



DECLARATION OF OWNERSHIP AND AUTHORIZATION FORM

RENTAL PROPERTY ADDRESS: _____

NOTE: The following information is required to verify ownership for release of Housing Assistance Payments (HAP). The information provided will be held in strictest confidence.

No change to owner or payee address on file.

Change(s) to address.

(Complete below only if you want to change information.)

I HEREBY DECLARE THAT I AM THE LEGAL OWNER OR AGENT AUTHORIZED TO SIGN AND ACT ON BEHALF OF THE RENTAL PROPERTY DESCRIBED IN THE ASSISTED LEASE.

1. Complete for the legal owner(s) of the property:

Property Owner/Principal: _____

Attention: _____

Phone No: _____

Residence Address
(Not PO Box): _____

Social Security Number OR
Tax Identification Number (TIN): _____

2. Designate a Payee and a mailing address for the Housing Assistance Payment (HAP) checks.

This payee needs to match the information completed on Form W-9. HAP will be reported to the IRS on form 1099 at the end of the year with the information listed below.

Payee Name _____

Attention: _____

Mailing Address: _____

Social Security Number OR
Tax Identification Number (TIN): _____

3. If there is a Management Company/Manager, please fill out the following:

Management Company/Manager: _____

Address: _____

Authorized Contract Signer(s): _____ Phone _____

4. Authorized Signatures:

A. Property Owner's Signature: _____ Date: _____

If a Management signature appears without a Property Owner's signature, a copy of the management authorization agreement must be attached (management compensation information may be omitted).

B. Management Signature: _____ Date: _____

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