



OWNER/LANDLORD INFORMATION & CERTIFICATION

OWNER INFORMATION	
Owner Name:	Email Address:
Phone Number:	Fax Number:
Mailing Address:	
City, State, Zip:	

MANAGEMENT INFORMATION	
Manager Name:	Email Address:
Phone Number:	Fax Number:
Mailing Address:	
City, State, Zip:	

COMMUNICATION/CORRESPONDENCE/CERTIFICATION	
Communication/Correspondence should go to: <input type="checkbox"/> Owner <input type="checkbox"/> Manager	
Is the owner and/or manager related to the client currently applying to live in the rental unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the relationship to the client?	
Does the client have any ownership of the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the client's ownership of the unit?	

CLIENT INFORMATION	
Client Name:	
Address of rental unit:	
Property Name (if applicable):	

BANK INFORMATION	
Financial Institution Name:	
Specify type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number:	
Account Number:	
Signature below authorizes the accounting department to direct deposit HAP	
Please include voided check- No deposit slips accepted as they have incorrect/missing information	

Under penalties of perjury, I certify that I am the owner/authorized agent of the subsidized unit and the information provided on this form is true and correct to the best of my knowledge.

_____ _____ _____
 Print Name Signature Date

Warning: Title 18, Section 1002 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

