

**OWNER PARTICIPATION APPLICATION
BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY
HUD SECTION 8 RENTAL ASSISTANCE HOUSING VOUCHER PROGRAM**

Please complete and return this form to Big Stone Gap Redevelopment & Housing Authority at 170 Dogwood Terrace, Big Stone Gap, VA 24219 or via mail POB 536, Big Stone Gap, VA 24219. False responses will result in an automatic denial of participation in the Housing Choice Voucher Program administered by Big Stone Gap Redevelopment & Housing Authority.

Tenant Name: _____

Property Address: _____

Property ownership (Check the one that applies to this rental unit):

_____ **LLC (Provide structuring document indicating legal manager/agent)**

_____ **LLP (Provide structuring document indicating legal manager/agent)**

_____ **GP (Provide structuring document w/ LP indicating legal manager/agent)**

_____ **Estate Trustee (Provide estate documentation)**

Owner Information:

Legal Name _____

Legal address _____

Telephone number _____ **Email address:** _____

Federal ID #: _____

(A copy of your deed or tax ticket will be required for documentation of the above legal ownership.)

Authorized Agent for the above entity (Per structuring document):

Name _____

Address _____

Telephone Number _____ **Email address:** _____

The following is to be completed by the Authorized Agent:

1. Do you or anyone with interest (direct or indirect) in this rental property have a criminal record? Yes or No

If yes, list all names, dates, locations, offenses and case disposition:

2. Has anyone with interest (direct or indirect) in this rental unit ever been debarred, suspended or subject to a limited denial of participation under HUD regulatory program? Yes or No

3. Has anyone with interest (direct or indirect) in this rental unit ever been convicted of fraud, bribery or any other corrupt criminal act in connection with any federal or state housing assistance program? Yes or No

4. Is this property pending foreclosure or tax lien status? Yes or No

5. Is anyone with interest (direct or indirect) in this unit related to the prospective tenant? Yes or No

Please be advised:

If any individual with interest in this rental property, direct or indirect (limited liability corporation member, general partner member, corporation principle, limited liability partner member, estate recipient, etc.), has engaged in or been convicted of any drug-related criminal activity, violent criminal act, or has been charged with a sex crime, the entity in which the individual has a part is NOT ELIGIBLE to participate in the Housing Choice Voucher Program. Based on HUD regulations, by signing below as the legally authorized agent of

_____ , I affirm that, to that to the best of my knowledge, no member of the ownership entity with interest (direct or indirect) in this rental unit that has engaged in or been convicted of any drug-related criminal activity, violent criminal act, or has been charged with a sex crime. I further affirm that the no member of the ownership entity is in any way related to the tenant listed above.

By signing below, I also understand, as the legally authorized agent of _____, any and all rental subsidy revenue received on this rental unit will be recaptured if any member of _____ is found to have engaged in or been convicted of any drug-related criminal activity, violent criminal act, charged with a sex crime or related to the tenant. It is further acknowledged by

signature below that affirming false information could result in fraud charges being filed under Title 18, Section 1001 of the United States Code which states a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of agency of the United States and could mean a fine of up to \$10,000.00 and/or five years in prison.

Legal Representative *Title*

(for) _____

*Certificate of Acknowledgement: City/County of _____
Commonwealth of Virginia*

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ as legal representative for _____.

Notary

Notary registration number: _____

My commission expires: _____