



## **PROCEDURE PACKET- OWNER CHANGE**

These procedures are used to change the owner of a property listed in MHA's 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 owner change will be made to MHA's database within 3 days of receiving all of the required documents listed below. All documents should be emailed to [landlords@mhapha.org](mailto: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 change is made.

**1. The 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)
- e. Housing Assistance Payment Contract (HAP-C) Agreement Form. \*If the unit is currently receiving subsidy. (attached)
- f. Management Agreement (a written agreement between the owner and agent)
- g. Procedure Packet-New Owner/Agent (if owner and/or agent have not been active in MHA's S8 Program withing the last 12 months.)

Please visit us online at [www.lrhousing.org](http://www.lrhousing.org) for more information or contact us directly at [landlords@mhapha.org](mailto:landlords@mhapha.org).



**METROPOLITAN HOUSING ALLIANCE**  
 Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201  
 Phone (501) 340-4708 FAX (501) 340-4708 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"/> <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"/> <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"/> <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"/> <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: \$ \_\_\_\_\_

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### 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"/> <b><u>Refrigerator</u></b>                |
| <input type="checkbox"/> Ceiling Fans           | <input type="checkbox"/> <b><u>Range</u></b>                       |
| <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 \_\_\_\_\_

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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 \_\_\_\_\_



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## NEW OWNER REQUEST FOR ASSIGNMENT OF HAP CONTRACT

\_\_\_\_\_  
Date

I recently purchased a property located at \_\_\_\_\_  
which is assisted under the Housing Choice Voucher (Section 8) Program. I request that the  
Housing Assistance Payment (HAP) Contract be assigned to me. I have received a copy of the  
HAP Contract and agree to comply with all provisions of the Contract

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

2/18/2018