



New Landlord Incentive
Regular Housing Choice Voucher Program Only

Updated: 6/4/2024

Landlord Full Name:	Phone Number:
Address:	Email:

Tenant's Full Name:	Property Address:
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Have you or any company in which you have an ownership interest received a payment from DSHA in the past 12 months?

- NO
- YES If Yes, what is the date of the last payment you received?

Were you referred by another landlord participating in the DSHA voucher program?

- NO
- YES If Yes, who referred you? (please list their full name and email address below):

I attest that the information above is complete and accurate to the best of my knowledge, understand that this program is federally funded, and that fraudulent documentation or claims may be punishable by law.

Applicant Name (Please Print): _____

Applicant's Signature: _____

Date: _____

Please contact crystal.sparks@delaware.gov with any questions, or to submit a request for a New Landlord Incentive.