DELAWARE HOUSING ACCESS ASSOCIATION

Together we are: ***DHAA***

LANDLORD APPLICATION

Address of Rental Unit: _____ **# of Bedrooms** _____
(If you have multiple units, please attach a separate sheet with the address for each, as well as: the number of bedrooms, current HCV occupancy status, and accessibility info for each.)

If your unit(s) is currently already occupied by a Voucher holder, please also complete the Memorandum of Understanding on the next page.

Are the units equipped with handicap features? ☐ **YES** ☐ **NO**

If yes, please list the handicap features: _____

_____

Housing Assistance Payment Recipient:

Name: _____

Doing Business as: Same (or) _____

SSN:_____-_____-_____ or Tax ID#: _____ - _____

(Must be the SSN or Tax ID number of person/entity named above as HAP recipient.)

Primary Contact Information for Owner/Agent/Landlord:

Primary Contact Name (*if different from above*): _____

Street: _____

City: _____State: _____ZIP: _____

Primary #: _____ Alt. #: _____

Cell #: _____ Fax #: _____

Email Address (required*):*** _____

Vendor type (circle one): Self Corporation Partnership Proprietorship

MUST PROVIDE THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:

1. Copy of Deed or Ownership Papers
2. A Standard W-9, completed and signed
3. Direct Deposit / ACH Authorization Form (required for new landlords as of 5/1/2019)
4. "Memorandum of Understanding: LL Transfer" (on reverse side, use if applicable)

_____ _____

(*) Signature of Owner or Agent Date

* If listed contact info is for an Agent/PM, please list unit owner's name and address. Send 1099 to:

Name _____

Street _____

City _____State _____Zip _____

DELAWARE HOUSING ACCESS ASSOCIATION

DHAA Housing Choice Voucher Program

Memorandum of Understanding: Landlord Transfer

Date: _____

Delaware Housing Access Association
DHAA

I _____ have purchased the property located at _____
(current owner)

_____ from _____.
(previous owner)

This transfer in ownership was effective on _____.

I agree to comply with the terms and conditions of the existing HAP contract agreement. I also certify that I am not a "prohibited relative" (parent, child, grandparent, grandchild, sister or brother) of the Voucher-holding tenant.

Please find attached, my completed Landlord application, completed W-9 and a copy of the escrow statement or other document showing the transfer of title.

I understand that the Housing Assistance Payment (HAP) will be "on hold" until these documents are received and reviewed by the DHAA Housing Choice Voucher office. Once processed, the HAP payments will be mailed to:

Landlord Name: _____

Address: _____

Phone: _____

Signed:

_____
Signature of Landlord

_____
Date