

Payment and Ownership Declaration Form

This form is required to establish or change ownership and agent information for OHA Section 8 Housing Assistance Payments.

Tenant's Name: _____ Rental Property Address: _____
(Please print)

I. 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 Residence Address: _____
(No. P.O. Box or Work Address)

Owner's Mailing Address:

(A P.O. Box can be used as a mailing address)

_____ Primary Phone: () _____

_____ Secondary Phone: () _____

_____ Fax: () _____

_____ E-mail: _____

II. Agent/Manager Information (Copy of Agent/ Management Agreement must be provided to OHA)

Agent's Name(s): _____ Primary Phone: () _____

_____ Secondary Phone: () _____

Address: _____ Fax: () _____
(A P.O. Box may be used as a mailing address)

_____ E-mail: _____

Social Security Number or Taxpayer I.D. Number of Agent: _____

III. Payment and Correspondence Designation

Send Payments to (check one): Owner Agent

Send correspondence to (check one): Owner Agent

IV: 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 and OHA's Direct Deposit sign up form to prevent a delay in payment. IRS 1099 statements will be mailed at the end of the year in the name of the person receiving payments. **W-9 Forms are required by OHA and can be found in the Section 8 page of OHA's website, www.oakha.org.**

Print Name: _____

Authorized Signature: _____ Date _____

This form is required for every new Section 8 HAP Contract. The HAP Contract cannot be approved until all required documents have been received.