



Berkeley Housing Authority

1936 University Ave., Ste 150 Berkeley, CA 94704 • Telephone: (510) 981 5470 • Fax: (510) 981 5480

# OWNERSHIP DECLARATION FORM

## THIS FORM TO BE USED FOR (CHECK ONE)

NEW HAP CONTRACT or  CHANGE OWNER ADDRESS or  CHANGE OF PROPERTY OWNERSHIP

**IMPORTANT:** This form is required for every new Section 8 HAP Contract and when there is a change in ownership of a Unit housing a family with Section 8 assistance. You must provide a copy of **RECORDED GRANT DEED** and **MANAGEMENT AGREEMENT** if the property is managed by a Management Company. You must also provide a **W-9**, a copy of your **SOCIAL SECURITY CARD** and **DRIVER'S LICENSE**. For a change in Ownership, the Owner must also complete the **ASSUMPTION of HAP CONTRACT FORM**. HAP Contracts will not be approved until all required documents are received.

### TENANT'S INFORMATION

(Complete one form for each Tenant you have in the Section 8 Program)

Tenant's Name: \_\_\_\_\_ Rental Property Address: \_\_\_\_\_

### LEGAL OWNER INFORMATION

Legal Owner's Name (s): \_\_\_\_\_ Social Security Number/Tax I.D#: \_\_\_\_\_  
(as it appears on the Grant Deed) (You MUST provide a copy of your Social Security Card if an Individual)

Owner's Residence Address: \_\_\_\_\_ Owner's Mailing Address: \_\_\_\_\_  
(No P.O. BOX or Work Address Allowed) (A P.O. BOX may be used as mailing address)

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax/E-mail: \_\_\_\_\_

### AGENT/ MANAGER INFORMATION (Copy of Agent/Management Agreement must be provided to BHA)

Agent's Name (s): \_\_\_\_\_ Social Security Number/Tax I.D. Number of Agent: \_\_\_\_\_  
(Agent/Manager MUST provide a copy of Social Security Card if an Individual)

Address: \_\_\_\_\_ Agent/Manager's Mailing Address: \_\_\_\_\_  
(A P.O. BOX may be used as mailing address)

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax/E-mail: \_\_\_\_\_

### MAKE CHECK PAYABLE TO:

Payee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### PAYMENT AND CORRESPONDENCE DESIGNATION

**Send Payment to (Check one):** Owner  Agent  **Send Correspondence to (Check one):** Owner  Agent

### SSN/TIN CERTIFICATION AND AUTHORIZATION

The name and Social Security / Tax I.D Number of the person or entity receiving payments must match the information on the IRS W-9 form. IRS 1099 statements will be mailed at the end of the year in the name of the person receiving payments. W-9 Forms are also required by BHA. By submitting this form and all other required documents listed in this form, Signer certifies under penalties of perjury that this form is completed truthfully and lawfully.

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date