



PROPERTY OWNER APPLICATION
Section Eight Voucher Program

1. OWNER INFORMATION

Owner Name:		Owner FEIN/SS:	
Owner Contact Person:			
Owner Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	

Proof of Ownership (Please circle document provided):

Deed of Trust	Settlement Statement	Property Tax Bill	PSH Set-Aside Agreement	Other (specify):
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Who will receive Housing Assistance Payment? Management Company* Owner
 The Owner requests that all payments for the contract units be prepared and sent to:
 Payee Name (Use Full Legal Name – this entity must also provide a W-9): _____
 Payee Address: _____
***If management company will receive payment, please provide copy of mgmt agreement and complete Section 2 – Management Company Information.**

2. MANAGEMENT COMPANY INFORMATION

Management Company Name:			
Mgmt Co FEIN/SS:			
Mgmt Co Contact:			
Mgmt Co Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	

3. PROJECT INFORMATION

Project Name:				
Project Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Total number of PSH units under HAP Contract:				
1BR=	2BR=	3BR=	4BR=	5BR=
Bathrooms=	Bathrooms=	Bathrooms=	Bathrooms=	Bathrooms=
Rent=	Rent=	Rent=	Rent=	Rent=
Tax Credit Project #:				
What is your Tax Credit structure? (i.e. units @ what percentage)				
How many units are designated for disabled families (all Permanent Supportive Housing (psh) units)				
Are any of the PSH units ADA Accessible ? If so are they tailored for a specific need (mobile, hearing, visual impaired)?				
How many units are designated for elderly (62 & older) families?				
Is this an Elderly Only project? If so, what are the age requirements?				
How many units are designated for families receiving supportive services? (all PSH units)				
What HAP Contract term do you request? (3 – 10, 15 or 30 years)				

NOTES:

4. CERTIFICATION

I hereby certify that I am authorized on behalf of the Owner or Management Company of the aforementioned property to sign this form. I hereby certify that the information I have given in this application is true and correct as of the date below. I authorize the Louisiana Housing Authority and any other entity designated by the Louisiana Housing Authority to release any information or records needed to verify property ownership or management company information that may impact the Housing Assistance Payment to be made on behalf of an eligible family.
 By submitting this application, I authorize Louisiana Housing Authority to make inquiries into the ownership and management entities that I have supplied. I understand that false statements are punishable under federal law.

Signature:		Signature:	
Title:	Date:	Title:	Date: