



Housing Choice Voucher Program
200 Ross Street, 7th 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 (%): _____

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

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

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