



OWNER DECLARATION



To be completed when Property Owner declares that all units are to be managed by another entity. The Owner will designate who is the recipient of HAP Payments for these said units.

Property Owner Name: _____

Owner Information

Contact Name, if Company: _____

Street Address: _____

City: _____ St/Zip: _____

Owner SSN or Federal EIN#: _____

Phone #: _____ Email Address: _____

Corporation _____ Partnership _____ Sole Proprietorship _____

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Agent Information

Owner Representative Name: _____

Address: _____

City State / Zip Code

Phone #: _____ Agent Email Address: _____

Management SS# (or) Federal ID # _____

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Payment Information

Make Housing Assistance Payments to: _____

Payee SS # (or) Federal ID# _____

HAP payments are ALWAYS made payable to the Owner. An owner may authorize payments to be made to the Agent. Accurate information is essential. By signing this document, the Owner authorizes the Housing Authority to share all necessary information with the agent, including FEIN or SSN#. Remember, the HAP Recipient Payee named above will receive the IRS Form 1099 at the end of the year, in accordance with IRS requirements.

By signing this document, I certify that the above information is true and correct.

Owner Signature: _____ Date: _____