



**HUD 811 PROGRAM  
LEASE CONFIRMATION FORM**

<b>Property Information</b>				
Name:		Contact:		
Address:				
Phone:		Alt. Phone/Cell:		Fax:
Contact Email:				

<b>Participant Information</b>			
Name:		# of Household Members:	
Address:			
Phone:		Alt. Phone/Cell:	
Contact Email:			

<b>Support Services Information</b>				
Name:		Contact:		
Address:				
Phone:		Alt. Phone/Cell:		Fax:
Contact Email:				

<b>Department of Community Affairs Information</b>				
Name:				
Address:	60 Executive Park South NE, Atlanta, GA 30329			
Phone:	404-679-3150	Alt. Phone/Cell:		Fax: 404-679-0669
Contact Email:				

Referral Date: \_\_\_\_\_ Lease Date: \_\_\_\_\_  
 Bedroom Size: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

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Contract Rent: \_\_\_\_\_ Contract UA: \_\_\_\_\_  
 Total Verified Income: \_\_\_\_\_ Sec. Dep. Charged: \_\_\_\_\_  
 Participant Payment: \_\_\_\_\_ Subsidy paid by DCA: \_\_\_\_\_  
 UA to tenant? (Check): Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, UA Amount: \_\_\_\_\_

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCA Signature

\_\_\_\_\_  
Date