

If you are interested in becoming a landlord on the Housing Choice Voucher (HCV) Program, please complete the following and return to the Anniston Housing Authority's Main Office.

LANDLORD APPLICATION FOR HCV PROGRAM PARTICIPATION

Date: _____

Owner(s) legal name as it appears on recorded deed: _____

Owner(s) mailing address: _____

Phone Number: _____

SSN or Federal ID# for the above-named person to appear on the 1099 forms:

SSN: _____ FED ID: _____

Make check payable to: _____

Mailing address for check: _____

Will units be managed by owner? () Yes () No

If no, provide name and address of manager or management firm: _____

Phone Number: _____

UNITS AVAILABLE TO RENT TO HCV PARTICIPANTS

ADDRESS	# OF BEDROOMS	AMENITIES

Name(s) of HCV Participants _____

Owner(s) Signature: _____