



Breaking News * Breaking News * Breaking News

SHA Introduces - New Section 8 Voucher Leases Up Incentive Bonuses

\$500.00 Sign on Incentive for new Landlords

- Become a Section 8 landlord with SHA and get rewarded!
- **\$250 Referral** - refer a **NEW** Landlord to SHA, when they sign a HAP contract, enter into a lease with an HCV participant, you will be rewarded - AGAIN! Double Bonus: the new landlord you referred gets an incentive bonus and you will too.
- Incentive bonuses are a **Win-Win** for everyone – You, the Tenant and SHA.

Be a part of a winning team, advertise your properties today on affordablehousing.com

As a Section 8 Landlord, you are making a real difference in the community and in the lives of those we serve.



***Incentive bonuses available only for new SHA landlords and while special funding is available.**

1. If you are referred by another Landlord, you must provide their name, address, phone, and email.
2. If you represent a Management Company, you must provide the name of the Management Company.
3. The HCV participant must have signed a lease and moved into the unit before the bonus can be paid out.
4. If you house more than one (1) HCV participant, you must fill out a form for each NEW tenant.
5. You must provide the HCV participant information below.
6. SHA must verify each new tenant before the bonus payment can be made to the Landlord.
7. You must sign and date this form before returning it to SHA.
8. This form must be delivered to SHA either by mail, FAX, email or in person drop off.

I am a **Current / New Landlord with a single unit** (specify if you are a Management Company).
 Name: _____ Phone: _____
 Address: _____ Email: _____

I am a **Current / New Landlord with multiple units** (you must attach a separate Bonus Form for each new HCV Participant).
 Name: _____ Phone: _____
 Address: _____ Email: _____

I am a **landlord who was referred** by another Landlord:
 (you must provide the referring Landlord's information below)
 Name: _____ Phone: _____
 Address: _____ Email: _____

How did you hear about participating in the HCV program?

- Landlord Liaison
- Program Participant
- Other Landlord / community partner
- Another SHA Employee

HCV Participant Information required:

New HCV Participant Name: _____
 Unit Address: _____
 Move in Date: _____ Passed Inspection Date: _____

(HCV participant must be moved in before this form can be submitted to SHA for payment)

To be completed by SHA Representative:

Verified by: _____
 Bonus Amount: _____
 Date Processed: _____