

**HOUSING AUTHORITY OF THE CITY OF TEXAS CITY
HOUSING ASSISTANCE PAYMENTS PROGRAM
817 SECOND AVENUE NORTH; TEXAS CITY, TEXAS 77590**

Landlord/Owner/Manager Application for Housing Choice Voucher Program

Please Print the Following Information:

ADDRESS OF RENTAL PROPERTY: _____
House number and Street Name Apartment Number

City, State, Zip Code

TYPE OF PROPERTY: Single Fam. House _____ Duplex _____ Multi-Fam/Apt _____ Other _____

EFFECTIVE DATE OF OWNERSHIP: _____

HAP CHECK SHOULD BE MADE PAYABLE TO: _____

CHECKS SHOULD BE MAILED TO: (Direct Deposit Is Available – Please ask for form)

1. **Owner's Name:** _____

2. **Owner's Address:** _____

3. **Owner's Telephone Number:** _____

4. **Owner's E-Mail Address:** _____

5. **Agent's Name:** _____

6. **Agent's Telephone Number:** _____

I understand that I am under no obligation to lease to any family other than the obligations set out in Title VII of the Civil Rights Act of 1968, as amended by the Housing and Community Development Act of 1974. I also understand that I am to do my own screening of families who wish to lease my property, and that the Housing Authority of the City of Texas City has certified the family **only** for eligibility to participate in the Housing Choice Voucher Program and **not** for tenant references.

Also, I understand that I may be required to provide proof of ownership of the above referenced address.

OWNER'S OR AGENT'S SIGNATURE

DATE

TENANT'S NAME (PRINT)