



**Housing Choice Voucher Program**  
200 Ross Street, 7<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5090, fax: 412-456-5224  
www.hacp.org

**APPLICATION FOR PREFERRED OWNERS PROGRAM**

**COMPANY/OWNER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NUMBER OF UNITS  
IN HCV PROGRAM:** \_\_\_\_\_

**ADDRESS(ES) OF UNIT(S)  
CURRENTLY LEASED TO  
HACP PROGRAM  
PARTICIPANTS:** \_\_\_\_\_

*(PLEASE PROVIDE A SEPARATE SHEET IF NECESSARY)*

**HAVE YOU ATTENDED AT  
LEAST ONE TRAINING OR  
CONTINUING EDUCATION  
SESSION THIS YEAR?**

YES

NO

**PLEASE PROVIDE A LIST  
OF TRAINING/CE  
SESSIONS ATTENDED. IF  
NON-HACP TRAINING,  
PLEASE PROVIDE  
VERIFICATION OF  
SESSION ATTENDANCE**

*(e.g., Certification of  
Completion)*

*(PLEASE PROVIDE A SEPARATE SHEET IF NECESSARY)*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR HACP USE ONLY**

**ENTITY ID #:**

**No. of inspections during last 3 years:** \_\_\_\_\_

**Inspection pass rate (%):** \_\_\_\_\_

**Census tract of unit location:** \_\_\_\_\_

**Poverty level (%):** \_\_\_\_\_

<b>HACP Trainings:</b>	<b>New Landlord Orientation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Magistrate Process</b>
	<b>Mental Health First Aid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reasonable Accommodation and Accessible Housing</b>
	<b>Crime Free Properties</b>	<input type="checkbox"/>		

**Other Training/ Education:**       **Yes**       **No**

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