



## Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
www.decaurhousing.org

### Housing Choice Voucher Program Owner Information Form

**An owner who wishes to participate in the Housing Choice Voucher Program MUST complete and sign this form. A post office box cannot be used instead of a home mailing address. However, you may supply a post office box in addition to your street address. If you are an agent on behalf of an owner, a management agreement and your photo ID must be submitted along with this form.**

Owner Name

Owner Home Address

Owner Mailing Address

City, State, Zip

City, State, Zip

Home Telephone Number

Business Telephone Number

Mobile Telephone Number

Social Security Number

Date

Email Address

Owner/Agent Signature

**If this is the first time this property is being registered with DHA, please provide the following information:**

- Photo Identification
- Social Security Card or Tax ID/EIN Number
- Proof of Home Address
- Recorded Copy of Warranty Deed or Quit Claim Deed (if the deed is not recorded, a letter from the closing attorney stating the deed has been filed with DeKalb County is also required)
- IRS Form W-9 (included in this packet)
- Blank Voided Check for Direct Deposit

**Name of Tenants:**

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\_\_\_\_\_

\_\_\_\_\_  
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