

OWNER INFORMATION	: () New to HCV prog	gram ()Existing owner on HC	CV program	
Name:				-
Address:				-
Email:				_
Telephone #:_		Owner Tax ID (EIN #):	:	-
THE FOLLOWIN	IG DOCUMENTS	MUST BE SUBMITTED \	WITH EVERY RE	·TA
	Proof of own	ership (recorded deed)		
	 Current PAID 	property tax receipt		
	 Property mar 	nagement agreement		
	 W-9 Tax ID 0 	Certification Form		
	 Direct Depos 	sit Authorization Form		
Address: Email:		Mgmt Tax ID:		-
PAYMENT INFORMATION				-
Housing Assistance	Payment (HAP) Paye	e:		_
CONTACT for INSPECT	<u> ΓΙΟΝ:</u>			
Phone Number:				
Email:				
**If the management company has cha to be able to receive HAP monies. HAP over. If this process goes past the 60- the management company. It will go b	AP payments will be placed orday mark due to you not pr	on "HOLD" status for up to 60 days up roviding the required paperwork, then	ntil all paperwork has bee	n submitted and change
Owner Signature			_ Date:	
Management Compa	any Signature		Date:	

Created: 10/21/2024