**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 Apartment Association |
| * Atlanta Board of Realtors | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Empire Board of Realtists |  |

* 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.**



**PROPERTY OWNER APPLICATION**

Property Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:

|  |  |
| --- | --- |
| - 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.

**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.*

**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, State of Incorporation/Organization of Entity (if applicable)

Corporation, Partnership, Trust, or Estate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Property Owner for Correspondence City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number Mobile Number Email Address (Required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (For Individuals **Communication Preference:** ☐US Mail ☐ Email

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)

|  |
| --- |
| **Parties Authorized to Transact on Behalf of Owner (attach additional sheets if necessary)** |
| Name, Email Address and Telephone Number |
| Name, Email Address and Telephone Number |
| Name, Email Address and Telephone Number |
| Name, Email Address and Telephone Number |

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

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

**Part 4: Housing Choice Rental Assistance Agreement Payee Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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

**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 |
| ***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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Continued on next page)*

|  |
| --- |
| **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** |

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

*(Continued on next page)*

**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:

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

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

*(Continued on next page)*

**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: