

# LEGAL OWNER & PAYMENT INFORMATION



**Instructions:** Each owner of a unit receiving Section 8 rental assistance must complete the Owner Information section below. The owner will receive all Housing Authority correspondence and Housing Assistance Payments (HAP) unless a different agent/payee is designated below.

## A. Legal Owner Information

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

(must match legal name as reported on Grant Deed/County records)

Circle one: Home Work Cell

Circle one: Home Work Cell

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enter Owner's Taxpayer Identification Number (TIN) issued by the Internal Revenue Service (IRS) or Social Security Number (SSN) in the below box.

The TIN/SSN must match the name given on the 'Legal Owner Name' line. The Housing Authority may request a copy of the TIN letter or Social Security card, if necessary.

TIN:   -

SSN:    -   -

If more than 1 owner is listed, specify name associated with SSN/TIN: \_\_\_\_\_

Is the legal owner of this property a trust or a trustee?  YES  NO

If YES, a copy of the executed trust document or other documentation confirming the person listed in Section A. is the trustee must be provided to the Housing Authority with this form

## B. Payee Information (Leave Blank if Owner is Also the Payee)

Payee Name: \_\_\_\_\_ Email: \_\_\_\_\_

(must match Line 1 of completed W-9 form)

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Circle one: Home Work Cell

Circle one: Home Work Cell

Payee Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If Payee will be receiving payment on Owner's behalf, enter Payee Taxpayer Identification Number (TIN) issued by the IRS in the below box.

TIN must match the name given on the "Payee Name" line. For individuals, enter the social security number (SSN). The Housing Authority may request a copy of the TIN letter or Social Security card, if necessary.

TIN:   -

SSN:    -   -

## C. Agent or Manager Information

Is there a Manager or Agent for this property that is not the Owner or Payee that may act on the Owner's behalf?  YES  NO

If Yes, please follow the instructions on the back of this form.

### Owner and Agent Certification:

I certify that I am the legal owner for the unit referenced on this form and all the information on this form is true and correct. I understand that if I name a Payee other than myself, the Payee will receive in their name all Housing Assistance Payments and owner correspondence and will act on my behalf regarding all housing matters for the rental property. If Payee is a real estate agent, the agent must use Form 1099-MISC to report the rent paid to the property owner per IRS regulation section 1.6041-1(e)(5)]. I understand that naming a Payee other than myself does not relieve me of any contractual requirements and responsibilities under the HUD-52641 HAP Contract. I understand that SCCHA will issue IRS Form-1099 to the Payee.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payee Signature: \_\_\_\_\_

Date: \_\_\_\_\_