OCCommunity Resources Orange County Housing Authority 1501 E. St. Andrew Place • Santa Ana, CA 92705

(714) 480-2700 • California Relay Service (800) 735-2929 http://www.ochousing.org

DECLARATION OF OWNERSHIP AND AUTHORIZATION FORM

Proper	rty Being L	eased (Address):		
		City:	Zip Code:	
			PR AGENT AUTHORIZED TO SIGN AND ACT ON BEHALF OF THE RENTAI THAT I DO NOT AND WILL NOT RESIDE IN THE RENTAL UNIT.	
1.	Complete A and/or B as applicable:			
	А.	Property Owner/Principal:	Phone:	
		Residence Address:		
		(Not P.O. Box)		
		City:	Zip Code:	
	B.	Management Co./Manager:	Phone:	
		Address:		
		City:	Zip Code:	
2.	Information appearing on IRS Form W-9, for this account with OCHA (Complete A & B):			
	A. Taxpayer Name(s):			
		(Must match W-9)		
	B.	Taxpayer Identification Number: (Must	match W-9)	
		Social Security Number:	´	
		Employer Identification Nun	ıber:	
	C.	C. Photocopy of Social Security Card of IRS Notice of Employer I.D. must be attached		
3.	Designate a mailing address for the housing assistance payment (rental subsidy) checks generated by OCHA on this account:			
	Taxpayer (Payee Name):			
	-	C/O (If applicable):		
	Street	Street Address:		
	City, State, and Zip Code:			
4.	Autho	Authorized Signature:		
	A.	Property Owner's Signature:		
	B.	B. Management Signature:		
	 If a Management signature appears without Property Owner's signature, a copy of the management authorization agreement must be attached. (Management compensation information may be omitted.) 			
WAR			it a criminal offense to make willful false statements or of the United States as to any matter within its jurisdiction.	
Housi	ng Superv	isor/Designee Initials:		
CIRCLE SECTION AND TYPE OF CHANGE			VENDOR NUMBER:	
Type of Change:			Forward to: Rental Assistance or Accounting	
	Initial Lease	e Dwnership/Management/Address Only		
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