

Virgin Islands Housing Authority

St. Thomas
#402 Anna's Retreat
P.O Box 7668
St. Thomas, VI 00801
Telephone: 340-777-8442
Fax: 340-775-0832
TDD Line: 340-777-7725
Email: exec@vihousing.org
Website: www.vihousing.org



St. Croix
#5 Estate Bethlehem
P.O Box 1349, Kingshill
St. Croix, VI 00851
Telephone: 340-778-8442
Fax: 340-773-3054
TDD Line: 340-778-5245
Website: www.vihousing.org

VIRGIN ISLANDS HOUSING AUTHORITY LANDLORD APPLICATION HOUSING CHOICE VOUCHER PROGRAM

A. OWNER INFORMATION

DATE OF APPLICATION: _____

ARE YOU THE "SOLE" OWNER OF THE PROPERTY? YES NO

LEGAL NAME OF (ALL) OWNER(S) (MUST MATCH NAME ON RECORDED DEED & MOST RECENT PROPERTY TAX BILL):

OWNER(S) *SOCIAL SECURITY NUMBER OR *FEDERAL ID NUMBER:

***PAYMENT INFORMATION WILL BE REPORTED TO IRS UNDER THE NUMBER LISTED ABOVE**

OWNER'S PHYSICAL ADDRESS (P. O. BOX NOT ACCEPTABLE):

STREET: _____

CITY/STATE: _____ ZIP: _____

OWNER'S MAILING ADDRESS (P. O. BOX ACCEPTABLE):

STREET: _____

CITY/STATE: _____ ZIP: _____

PLEASE INDICATE MAILING PREFERENCE FOR ALL CORRESPONDENCE:
(PLEASE CHECK ONE)

PHYSICAL ADDRESS MAILING ADDRESS



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OWNER(S)'S PHONE INFORMATION (Please include area codes)

HOME: _____ WORK: _____

CELL: _____ OTHER: _____

OWNER(S)'S EMAIL ADDRESS(ES): _____

HAVE YOU BEEN INVOLVED IN ANY VIOLENT OR DRUG RELATED CRIMINAL ACTIVITY WITHIN THE LAST FIVE YEARS? (Please check one)

YES NO

IF YOU ANSWERED YES, PLEASE LIST THE CITY AND STATE OF INVOLVEMENT:

ARE YOU SUBJECT TO REGISTRATION AS A SEXUAL OFFENDER AND/OR SEXUAL PREDATOR? YES NO

HAVE YOU EVER BEEN ACCUSED OF COMMITTING FRAUD, BRIBERY OR ANY OTHER CORRUPT OR CRIMINAL ACT IN CONNECTION WITH ANY FEDERAL HOUSING ASSISTANCE PROGRAM? YES NO

ARE YOU INTERESTED IN RENTING TO THE CHRONICALLY HOMELESS:
 YES NO

B. PROPERTY MANAGEMENT INFORMATION:

UNIT WILL BE MANAGED BY: OWNER/SELF
(PLEASE CHECK ONE) PROPERTY MANAGER

IF UNIT WILL BE MANAGED BY PROPERTY MANAGER OR MANAGEMENT COMPANY:

MANAGER NAME: _____ PHONE: _____

MANAGER ADDRESS: _____

MANAGER E-MAIL: _____

WHO WILL RECEIVE PAYMENT: MANAGER OWNER



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C. UNIT INFORMATION:

ADDRESS OF UNIT(S) TO BE LISTED ON THE HOUSING CHOICE VOUCHER PROGRAM
(INCLUDE ZIP CODES)

1. _____
2. _____
3. _____
4. _____
5. _____

By signing this application, I am expressing my interest in participating in the Virgin Islands Housing Authority Housing Choice Voucher Program (formerly known as Section 8). This application signifies my intent to rent to families who receive assistance with their monthly rent via subsidy payments from the Virgin Islands Housing Authority. I further understand that the completion and submission of this application does not mean that I have been accepted as a landlord with the program. The Virgin Islands Housing Authority will only enter into Housing Assistance Payments Contracts with individuals who meet the landlord qualifications.

Per Title 18 of, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresenting information to any department or agency of the United States.

By signing this application below, I certify that the information contained in this application is true and complete to the best of my knowledge.

OWNER NAME: _____ COMPANY NAME: _____
(Please print legibly)

OWNER SIGNATURE: _____ DATE: _____

AGENT/MANAGEMENT FIRM NAME: _____
(Please print legibly)

AGENT/MANAGER FIRM REP. SIGNATURE _____

