



DALLAS COUNTY
HEALTH AND HUMAN SERVICES
HOUSING DIVISION

PHILIP HUANG, MD, MPH
 DIRECTOR



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:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will Refrigerator be provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will range/stove be provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is the unit wheelchair accessible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PETS Allowed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does Property Meet City Code Regulations	<input type="checkbox"/> YES	<input type="checkbox"/> 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, 1b-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

Mapsc0: _____ Census Tract: _____ Date: _____ Initials: _____

Poverty Level: _____ % Black: _____ % Target Area Y or N

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:	<input type="checkbox"/>	<input type="checkbox"/>	Will Refrigerator be provided?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
Will range/stove be provided?	<input type="checkbox"/>	<input type="checkbox"/>	Is the unit wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
PETS Allowed	<input type="checkbox"/>	<input type="checkbox"/>	Does Property Meet City Code Regulations	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		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:	<input type="checkbox"/>	<input type="checkbox"/>	Will Refrigerator be provided?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
Will range/stove be provided?	<input type="checkbox"/>	<input type="checkbox"/>	Is the unit wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
PETS Allowed	<input type="checkbox"/>	<input type="checkbox"/>	Does Property Meet City Code Regulations	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		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:	<input type="checkbox"/>	<input type="checkbox"/>	Will Refrigerator be provided?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
Will range/stove be provided?	<input type="checkbox"/>	<input type="checkbox"/>	Is the unit wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
PETS Allowed	<input type="checkbox"/>	<input type="checkbox"/>	Does Property Meet City Code Regulations	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		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:	<input type="checkbox"/>	<input type="checkbox"/>	Will Refrigerator be provided?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
Will range/stove be provided?	<input type="checkbox"/>	<input type="checkbox"/>	Is the unit wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
PETS Allowed	<input type="checkbox"/>	<input type="checkbox"/>	Does Property Meet City Code Regulations	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO