

Charlottesville Redevelopment and Housing Authority (CRHA)
Charlottesville Supplemental Rental Assistance Program Department (formerly CSRAP)
715 6th Street, Charlottesville, VA 22902
Phone: 434-326-4672 Fax: 434-971-4795 Hearing Impaired: Virginia Relay 7-1-1

Landlord/Agent/Owner's Application or Information Update

Check One: New Program Participant Current Participant: Change of Information

PART I: OWNER GENERAL INFORMATION	<input type="checkbox"/> Check if Change of Information
Federal Tax Identification Number or Social Security Number: _____	
Owner Name (Tax Liable Name): _____	
Individual Name: _____	
Address/City/ST/ZIP: _____	
Phone Number: _____ Fax Number: _____ Alternate Number: _____	
Email Address: _____	
Contact Person: _____	

PART II: PAYMENT INFORMATION FOR CHECK AND 1099 MAILINGS	<input type="checkbox"/> Check if Change of Information
<input type="checkbox"/> Check If Same as Part I above OR <input type="checkbox"/> Check if Change of Information	
Federal Tax Identification Number or Social Security Number: _____	
Company Name: _____	
Individual Name: _____	
Address/City/ST/ZIP: _____	
Phone Number: _____ Fax Number: _____ Alternate Number: _____	
Email Address: _____	
Contact Person: _____	
I authorize the company or individual listed above to act as my payee/1099 agent: _____	
(owner signature)	

PART III: MANAGING AGENT INFORMATION	<input type="checkbox"/> Check if Change of Information
<input type="checkbox"/> Check If Same as Part I above OR <input type="checkbox"/> Check If Same as Part II above	
Company Name: _____	
Individual Name: _____	
Address/City/ST/ZIP: _____	
Phone Number: _____ Fax Number: _____ Alternate Number: _____	
Email Address: _____	
Contact Person: _____	
I authorize the company or individual listed above to act as my managing agent: _____	
(owner signature)	

PLEASE SEE BACK AND COMPLETE REQUIRED INFORMATION

PART IV: DWELLING UNIT INFORMATION

Check if Change of Information

Note: For each property placed in the CSRAP Program, Federal and State Regulations require the following items: (1) Proof of Ownership from the City of Charlottesville (Copy of the Deed of Ownership or City Assessment printout.) (2) Proof of Liability Insurance (3) IRS W-9 Form completed (4) Year Built (5) For dwelling units built prior to 1978, the lead-based paint statement at the bottom of this form must be signed and dated by the owner.

Codes: N- New unit (never on program before)
A- Add unit previously on program

R- Remove unit from program
C- Change/Correct information for unit on the program

CODE	ADDRESS/CITY/STATE/ZIP	YEAR BUILT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lead-Based Paint Disclosure Form Lead-Based Paint Disclosure Form
Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, federal law requires owners must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling.

Presence of lead-based paint and/or lead-based paint hazards (check a. or b. below):

- a. Lessor (owner) has no knowledge of lead-based paint and/or lead based paint hazards in the housing.
(If checked, proceed to c. below)
- b. Known lead-based paint and/or lead-based paint hazards are present in the housing.
IF CHECKED, UNIT MAY NOT BE PLACED ON THE PROGRAM UNTIL LEAD-BASED PAINT/HAZARD ABATEMENT CERTIFICATION DOCUMENT (S) IS PROVIDED TO THE HOUSING AUTHORITY.

Owner Certification: To the best of my knowledge, the information provided above is true and accurate.

Owner Signature

Date

Unit Type: Apartment/Garden Walk-Up (4 stories or less)

Apartment High Rise with elevator (5 stories or more)

Townhome/Row House

Semi-Detached/Duplex/Condo

Single Family Detached

Manufactured/Mobile Home

Unit Size: Small

Medium

Large

Number of Bedrooms: _____

Number of Bathrooms: _____

Year Built: _____

Unit Age: 0-5 years 6-20 years 21-50 years 50+ years

Owner Provided Amenities:

Carpeting

Garbage Disposal

Refrigerator

Ceiling Fans

Handicap Accessible

Security System

Central Air Conditioning

Laundry Facilities

Unit Cable-Ready

Covered/Off-Street Parking

Microwave

Washer/Dryer Connections

Dishwasher

Modern Appliances

Window Air Conditioning

Energy Efficient Certified Unit

Range

Working Fireplace

Other _____

Owner Provided Utilities:

Air Conditioning

Cooking

Heating

Other Electric

Sewage

Trash Collection

Water

Water Heating

Housing Services (e.g., lawn care) Landlord provided services

No services

Maintenance: Owner Provided Onsite Owner Provided Offsite No Maintenance
