

BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

NAME OF PROSPECTIVE TENANT(S): _____

_____ # OF CHILDREN

OWNER & PROPERTY INFORMATION

IS THIS PROPERTY OWNED BY:

INDIVIDUAL

LLC

GP

ESTATE

OTHER _____

NAME OF OWNER(S): _____

OWNER PHONE NUMBER _____

OWNER EMAIL ADDRESS _____

ADDRESS OF RENTAL PROPERTY: _____

IS THIS PROPERTY LOCATED IN THE CORPORATION LIMITS OF BIG STONE GAP?

YES

NO

PROPERTY TYPE:

SINGLE FAMILY HOUSE

APARTMENT

MOBILE HOME

RENT AMOUNT \$ _____

OF BEDROOMS _____

BY SIGNING THIS FORM, YOU ARE ONLY AGREEING THAT YOU ARE WILLING TO PARTICIPATE AS A LANDLORD ON THE HOUSING CHOICE VOUCHER PROGRAM. THIS FORM IS USED TO DETERMINE IF THE PROSPECTIVE TENANT WILL QUALIFY FOR THIS PARTICULAR UNIT AND YOU ARE UNDER NO OBLIGATION TO ENTER INTO A HAP CONTRACT WITH THE BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY.

OWNER SIGNATURE

DATE