

Housing Choice Voucher Program

Property Listing and Certification

LANDLORD INFORMATION					
Owner(s):					
Street Address:					
City:		State:		Zip Code:	
Mailing Address:				Phone number:	

If property is being managed, please complete the Property Manager information.

PROPERTY MANAGEMENT INFORMATION					
Owner(s):					
Street Address:					
City:		State:		Zip Code:	
Mailing Address:				Phone number:	

Payments should be made to: _____

RENTAL UNIT INFORMATION					
Street Address:					
City:		State:		Zip Code:	
Utility Company:					
Year Built:	_____	<u>If built prior to 1978 please provide proof of a lead-based paint test report and “pass” prior to listing property with Tallahassee Housing Authority.</u>			
Year Rennovated:	_____				

I, _____, certify that the information given is accurate and true. <div style="text-align: center; margin-top: 10px;">(print name)</div>	_____ Signature
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*****This is a legal document. All property information given will be verified through the Property Appraiser’s Office. Anyone who knowingly falsifies information will be banned from participating in programs associated with Tallahassee Housing Authority.**