



STATEMENT OF UNIT OWNERSHIP/AUTHORIZATION

Form being submitted for: RFTA (for new contract)
Change of Ownership or Management/Payee

Tenant Name: _____

Tenant Address: _____

Multiple Units-Attach a list of all units/residents

1. Legal Owner

Name (as listed on the Grant Deed): _____

*If legal owner is a company, provide individual owner name(s): _____

Mailing Address: _____

Street Address City/State Zip

Email: _____ Phone Number: _____

Fax: _____ SSN/EIN: _____

Are you authorizing a third party to manage the unit listed above? Yes No

If "No", skip to "Section 3 Note" If "Yes", go to next section (2. Third Party)

2. Third-Party

Name (Company): _____

Mailing Address: _____

Street Address City/State Zip

Email: _____ Phone Number: _____

Fax: _____ SSN/EIN: _____

All correspondence will be issued to the mailing address listed for the (Choose one): Legal Owner Third Party

Is a management agreement or similar document included? Yes No-Previously submitted

A MANAGEMENT AGREEMENT OR SIMILAR DOCUMENT IS REQUIRED IF THIS IS THE FIRST TIME THIS PROPERTY IS BEING REPRESENTED BY THE ENTITY LISTED IN SECTION 2 WHILE IN CONTRACT WITH OUR AGENCY. THE LEGAL OWNER IS RESPONSIBLE FOR ENSURING THE THIRD PARTY COMPLIES IN ALL RESPECTS WITH THE RESPONSIBILITIES AND REQUIREMENTS FOR THE HOUSING CHOICE VOUCHER PROGRAM.

3. HAP Recipient

This section is to determine the entity that will be receiving a Form 1099 from our agency for all payments issued during the tax year.

The HAP Recipient is the: Legal Owner Third Party

NOTE: The Form 1099 issued by our agency is issued under the tax ID of the HAP recipient. (The legal owner is considered the HAP Recipient if only Section 1 was completed). The Form W-9 must be completed for the HAP Recipient, unless Tax Exempt. If Tax Exempt, complete the attached W-9 Substitute form.

4. **EFT Direct Payment-Authorization Agreement**

This section applies to the HAP Recipient. EFT direct payments are mandatory when working with our agency. This form authorizes Fresno Housing to initiate credits to the financial institution listed on the bank document provided.

Please check the appropriate box:

Use current information-Last four digits of account _____

Change EFT information on file (see instructions below)

First time EFT payment setup (see instructions below)

Instructions: Provide a document from your bank with account information pre-printed (e.g. voided check, direct deposit set-up form, letter). The HAP Recipient must be the account holder listed on the document.

5. **Authorized Parties**

This section gives authorization to the party listed below to conduct business with Fresno Housing (FH) on behalf of the legal owner, for the above units with the following responsibilities ONLY:

Name: _____ Title: _____

Authorized Party's Signature: _____

Discuss Account(s) Negotiate Rent Sign Lease & Contract

Name: _____ Title: _____

Authorized Party's Signature: _____

Discuss Account(s) Negotiate Rent Sign Lease & Contract

6. **Owner Signature**

Under penalty of perjury, I declare that I hold legal interest/ownership to the property listed on the beginning of this form.

Print Owner's Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY	
Date Received:	
Date Completed:	
Completed By:	