DALLAS COUNTY
HEALTH AND HUMAN SERVICES
HOUSING DIVISION

PHILIP HUANG, MD, MPH
DIRECTOR

EQUAL HOUSING
OPPORTUNITY

LANDLORD REQUEST FORM

Add Property: _____ **Delete Property** _____

New Landlord: ☐ YES ☐ NO   **New Unit/s:** ☐ YES ☐ NO

Property: ☐ Condo ☐ Duplex ☐ House ☐ Apartment ☐ Town Home ☐ Mobile Home

Name of Complex: _____ **Year Constructed:** _____

Address: _____

City: _____ **Zip Code:** _____ **No. of Bedrooms/Bathrooms:** _____ / ____

Monthly Rent: $_____ **Deposit:** $_____

Date property will be ready for occupancy: _____

Owner Name: _____ **Leasing Name:** _____

Owners Address: _____ **City:** _____ **St/Zip:** _____

Contact Name: _____

Contact Ph. No.: (_____) _____ **Fax Number:** (_____) _____

E-mail Address: _____

⇒ **Have you attended Dallas County's Housing Choice Voucher Landlord Briefing Meeting before? *** ☐ YES ☐ NO

* If YES, the date attended: _____

Are utility services included: YES NO	**Will Refrigerator be provided?**	YES NO
Will range/stove be provided? YES NO	**Is the unit wheelchair accessible?**	YES NO
PETS Allowed YES NO	**Does Property Meet City Code Regulations**	YES NO

Upon completion of this form, you may return it by fax @ (214) 819-2828 or MAIL it to Dallas County Housing Agency, 2377 North Stemmons Freeway, Suite 700, lb-16, Dallas, TX 75207-2710

- Remember that we are only one of many avenues available to advertise your property. There are other sources of advertisement available for your use, such as the Dallas Morning News, the Greensheet, etc.
- Please keep in mind that the Vacancy List is only available to DCHA's Section 8 clients.

- When your property has been leased please let us know. For deleting, your property off of our list please complete the delete box and the property address.

- Additional list of property may be listed on the back or attached list.

- **For additional inquiries please contact Deanna Gilmore, Landlord Coordinator at 214-819-1871.**

For Office Use Only			
Mapsco: _____ **Census Tract:** _____ **Date:** _____ **Initials:** _____			
Poverty Level: _____ % **Black:** _____ % **Target Area Y or N**			

2377 North Stemmons Freeway, Suite 700, LB-16
Dallas, Texas 75207-2710

Office (214) 819-1871
FAX (214) 819-2828
REV (B) 1//2006

P. 43

ADDITIONAL UNITS

1. Name of Complex: _____   Condo   Duplex   House
Address: _____   Apt. Town Home Mobile Home
City: _____ **Zip Code:** _____   **No. of Bedrooms/Bathrooms:** _____ / _____
Monthly Rent: $_____ **Deposit: $**_____   **Year Constructed:** _____

Are utility services included:	YES NO	**Will Refrigerator be provided?**	YES NO
Will range/stove be provided?	YES NO	**Is the unit wheelchair accessible?**	YES NO
PETS Allowed	YES NO	**Does Property Meet City Code Regulations**	YES NO

2. Name of Complex: _____   Condo   Duplex   House
Address: _____   Apt. Town Home Mobile Home
City: _____ **Zip Code:** _____   **No. of Bedrooms/Bathrooms:** _____ / _____
Monthly Rent: $_____ **Deposit: $**_____   **Year Constructed:** _____

Are utility services included:	YES NO	**Will Refrigerator be provided?**	YES NO
Will range/stove be provided?	YES NO	**Is the unit wheelchair accessible?**	YES NO
PETS Allowed	YES NO	**Does Property Meet City Code Regulations**	YES NO

3. Name of Complex: _____   Condo   Duplex   House
Address: _____   Apt. Town Home Mobile Home
City: _____ **Zip Code:** _____   **No. of Bedrooms/Bathrooms:** _____ / _____
Monthly Rent: $_____ **Deposit: $**_____   **Year Constructed:** _____

Are utility services included:	YES NO	**Will Refrigerator be provided?**	YES NO
Will range/stove be provided?	YES NO	**Is the unit wheelchair accessible?**	YES NO
PETS Allowed	YES NO	**Does Property Meet City Code Regulations**	YES NO

4. Name of Complex: _____   Condo   Duplex   House
Address: _____   Apt. Town Home Mobile Home
City: _____ **Zip Code:** _____   **No. of Bedrooms/Bathrooms:** _____ / _____
Monthly Rent: $_____ **Deposit: $**_____   **Year Constructed:** _____

Are utility services included:	YES NO	**Will Refrigerator be provided?**	YES NO
Will range/stove be provided?	YES NO	**Is the unit wheelchair accessible?**	YES NO
PETS Allowed	YES NO	**Does Property Meet City Code Regulations**	YES NO

5. Name of Complex: _____   Condo   Duplex   House
Address: _____   Apt. Town Home Mobile Home
City: _____ **Zip Code:** _____   **No. of Bedrooms/Bathrooms:** _____ / _____
Monthly Rent: $_____ **Deposit: $**_____   **Year Constructed:** _____

Are utility services included:	YES NO	**Will Refrigerator be provided?**	YES NO
Will range/stove be provided?	YES NO	**Is the unit wheelchair accessible?**	YES NO
PETS Allowed	YES NO	**Does Property Meet City Code Regulations**	YES NO