

# PROPERTY OWNER APPLICATION



**INSTRUCTIONS:** Please complete this packet in its entirety before submitting to AHA

**Property Owner Name:** \_\_\_\_\_

**Property Manager Name (if applicable):** \_\_\_\_\_

Do you have any ***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
- 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: \_\_\_\_\_
  - Vendor Code: \_\_\_\_\_
- I was referred by my real estate professional. Name: \_\_\_\_\_
- I met AHA at a tradeshow or expo. Event: \_\_\_\_\_
- I met an AHA employee at another event. Employee Name: \_\_\_\_\_

**Please submit a completed Property Owner Application packet and required documents to [hccontractsmailbox@atlantahousing.org](mailto:hccontractsmailbox@atlantahousing.org) or by fax to 404.279.4754.**

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Property Owner Name _____ Payee Name _____
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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](http://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:

- 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
- Mortgage is in good standing

**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 or email. 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 or email 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** - When you receive your POA Approval Letter, 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.

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# PROPERTY OWNER APPLICATION

## Part 1: Required Forms

Please note: **If you are a new property owner to AHA's HCVP, you will be required to complete a Property Owner Application. If you are a current property owner on AHA's HCVP, AHA may require you to update your POA on a periodic basis.**

**ALL ENTITY TYPES (Sole Proprietors, Partnerships, Corporations, LLCs, Estate, or Trust) MUST PROVIDE THE ITEMS IMMEDIATELY BELOW:**

\_\_\_ **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.*

### **FOR SOLE PROPRIETORS:**

No other items are needed unless you have property management company that is a Partnership, Corporation, or LLC. If so, please submit the required documents as outlined below.

### **FOR PARTNERSHIPS, CORPORATIONS, AND LLCs:**

\_\_\_ **ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, AND OPERATING AGREEMENT (IF APPLICABLE)** – *One of the three (3) documents listed above 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. The documents submitted must show membership and management of the company at the individual level.*

### **FOR ESTATES AND TRUSTS:**

\_\_\_ **ESTATE OR TRUST AGREEMENT (IF APPLICABLE)** - *Must be submitted for any Estate or Trust and must identify assigned executors or trustees involved in the application.*

### **REQUIRED FOR PROPERTY MANAGERS ONLY:**

\_\_\_ **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 firm who manages property must have a Georgia real estate license unless that individual or firm meets the criteria for a specific exception; i.e. the individual managing the property is a full time employee of the property owner.*

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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) Type or print legibly using blue or black in; (C) Attach copies of the required documents (see Part 1).

**Part 2: Property Owner Information**

Owner(s) of the Property (as stated on the deed)		Contact Name (or Property Name if Multi-family)		
Type of Entity (Sole Proprietor, LLC, Corporation, Partnership, Trust, or Estate)		State of Incorporation/Organization of Entity (if applicable)		
Mailing Address of Property Owner for Correspondence		City	State	Zip
Telephone Number	Mobile Number	Email Address (Required) <b>Note:</b> AHA sends all correspondence regarding your account electronically; a valid email address is required		
Social Security Number (For Individuals or Sole Proprietors Only)				

\_\_\_\_\_  
 Employer Identification 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

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	State	Zip
Telephone Number	Mobile Number	Email Address (Required)	

<b>Parties Authorized to Transact on Behalf of Owner (attach additional sheets if necessary)</b>	
Name, Email Address and Telephone Number	
Name, Email Address and Telephone Number	
Name, Email Address and Telephone Number	

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Name, Email Address and Telephone Number

**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  
(Please note that any entity or individual receiving payment must be registered as an AHA Vendor with a W-9 on file)

**Part 5: Direct Deposit Banking Information**

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

\_\_\_\_\_  
Bank Name Name(s) on Account

\_\_\_\_\_  
Bank Routing Number Account Number

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**Part 6: 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
<b>Current or Former Public Officials or AHA-related Disclosures:</b>					
A. Do you or your business employ any <i>current or former</i> 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 <i>current or former</i> 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 <i>current or former</i> AHA employee or <i>current or former</i> member of AHA's Board of Commissioners?					
D. Does any <i>current or former</i> AHA employee or <i>current or former</i> 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 7: 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 7: Section A – Owner as listed on recorded deed**

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

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

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

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