

Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030
404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

Registering Property with Housing Choice Voucher Program

Dear Landlord:

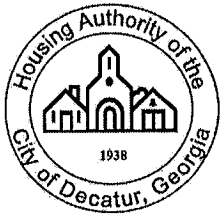
Decatur Housing Authority (DHA) is committed to providing to you the highest quality of service possible; therefore these procedures are implemented to ensure a pleasant transaction when registering your property with our agency. These procedures apply to single-family units (a single-family house, condominium, or townhouse).

If you are registering your property for the first time please complete all of the attached forms.

What follows is a list of items we need to register your property for participation in the Section 8 Housing Choice Voucher program. The completed documents may not be mailed or faxed, nor can you have the forms dropped off by someone other than yourself. We request that you personally bring in the forms to ensure that you are, in fact, the person to whom payments should be submitted. The Federal Tax ID/Social Security Number must match the given name of the property owner. If it does not match, your property will not be listed by DHA.

1. Current driver's license, or Georgia State photo identification or current work photo identification.
2. Social Security Card
3. Original or certified copy of the executed Warranty Deed or Quit Claim Deed. If an unexecuted deed is submitted, we must have a letter from the closing attorney stating that the original deed has been filed with DeKalb County.
4. A post office box will not be accepted as a mailing address unless proof of a home street address has also been submitted to DHA. You must show a current utility bill or piece of business mail addressed to you at the home street address you submitted.
5. A blank voided check for direct deposit.
6. Completed IRS Form W-9. DHA has blank forms available.
7. A management agreement, if the owner is using an agent. The management agreement must specify to what extent the owner gives the agent authorization to act on his/her behalf.

Please bring all of the above listed documents to DHA. An incomplete packet will not be accepted.



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Housing Choice Voucher Program Owner Information Form

An owner who wishes to participate in the Housing Choice Voucher Program **MUST** complete and sign this form. A post office box cannot be used instead of a home mailing address. However, you may supply a post office box in addition to your street address. If you are an agent on behalf of an owner, a management agreement and your photo ID must be submitted along with this form.

Owner Name

Owner Home Address

Owner Mailing Address

City, State, Zip

City, State, Zip

Home Telephone Number

Business Telephone Number

Mobile Telephone Number

Social Security Number

Date

Email Address

Owner/Agent Signature

If this is the first time this property is being registered with DHA, please provide the following information:

- Photo Identification
- Social Security Card or Tax ID/EIN Number
- Proof of Home Address
- Recorded Copy of Warranty Deed or Quit Claim Deed (if the deed is not recorded, a letter from the closing attorney stating the deed has been filed with DeKalb County is also required)
- IRS Form W-9 (included in this packet)
- Blank Voided Check for Direct Deposit

Name of Tenants:



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Direct Deposit Information

Landlord/Owner Data

Name (Please Print)

Address

City

State

Zip

Phone Number

Email address for direct deposit
notification (35 character limit)

Social Security Number/Tax Identification Number

Financial Institution Data

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Please attach a copy of a voided check for deposit to a checking account or a voided savings deposit slip for deposit to a savings account.

I hereby authorize the Housing Authority of the City of Decatur, Georgia, to initiate deposits and/or correcting entries to previous deposits to my account if necessary. I understand this authorization will remain in effect until a written authorization requesting cancellation is submitted to the Housing Authority in such a time and manner as to afford the Housing Authority a reasonable amount of time to act on it.

Signature

Date

Signature verifies that the above information is correct.

LANDLORD CHANGE OF INFORMATION FORM

Name _____
Last First Middle Initial

Social Security Number _____

Old Address _____
Street Apt. #

City State Zip Code

New Address _____
Street Apt. #

City State Zip Code

Home Telephone Number _____

Work Telephone Number _____

Cell Telephone Number _____

E-mail Address _____
(Limit to 35 characters!!!)

Signature _____ Date _____

Page left blank

Please print W9 form

**Can access a copy on our website at
www.decaurhousing.org/forms.html**



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LANDLORD BRIEFING REGISTRATION

PLEASE WRITE LEGIBLY

Email confirmation will be sent to the address as it appears. Completed forms should be submitted to the Receptionist. **INCOMPLETE FORMS WILL NOT BE ACCEPTED AND YOU WILL NOT BE REGISTERED.** All requested information must be provided. **You will need an email address to be registered.**

CONTACT INFORMATION

Name: _____
First Last

Mailing Address: _____
Street Suite/Apartment #
_____ City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

PROPERTY INFORMATION

Total number of rental units you own: _____ and/or manage: _____

Total number of Section 8 units you currently have under HAP contract: _____

BRIEFING REGISTRATION

I will attend the Landlord Briefing session scheduled on (required): _____

Please select an alternate date in the event your first choice is full (required): _____

REGISTRATION INSTRUCTIONS

Seating is limited to twenty (15) people. Your registration form MUST be received NO LATER THAN FIVE (5) BUSINESS DAYS prior to the briefing. No Exceptions. Confirmation will be received by email, so please write legibly. If you do not receive confirmation, you have not been registered. Choose a preferred and alternate briefing date. You will be rescheduled if you miss the first briefing (no action is required on you part). If you miss the alternate date, you will be required to submit a new registration form.

The Landlord Briefing is designed to help our landlords learn about the Decatur Housing Authority Section 8 Housing Choice Voucher program. Attendance is highly recommended. Pre-registration is required. You may pre-register by mail to the address below, by email to ala@decaturha.org (please attach your registration form), by fax at 404-270-2122 or you may bring your registration form to our office. **Each attendee must be registered separately.** If you have questions or need additional information please email ala@decaturha.org.

Send mail to:
Decatur Housing Authority
750 Commerce Drive, Suite 400
Decatur, GA 30030

Landlord Briefing will be held at:
Decatur Housing Authority
750 Commerce Drive, Suite 400
Decatur, GA 30030