For office use only:
Tenant code: _____

City of Oxnard Housing Authority
Section 8 - Housing Choice Voucher Program
Declaration of Property Ownership

Rental Property Address: _____

Legal Owner Information

Legal Owner Name(s):

Tax ID: _____
(Required if Payee. Must match EIN/SSN on W-9 form)

Owner's Phone #: Fax #:

Email:

I/we _____, certify I am/ we are the owner(s) of the above referenced property.

Agent / Management Company *(if any – please attach executed Property Management Agreement)*

Company Name: Agent:

Tax ID: _____
(Required if Payee. Must match EIN/SSN on W-9 form)

Address:

Phone #: Fax #:

Email:

Please attach the following required documents.

- ☐ **Proof of Ownership** (Grant deed, current property tax statement indicating owner's name or HUD-1 certified final settlement statement). If the property is held in a Trust, please submit a complete copy of the Trust Agreement.
- ☐ **W9 form completed** -If owner already has tax ID on file with the Oxnard Housing Authority, please indicate tax ID# _____
- ☐ **Direct Deposit Authorization form completed**

I understand no payments will be made to me until <u>all</u> documents have been provided and a Housing Assistance Payment (HAP) Contract is fully executed. Information on W9 form must match the designated payee. HAP will be reported to the IRS on form 1099 at the end of the year.

I hereby certify that all information provided above is true, correct, and complete.

Warning – Title 18 section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

_____ _____ _____
Print Owner(s)/Agent Name Signature of Owner(s)/Agent Date

EQUAL HOUSING OPPORTUNITY