



PROPERTY OWNER APPLICATION/INFORMATION SHEET

In order to serve you better, please complete all of the information requested on this form. All fields are required.

APPLICATION DATE: _____

PROPERTY OWNER OF UNIT

Business contact information *(a PO Box is not acceptable for a street address):*

Name of Owner/Company Officer _____
Title _____
Company Name _____
Street Address _____
City, State, Zip _____
Phone number _____
Fax number _____
Alternate phone number _____
E-Mail address: _____

OWNER TAX INFORMATION *(The Request for Tenancy Approval cannot be processed without this information.)*

The Internal Revenue Service requires that CMHA prepare and submit IRS Form 1099, *Statement of Recipients of Miscellaneous Income*, for all recipients who receive income during a calendar year. In order to be in compliance with Federal law, please supply the following information:

Entity Name: _____

Entity Address: _____

Federal Tax Identification/Social Security Number: _____

A copy of the annual IRS Form 1099 showing the total amount of rental assistance paid by CMHA will be sent to the owner of the property, as per IRS requirements.

Indicate type of business entity and attach corresponding documentation: *(check one)*

- Sole Proprietorship
- Partnership
- Limited Liability Partnership (LLP or PLL)
- Limited Partnership (LP or Ltd.)
- Limited Liability Company (LLC or Ltd.)
- Corporation

- A copy of the owner's photo ID
- Federal Tax Form 1065 or Partnership Agreement
- Federal Tax Form 1065, or Partnership Agreement
- Federal Tax Form 1065 or Partnership Agreement
- Federal Tax Form 1065 or Articles of Organization
- A copy of the Articles of Incorporation or Certificate of Legal Existence/Good Standing

List the names of all principals\corporate officers:

IMPORTANT NOTICE

Under 24 CFR § 982.306(c)(3), CMHA may deny approval of an assisted tenancy if "the owner has engaged in any drug-related criminal activity or any violent criminal activity".

MANAGEMENT COMPANY INFORMATION

If someone other than the owner will be managing the property, please complete the attached *Property Manager Authorization* Form (included in this RTA packet), and if possible, attach a copy of your management agreement.

ADEQUATE LEGAL SITE CONTROL

CMHA will verify that the legal owner of record reported on the Request for Tenancy Approval matches Hamilton County tax records. If there is a discrepancy, verification of ownership status is required or the landlord must demonstrate adequate legal site control of the proposed rental property prior to lease approval. Examples of acceptable verification of ownership status include:

- Recorded Warranty Deed, which includes the instrument number stamped from the Recorded appropriate signatures, each property address, name of the owner(s), and notary information.
- A Recorded deed must be presented if the property is jointly owned.
- Auditor-Stamped Sales Disclosure form
- Trust Agreement.

PAYMENTS

All HAP checks will be direct deposit. A separate Direct Deposit form will be included with the HAP Contract, Tenancy Addendum and W-9 Form packet. TO ENSURE THE CONFIDENTIALITY OF YOUR DATA, PLEASE RETURN THE DIRECT DEPOSIT FORM SEPARATELY -- **AS DIRECTED ON THE FORM.**

MANDATORY ORIENTATION

Effective July 1, 2008, prior to lease approval on any new move-in (ACC) or transfer inspection, property owners are required to view CMHA's Landlord Orientation Video. Property owners can also view the Orientation video on line at CMHA's website, www.cintimha.com. The video may also be viewed at CMHA's office at a weekly orientation session lasting approximately one hour. These in-office orientation sessions are limited to 20 attendees, and registration is required via CMHA's website. Owner's will be required to certify that they have viewed the video, understand the expectations and will comply with HCV program rules.

Preferred method of communications:

- | | |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Home phone number |
| <input type="checkbox"/> Cell phone number | <input type="checkbox"/> Via Fax number |
| <input type="checkbox"/> Business phone number | <input type="checkbox"/> By mail |

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

FOR OFFICE USE ONLY:

Information entered by: _____ Date entered: _____ Vendor # _____

Client's name: _____ #: _____ Housing Specialist: _____

Owner's Name: _____ Tax I.D.: _____

Minor children in HH? Yes No # of children in HH under 6 yrs. of age _____