



Housing Authority of the City of Decatur, Georgia

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404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaurhousing.org

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:

