



**COMMISSIONERS**

REV. RONNIE LINDEN, CHAIRMAN  
MARY MARTINEZ, VICE CHAIRMAN  
JOYCE ROBINSON  
DEBBIE VIOLETTE  
DESIREE EDWARDS

**EXECUTIVE DIRECTOR**  
**CELE QUESADA**

**OWNER INFORMATION**

Property Owner Name: \_\_\_\_\_  
Property Owner Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Property Owner Phone Number: \_\_\_\_\_  
Social Security Number or Tax ID Number: \_\_\_\_\_  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Partnership \_\_\_\_\_

Ethnicity of Owner: Required by HUD  
White \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Eskimo \_\_\_\_\_ Hispanic \_\_\_\_\_

Asian Pacific American \_\_\_\_\_ Other \_\_\_\_\_  
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**AGENT INFORMATION:**

Owner Representative Name: \_\_\_\_\_  
Owner Representative Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Agent's Social Security or Tax ID Number: \_\_\_\_\_

Hap payments are normally made payable to the owner, or in case of a corporation, to the company or apartment complex name: occasionally an owner will authorize payments made to the agent. Accurate information is essential. The Payee will generally receive a 1099 at yearend, in accordance with IRS requirements.

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**PAYMENT INFORMATION:**

Make Housing Assistance Check Payable to: \_\_\_\_\_  
Mail Checks to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Payee Social Security or Tax ID Number: \_\_\_\_\_

This is to certify that the above information is correct.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address of unit to be assisted \_\_\_\_\_