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.

**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.)

**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____________________________

Sacramento Housing & Redevelopment Agency 630 I Street, Sacramento, CA 95814
Phone (916) 440-1390 | fax (916) 449-1285 | www.shra.org
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 BEHAVIOR 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________________________________________________________________________________________