



OWNER FORM
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)
(COMPANY OWNED PROPERTY)

Please complete and submit this form with the prospective tenant's RFTA packet to the HACL, Section 8 Department at 145 Railroad Avenue, Peckville, PA 18452. All owners will be checked through System For Award Management (SAM) and Government Denial of Participation List to determine their eligibility to participate in the program. False responses or misrepresentations made by the owner in the completion of this form will constitute an automatic denial of termination from participation.

Tenant's Name (Please Print)

Unit Address (include City, State & Zip)

Business Name (Please Print)

EIN Number

LIST THE NAME(S) AND SOCIAL SECURITY NUMBER(S) OF ALL COMPANY OWNERS/PARTNERS/PRINCIPALS

_____ Name	_____ Social Security Number	_____ Date of Birth
_____ Name	_____ Social Security Number	_____ Date of Birth
_____ Name	_____ Social Security Number	_____ Date of Birth
_____ Name	_____ Social Security Number	_____ Date of Birth

(Attach additional sheets, if necessary)

Owner's Racial/Ethnicity Code (Please check all applicable) ** For HUD Reporting Purpose Only**

- | | | |
|----------------------------|-----------------------------------|--|
| 1 – White American | 4 – Hispanic American | 7 – Other |
| 2 – Black American | 5 – Asian/Pacific American | 8 – Minority Owned Business |
| 3 – Native American | 6 – Hasidic Jews | 9 – Non Minority Owned Business |

Registered Agent Information:

Name: _____

Address: _____

Office Telephone: _____ Fax: _____

Email: _____

THE COMPANY/BUSINESS MUST ANSWER THE FOLLOWING QUESTIONS TO FACILITATE AN EVALUATION TO DETERMINE THE COMPANY'S/BUSINESS' ELIGIBILITY TO PARTICIPATE IN THE HOUSING CHOICE VOUCHER PROGRAM.

1. **Has the owner/landlord of the property ever been debarred, suspended or subjected to a limited denial of participation under any HUD or another governmental program?**

Yes _____ No _____

2. **Has the owner/landlord ever been convicted of fraud, bribery or any other corrupt or criminal acts in connection with any federal housing assistance program?**

Yes _____ No _____

3. **Is the property pending a foreclosure or tax lien status?**

Yes _____ No _____

4. **Does the owner/landlord have full or partial ownership of the property listed for participation in the Housing Choice Voucher Program?**

Full _____ Partial _____

5. **Is the Owner/Landlord or anyone with partial ownership related to the prospective tenant?**

Yes _____ No _____

Business Owner Signature

Date

(FOR USE BY HOUSING AUTHORITY OF LACKAWANNA COUNTY)

Approved: _____ **Denied:** _____ **Effective Date:** _____

Reason For Denial: _____

HACL Signature: _____ **Date:** _____