



**Payment and Ownership Declaration Form**

This form is required to establish or change ownership and agent information for the HACC Housing Choice Voucher Program Housing Assistance Payments.

Tenant's Name: \_\_\_\_\_ Rental Property Address: \_\_\_\_\_  
**(Please print)**

**I. Ownership of Assisted Unit**

I certify that I am the legal owner or the legally-designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Owner \_\_\_\_\_ Management Agent \_\_\_\_\_ Apt. Mgr. \_\_\_\_\_

**Proof of Ownership**

Proof of ownership must be provided:

- 1. Copy of the deed or title insurance policy.**
- 2. If you are the management agent/property manager, a copy of the management agreement/contract**

**II. Legal Owner Information**

Legal Owner's Name(s): \_\_\_\_\_  
**(as it appears on the Grant Deed)**

Social Security Number or Tax I.D. Number of Legal Owner: \_\_\_\_\_

Owner's Business or Residence Address: \_\_\_\_\_  
**(No. P.O. Box or Work Address)**

Owner's Mailing Address:

\_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_  
**(A P.O. Box may NOT be used as a mailing address)**  
 \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

**III. Agent/Manager Information** (Copy of Agent/ Management Agreement must be provided to HACC)

Agent's Name(s): \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
**(A P.O. Box may NOT be used as a mailing address)**

\_\_\_\_\_ E-mail: \_\_\_\_\_  
Social Security Number or Taxpayer I.D. Number of Agent: \_\_\_\_\_

**IV. Payment and Correspondence Designation**

Send Payments to (check one):  Owner  Agent  
Send correspondence to (check one):  Owner  Agent

**V. SSN/TIN Certification and Authorization**

The Name and Social Security /Tax I.D Number of the Legal Owner must match the information on the IRS W-9 form to prevent a delay in payment. IRS 1099 statements will be mailed at the end of the year in the name of the Legal Owner. ***W-9 Forms are required by the HACC and can be found in the Owner page of the HACC's website, www.thehacc.org. \*\* YOU MUST PROVIDE A COPY OF THE LEGAL OWNER'S SS CARD OR EIN # ASSIGNMENT NOTIFICATION FROM IRS***

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

*This form is required for every new HCV HAP Contract. The HAP Contract cannot be approved until all required documents have been received.*