



PROCEDURE PACKET- ADD PROPERTY

These procedures are used to add a property to MHA's S8 Program database. Please note that partial or incomplete packets are not accepted.

All documents must be provided at one time in order for MHA to ensure that information is entered correctly and timely.

The property will be added to MHA's database within 3 days of receiving all of the required documents. All documents should be emailed to landlords@mhapha.org, faxed to (501) 340-4708, or returned to the front desk at 100 S. Arch St. A confirmation email will be sent once the property is added.

1. The agent or owner must provide:

- a. Proof of Ownership (deed, title insurance, property tax)
- b. Declaration of Ownership (attached)
- c. Property Information Form (attached)
- d. Property Listing Form (attached; if you would like MHA to advertise your property)
- e. Management Agreement, if agent is conducting business for owner
- f. Procedure Packet-Add New Owner/Agent (if agent AND owner have not been active in MHA's S8 Program within the last 12 months).

Please visit us online at www.lrhousing.org for more information or contact us directly at landlords@mhapha.org.



**Declaration of Ownership
 Property Information**

Tenant Name	
Building Address	
City, State, Zip	

Ownership Information

Legal Owner Name																		
Owner SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Owner TIN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address																		
City, State, Zip																		
Contact Phone																		
Email																		

Agent Information

Agent Name																		
Agent SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Agent TIN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address																		
City, State, Zip																		
Contact Phone																		
Email																		

Send Payment to:	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Agent
Send Correspondence to:	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Agent

Certification

I certify that I am the legal owner or the legally-designated agent for the above referenced unit.

 Signature _____ Date

 Print Name

Property Information Form

UNIT ADDRESS: _____

RENT PER MONTH: \$ _____

PROPERTY INFORMATION

DWELLING TYPE: (Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> Duplex, Row House, Town House | <input type="checkbox"/> Manufactured Home |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Multiple Family | |

CONSTRUCTION TYPE: ____ Brick ____ Frame ____ Siding ____ Other

EXTERIOR CONDITION: ____ Excellent ____ Good ____ Fair ____ Poor

SIZE: ____ Bedrooms ____ Bathrooms ____ Year Built ____ SQ Ft

AMENITIES:

PLEASE CHECK THE AMENITIES THAT ARE PROVIDED IN THE HOUSE

- | | |
|---|--|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> <u>Refrigerator</u> |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> <u>Range</u> |
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Unit is Cable Ready |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Covered / Off Street | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Window Air | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Washer / Dryer Hookups | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Working Fireplace | If Other: <input style="width: 150px; height: 20px;" type="text"/> |

Carpeting

FUEL TYPE:

HEATING: GAS ELECTRIC

COOKING: GAS ELECTRIC

WATER
HEATING: GAS ELECTRIC

**ARE ANY OF THE FOLLOWING UTILITIES INCLUDED IN THE RENT?
(OWNER FURNISHES)**

- Heating
- Cooking
- Other Electric
- Air Conditioning
- Water Heating
- Water
- Sewer
- Trash Collection

Maintenance:

- Owner provides onsite maintenance
- Owner Provides offsite maintenance

Quality Rating: Please rate the quality of the unit. (Check only one.)

- A/High-Newly constructed or completely renovated within the past 12 months
- B/Medium-Well Maintained and/or partially renovated within the past 12 months
- C/Low-Adequate, but some repairs may be needed soon

CERTIFICATION: I hereby certify that the foregoing information is correct and no changes will be made without written approval of MHA.

Date: _____

Owner/Manager (print name): _____



100 Arch Street-Little Rock, Arkansas 72201
(501) 340-4821/ (501) 340-4714 (fax)

**HOUSING CHOICE VOUCHER PROGRAM
PROPERTY LISTING FORM**

Add my property to MHA website Remove my property from MHA website

Owner/ Agent _____

Owner/ Agent Address _____

City _____ State _____ Zip Code _____ Phone _____

Email _____

Property Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone for Inquires _____ Date Available _____

Type of Unit:

Single Family House _____ Apartment _____ Duplex _____ Townhouse _____ Mobile Home _____
High-rise _____

Year of Construction _____

Number of Bedrooms _____ Requested Rent \$ _____ Handicapped Accessible _____
Number of Bathrooms _____ Deposit \$ _____

Directions to Property or other helpful information: _____

Signature of Owner/ Agent _____ Date _____