



Housing Authority

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HOUSING ASSISTANCE PROGRAMS STAFF LIST

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HOUSING ASSISTANCE PROGRAMS ANNUAL RECERTIFICATION LANDLORD QUESTIONNAIRE

This form requests information regarding a new rental agreement with your existing tenant receiving housing assistance. Please complete this form and return it within 2 weeks of receipt. BCHA has the right to withhold payment for late questionnaires.

Tenant Name/Address: _____

Current Rent Amount: _____; Number of Bedrooms: _____

Case Manager Name: _____

Do you plan to renew the lease with this tenant? Yes No

If yes, the lease will be a: on a month-to-month term or a new one year term

If so, what is the start date of the new lease term? _____

Will there be a rent increase this coming year?

No Yes – the new rent amount will be \$ _____

Please check which utilities the tenant is responsible for:

gas electricity water sewer trash

Please check this box if this has changed from the previous lease arrangement:

What are the current rents (based on # bedrooms) for other units you own?

1-bdrm \$ _____ 2-bdrm \$ _____ 3-bdrm \$ _____ 4-bdrm \$ _____

Please submit a current copy of the lease, signed by you and the tenant, prior to the start of the new lease.

Landlord Information: Please confirm, add, edit (as necessary) and sign.

Name

Signature

Date

Address

Phone

Email

