

**Chesapeake Redevelopment and Housing Authority (CRHA)**

Housing Choice Voucher Department (formerly Section 8)

1468 South Military Highway, Chesapeake, VA 23320

Voice: 757-523-0401 Fax: 757-523-1601 Hearing Impaired: Virginia Relay 7-1-1

Landlord/Agent/Owner's Application or Information Update

Check One:  New Program Participant  Current Participant: Change of Information

**PART I: OWNER GENERAL INFORMATION**

Check if Change of Information

Federal Tax Identification Number or Social Security Number: \_\_\_\_\_

Owner Name (Tax Liabe Name): \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address/City/ST/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**PART II: PAYMENT INFORMATION FOR CHECK AND 1099 MAILINGS**

Check If Same As Part I above OR

Check if Change of Information

Federal Tax Identification Number or Social Security Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address/City/ST/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I authorize the company or individual listed above to act as my payee/1099 agent: \_\_\_\_\_

(owner signature)

**PART III: MANAGING AGENT INFORMATION**

Check if Change of Information

Check If Same as Part I above OR

Check If Same As Part II above

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Address/City/ST/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I authorize the company or individual listed above to act as my managing agent: \_\_\_\_\_

(owner signature)

**PLEASE SEE BACK AND COMPLETE REQUIRED INFORMATION**

**PART IV: DWELLING UNIT INFORMATION**

Check if Change of Information

**Note: For each property placed in the HCV Program HUD requires proof of Legal Ownership. Please provide the following items: (1) Proof of Ownership (e.g., Deed of Trust, Settlement Statement) (2) Proof of Liability Insurance (3) IRS W-9 Form completed (4) Picture ID (5) For dwelling units built prior to 1978, the lead based paint statement at the bottom of this form must be signed and dated by the owner.**

**Codes: N- New unit (never on program before)  
A- Add unit previously on program**

**R- Remove unit from program  
C- Change/Correct information for unit on the program**

CODE	ADDRESS/CITY/STATE/ZIP	YEAR BUILT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Lead-Based Paint Disclosure Form Lead-Based Paint Disclosure Form**  
**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, federal law requires owners must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling.

Presence of lead-based paint and/or lead-based paint hazards (check a. or b. below):

- a.  Lessor (owner) has no knowledge of lead-based paint and/or lead based paint hazards in the housing.  
(If checked, proceed to c. below)
- b.  Known lead-based paint and/or lead-based paint hazards are present in the housing.  
IF CHECKED, UNIT MAY NOT BE PLACED ON THE PROGRAM UNTIL LEAD-BASED PAINT/HAZARD ABATEMENT CERTIFICATION DOCUMENT (S) IS PROVIDED TO THE HOUSING AUTHORITY.

**Owner Certification: To the best of my knowledge, the information provided above is true and accurate.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

## Rental Unit Characteristics

**Street Address:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

- Unit Type:**
- Apartment/Garden Walk-Up (4 stories or less)
  - Apartment High Rise with elevator (5 stories or more)
  - Townhome/Row House
  - Single Family Detached
  - Semi-Detached/Duplex
  - Manufactured/Mobile Home

**Unit Size:**     Small                       Medium                       Large

**Number of Bedrooms:** \_\_\_\_\_                      **Number of Bathrooms:** \_\_\_\_\_

**Year Built:** \_\_\_\_\_                      **Unit Age:**     0-5 years     6-20 years     21-50 years     50+ years

**Owner Provided Amenities:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Basement/Attic                    | <input type="checkbox"/> Elevator                    | <input type="checkbox"/> Pool                     |
| <input type="checkbox"/> Business/Fitness Center           | <input type="checkbox"/> Energy Efficient Cert. Unit | <input type="checkbox"/> Range Oven               |
| <input type="checkbox"/> Cable/Internet Ready              | <input type="checkbox"/> Fenced/Gated Property       | <input type="checkbox"/> Refrigerator             |
| <input type="checkbox"/> Ceiling Fans                      | <input type="checkbox"/> Garbage Disposal            | <input type="checkbox"/> Security System          |
| <input type="checkbox"/> Central Air/Ac Unit               | <input type="checkbox"/> Garage                      | <input type="checkbox"/> Storage                  |
| <input type="checkbox"/> Ceramic Tile Floors               | <input type="checkbox"/> Handicap Accessible         | <input type="checkbox"/> Washer/Dryer Connections |
| <input type="checkbox"/> Clubhouse                         | <input type="checkbox"/> Hardwood Floors             | <input type="checkbox"/> Window/Wall A/C Unit     |
| <input type="checkbox"/> Covered and on/off Street Parking | <input type="checkbox"/> Laundry Facilities          | <input type="checkbox"/> Working Fireplace        |
| <input type="checkbox"/> Deck                              | <input type="checkbox"/> Modern Appliances           |   |
| <input type="checkbox"/> Dishwasher                        | <input type="checkbox"/> Playground/Courts           |   |
| <input type="checkbox"/> Other _____                       |  |   |

**Owner Provided Utilities:**

- |   |   |                                  |   |
|---|---|----------------------------------|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Cooking          | <input type="checkbox"/> Heating | <input type="checkbox"/> Other Electric |
| <input type="checkbox"/> Sewage           | <input type="checkbox"/> Trash Collection | <input type="checkbox"/> Water   | <input type="checkbox"/> Water Heating  |

**Housing Services (eg, lawn care)**     Landlord provided services     No services

**Maintenance:**     Owner Provided Onsite     Owner Provided Offsite     No Maintenance