



WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION.

**The intent of this form is to collect information about the owner of a property under contract with MPHA and for property owners to assign property managers and check payees for their property. This form must be filled out for every tenancy that is being applied for by Section 8 Housing Choice Voucher participants.**

Rv. 1-2012

**A. Statement of Property Ownership/Authorization**

Regarding Tenant: \_\_\_\_\_ (Name)

Rental Property Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. I Declare That The Recorded Property Owner Is:**

This information must match the property owner of record filed with Hennepin County. If the information does not match what is listed at <http://www16.co.hennepin.mn.us/pins/>, you will be required to submit proof of ownership in the form of a Warranty Deed along with this form. If there is more than one property owner, this form must be filled out for each owner. Checks can be made payable to only one person/entity.

Name: \_\_\_\_\_  
REQUIRED FIELD

Phone: \_\_\_\_\_  
REQUIRED FIELD

Address: \_\_\_\_\_  
REQUIRED FIELD

Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
REQUIRED FIELD

E-Mail: \_\_\_\_\_  
REQUIRED FIELD

**HAP Checks should be made payable to:**

\_\_\_\_\_   
REQUIRED FIELD

**Check here** if this payee has never received payment from MPHA. If checked, an IRS W-9 form will be required.

**C. If Applicable:** Owner's Authorized Agent/Manager/Realtor/Power of Attorney, etc.

The following individual/agency is designated as an authorized representative and is authorized to act on my/our behalf which includes signing leases or contracts, and any pertinent proof documents relating to the rental of the above property.

Name: \_\_\_\_\_  
REQUIRED FIELD

Phone: \_\_\_\_\_  
REQUIRED FIELD

Address: \_\_\_\_\_  
REQUIRED FIELD

Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
REQUIRED FIELD

E-Mail: \_\_\_\_\_  
REQUIRED FIELD

**D. Check one: all mail should go to the address listed in  part B of this form,  part C of this form, or**

**other address:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Please note that MPHA can use only one address for checks and other correspondence.

**A signed W-9, for reporting to the IRS, is required prior to release of any payments**

**Signature of Owner**

**Date**

This form must be signed by the property owner of record. If the property owner of record is not available, the form can only be signed by a delegate if submitted along with documentation that the delegate has power of attorney for the property owner of record.