



INVESTING IN COMMUNITIES

FOR STAFF USE ONLY

TO _____ Date Notified Of Change _____
Date Pmt Placed on Hold _____ Date Form Mailed _____
By _____ Rental Property _____
Address(s) _____

Check the appropriate box for the change(s) you are reporting:

A. OWNER (Please complete enclosed "Owner Information" form)

- New Owner**
- Owner Address Change**

B. PAYEE (Please complete enclosed "Payee Information" form)

- New Payee**
- Payee Address Change**

C. AGENT (Please complete enclosed "Agent Information" form)

- New Agent**
- Agent Address Change**

Owner Information: The name you provide for the property owner **must** match the name recorded on the grant deed. A new Housing Authority Payment (HAP) Contract must be signed. A copy of the lease agreement between new owner and tenant must be submitted to SHRA as well.

Payee Information: Only **one** name can be listed as the payee. A Tax Identification Number (TIN) is required for the payee. The name and TIN you provide **must** match Social Security or IRS records of the Payee.
EXCEPTION: The owner name and TIN will be used for payments mailed to banks.

Agent Information: The Authorized Agent is anyone the property owner or court system has authorized to act or sign contracts on the owner's behalf (such as management company, executor, receiver, etc.)
LEAVE THIS SECTION BLANK IF THERE IS NO AGENT.

NOTE: Please allow 30 days for your changes to become effective. Failure to submit all requested documentation, as listed on the enclosed forms, will cause further delay.

If you have changed your mailing address, you may wish to have the Post Office forward your mail to prevent unnecessary delays while we process your request.



OWNER INFORMATION

You must provide one of the following as proof of ownership of the property:

- copy of your **RECORDED GRANT DEED:** or
- copy of the **CERTIFIED SETTLEMENT STATEMENT.**

1. RENTAL PROPERTY

ADDRESS(S) _____

2. WHAT IS THE LEGAL OWNER NAME(S) AS LISTED ON THE RECORDED GRANT DEED FOR THE ABOVE PROPERTY? IF MORE THAN ONE NAME, CIRCLE THE ONE NAME TO BE LISTED AS OWNER OF RECORD IN OUR COMPUTER SYSTEM.

PHONE # _____

FAX # _____

E-MAIL _____

3. IF LEGAL OWNER IS A COMPANY, WHAT IS THE NAME OF THE OWNER OR GENERAL PARTNER?

4. OWNER'S STREET

ADDRESS _____

5. OWNER'S MAILING ADDRESS, IF DIFFERENT

6. OWNER'S TAX IDENTIFICATION

NUMBER _____

Check if the above # is a [] SSN OR [] EIN

7. ENTER THE COMPLETE NAME SHOWN ON THE SOCIAL SECURITY CARD OR IN IRS RECORDS

Check if the above name is a [] Realtor [] Corporation [] other

Preparer's

Signature _____ Print

Name _____ Date _____



AUTHORIZED AGENT INFORMATION

NEW AGENTS: **Submit one of the following as verification of the named Authorized Agent:**

- (1) **Copy of Property Management Agreement** signed by owner, **OR**
- (2) **Letter** signed by owner, **OR**
- (3) Owner's signature **on the bottom of this form**, **OR**
- (4) **Copy of recorded court order.**

NOTE: **The Authorized Agent is anyone the property owner or court system has authorized to act or sign contracts on the owner's behalf (such as a property manager or management company, co-owner, executor, receiver, spouse, etc.). LEAVE THIS PAGE BLANK ONLY IF THERE IS NO AUTHORIZED AGENT.**

VN# _____ CL# _____ UN# _____

8. RENTAL PROPERTY ADDRESS(S) _____

9. THE PROPERTY OWNER HAS AUTHORIZED THE FOLLOWING AGENCY or AGENT TO ACT AND SIGN ON THE PROPERTY OWNER'S BEHALF ON ALL MATTERS BETWEEN THE OWNER AND SHRA.

PHONE # _____ FAX# _____

E-MAIL _____

10. IF THE AUTHORIZED AGENCY IS A COMPANY, WHO IS AUTHORIZED TO SIGN AS THE AGENCY'S REPRESENTATIVE(S)?

11. AGENCY'S STREET ADDRESS _____

12. MAILING ADDRESS IF DIFFERENT _____

Preparer's Signature _____ Print Name _____ Date _____



PAYEE INFORMATION

13. RENTAL PROPERTY
ADDRESS(S) _____

14. MAKE ALL CHECKS PAYABLE TO THE FOLLOWING NAME:

Check if the above name is a Realtor Corporation Other

15. PAYEE'S MAILING ADDRESS

PHONE # _____ FAX # _____

E-MAIL _____

16. PAYEE'S TAX IDENTIFICATION
NUMBER _____

Check if the above # is a SSN OR EIN

17. ENTER THE COMPLETE NAME SHOWN ON THE SOCIAL SECURITY CARD OR IN IRS RECORDS

Check if the above name is a Realtor Corporation Other

18. MAIL ALL OTHER CORRESPONDENCE TO EITHER THE OWNER AGENT or PAYEE



19. CERTIFICATION & SIGNATURE REQUIREMENTS

- a. Are you an employee, or related to an employee of the Sacramento Housing & Redevelopment Agency?
 YES _____ NO

Type or print employee's name
- b. Is the owner, principal or other interested party related to any member of the rental family?
 YES _____ NO

Name of family member Relationship to you
- c. If you answered yes to #2 above, are you providing reasonable accommodation for a family member who is a person with disabilities? YES (additional verification may be required) NO

I certify, under penalty of perjury, that the OWNER, AUTHORIZED AGENT & PAYEE information provided on this form is true and that I am either the LEGAL OWNER of the above property or I am LEGALLY AUTHORIZED to act on behalf of the owner for the above property. If at any time a question arises as to the validity of this information, or if there is a dispute among interested parties, I understand that a hold will be placed on future payments until proper, legal documentation is provided and/or the signatures of all parties claiming legal interest are provided.

Signature _____ Print
Name _____ Date _____

Company Name (if any) _____ Ph# _____

Address _____

