



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, faxed to (501) 340-4674, 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 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				-								Owner TIN			-							
Mailing Address																						
City, State, Zip																						
Contact Phone																						
Email																						

Agent Information

Agent Name																						
Agent SSN				-								Agent TIN			-							
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: _____

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): _____

Metropolitan Housing Alliance Rental Listing

Property listing will appear to users on the MHA AVAILABLE VOUCHER UNITS web page until MHA receives notice to remove the rental unit or automatically removed after 60 days. You may submit this form or requests to fax (501) 340-4674 or email to landlords@mhapha.org. You must be a landlord and have the unit added to your MHA portfolio before completing this form.

PLEASE CHOOSE ONE ACTION:

ADD LISTING REMOVE LISTING EDIT LISTING

PLEASE COMPLETE THE FOLLOWING:

LOCATION – tell us where your rental is located so that it can be searched for by location.

STREET ADDRESS: _____

STREET ADDRESS 2: _____

CITY: NA (all units must be located in Little Rock city limits) ZIP CODE: _____

BASIC INFO – Please provide some basic information about your rental. Enter the type of building/unit you would like to list, the monthly rent, deposit (if known), and the square footage.

UNIT TYPE (please chose one of the following):

APARTMENT DUPLEX/TRIPLEX HOUSE OTHER: _____

MONTHLY RENT: _____

DEPOSIT: _____

SQUARE FEET: _____

DETAILS – please provide some details about your rental.

AVAILABLITLY DATE: _____

TOTAL BEDROOMS: _____

TOTAL BATHROOMS: _____

HANDICAP ACCESSIBLE: YES NO

CONTACT INFORMATION – this information will be displayed with search results.

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

EMAIL (OPTIONAL): _____



METROPOLITAN HOUSING ALLIANCE

Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201

Phone/Fax (501) 340-4674 landlords@mhapha.org



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

7/8/2020