name of Notary Public Written Signature of Notary Public Date

Notary Public Seal



Title

My Commission Expires:

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Part 8: Section B – Property Management Company or Agent as listed in Articles of Incorporation

<u>INDIVIDUAL(S)</u>	CORPORATION (Identify additional officers and assistant officers, if any, on a separate page)	<u>LIMITED LIABILITY COMPANY</u> (Identify additional members, if any, on a separate page)
Owner (PRINT NAME)	Officer (PRINT NAME)	Member (PRINT NAME)
Co-owner (PRINT NAME)	Title	Title
<u>PARTNERSHIP</u> (Identify additional partners, if any, on a separate page)	Officer (PRINT NAME)	Member (PRINT NAME)
	Title	Title
Partner (PRINT NAME)	<u>“OTHER” type of Organization</u> (Identify additional members, if any, on a separate page)	
Title	Entity Name	Entity Type
Partner	Name (PRINT NAME)	Name (PRINT NAME)
Title	Title of authorized signatory	Title of authorized signatory

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PROPERTY MANAGER'S / AGENT'S CERTIFICATION

I hereby certify that the information I have given in this Property Owner Application ("POA") is true and correct as of the date below. I authorize any local, state or federal law enforcement agency and/or any other entity designated by The Housing Authority of the City of Atlanta, Georgia ("AHA"), to release to AHA, in connection with my POA, any information or records indicating any criminal or illegal activity which I have been involved in, arrested for, charged with or convicted of and any information or record of any criminal activity related to the management company. As the principal of the company, I further authorize any agency designated by AHA to release to AHA any information about my company's and/or my personal credit history that AHA deems pertinent to determine the company's eligibility to be a management company in AHA's Housing Choice Voucher Program. This authorization shall be effective until revoked in writing by me. A copy of this authorization shall be as effective as the original, and shall be valid until revoked by an appropriate company representative in writing.

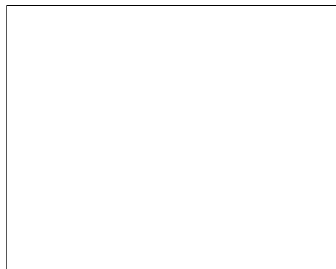
I understand that the company is responsible for notifying AHA about property management company changes that may impact the owner's Housing Assistance Payment, and that erroneous fund transfer to the property management company/agent named above, due to failure on my part to provide timely notification may result in AHA taking action to debit the company's account to correct the fund balance. I understand that any misrepresentation of information or failure to disclose information requested on this POA, or any supplements thereto, may be cause for denial of the owner's or the property management company/agent's participation in AHA's Housing Choice Voucher Program. I hereby indemnify and the property management company/ agent hereby indemnifies and holds AHA, its commissioners, officers, contractors and agents harmless for any loss incurred due to said errors, omissions or inaccuracies.

I state that I am an authorized representative of the owner of the property and authorized to manage the property on behalf of the property owner, including the collection of all payments due to the owner relating to the rental of the property. I also certify and state that I am an authorized representative of the person or entities listed in Part 8, Section B, of this POA and that I have not excluded any persons required to be listed above.

Sworn to subscribed before me this _____ day of _____, _____

_____	_____	
Printed Name of Property Manager	Title	
_____	_____	
Signature of Property Manger	Date	
_____	_____	
Name of Notary Public	Written Signature of Notary Public	_____
		Date

Notary Public Seal



Title

My Commission Expires:

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