

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 (1) 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 (i.e., Certification
of Completion).**

(PLEASE PROVIDE A SEPARATE SHEET IF NECESSARY)

SIGNATURE: _____ **DATE:** _____

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FOR HACP USE ONLY	ENTITY ID #: _____
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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"/>	Magistrate Process <input type="checkbox"/>
	Mental Health First Aid <input type="checkbox"/>	Reasonable Accommodation and Accessible Housing <input type="checkbox"/>
	Crime Free Properties <input type="checkbox"/>	

Other Training/Education: Yes No

Additional Notes:

