

HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA

Section 8 Housing Choice Voucher Program

STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION

Tenant Name: _____ App. Code: _____

Property Address: _____

Voucher No.: _____

Part One - Declaration of Ownership

(Copy Of Property Tax Statement Or Grant Deed Required)

I/We declare that the recorded property owners of the above-captioned property are:

Name: _____ Phone No.: _____

Address: _____

The following individual(s) possess power of attorney concerning the above-captioned property
(Please Attach Verification Of Power Of Attorney):

Name: _____ Phone No.: _____

Address: _____

Part Two - Authorized Agent InformationThe following individual/agency (Manager, Realtor, etc.) is authorized to act on my behalf
concerning the above-captioned property (**Copy Of Management Agreement Required**).

Name/Title: _____ Phone No.: _____

Address: : _____

Part Three - Rent Payment Instruction

The monthly Housing Assistance Payment (HAP) Check is payable as follows:

Payee: _____

Address: _____

Taxpayer ID Number (payee and taxpayer ID must match): _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or
misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____