



Landlord Incentive Program

HCV Bonus Form

Landlord Incentive Request Tracking Form – This incentive is for NEW landlords joining the Harrisburg Housing Authority’s Housing Choice Voucher (HCV) Program or landlords that are RENEWING their current tenant HAP Contract.

HHA will approve an extra bonus payment of 1 month’s rent for NEW landlords to the program and 25 % of contract rent for current HCV landlords that are renewing their current tenant HAP Contract.

For NEW landlords to the HCV program, a copy of this form should be attached to the Request for Tenancy Approval. Bonus requests should be submitted, at the latest, at least ten (10) business days before the effective date of the HAP Contract. (Example – The HAP contract starts on 2/1/23; the incentive bonus request must be received no later than 2/14/23).

For lease renewals, a completed copy of this form must be submitted following the unit successfully passing HQS inspection or a written HHA clearance by the HCV Director. A copy of the new lease should be included.

Max Payment - 1 month Approved Contract Rent for New landlord joining the program and 25% for contract rent for Renewal bonus.

Notice:

A landlord will not be considered a “NEW” landlord if the unit owner has participated in the HCV program within 365 days of the expected new HAP contract date. HCV program participation means a landlord receiving voucher payments from HHA for any HCV participant. Change in ownership name, structure, or the property management company, in order to receive this incentive, is strictly prohibited.

This form must be used to document and track the incentive payment(s) for each landlord.

The HCV Director/Designee will approve or deny all incentive payment requests expeditiously. This is subject to all necessary documentation or information being timely provided. HHA reserves the right to deny any requests. Furthermore, by signing this form, the landlord is acknowledging that this program does not confer a right nor entitle the landlord to any monetary amount. This program is a discretionary program created by HHA and subject to funding availability and other considerations.

Please complete one form per family.

Date: _____

Tenant Name (Last Name, First Name): _____

Initial or Annual Passed Inspection Date: _____

Owner Name: _____

Date of Move In: _____

Unit Address: _____

Approved Contract Rent: \$ _____

CERTIFICATION

By signing this form, I certify that all of the information provided on this HCV Bonus Form is true, correct, and complete to the best of my knowledge. I understand that the information provided will be relied upon in order for the Harrisburg Housing Authority to make a proper determination. Any material misrepresentation may result in a denial. In addition, I understand that any material misrepresentation could be considered an act of fraud committed against the Harrisburg Housing Authority. Please note the following warning: HHA reserves the right to deny any requests. Furthermore, by signing this form, the landlord is acknowledging that this program does not confer a right nor entitle the landlord to any monetary amount. This program is a discretionary program created by HHA and subject to funding availability and other considerations. Moreover, Title 18 Section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

x _____
Print Name

x _____
Signature

Date

*****FOR OFFICE USE ONLY*****

Approved or Denied: If Denied, please indicate why:

Approved Payment Amount: _____ Approved by: _____ Date _____