

HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA

Section 8 Housing Choice Voucher Program

**STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION**

Tenant Name: \_\_\_\_\_ App. Code: \_\_\_\_\_

Property Address: \_\_\_\_\_

Voucher No.: \_\_\_\_\_

**Part One - Declaration of Ownership**

(Copy Of Property Tax Statement Or Grant Deed Required)

**I/We declare that the recorded property owners of the above-captioned property are:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

The following individual(s) possess power of attorney concerning the above-captioned property  
(Please Attach Verification Of Power Of Attorney):

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Part Two - Authorized Agent Information**

The following individual/agency (Manager, Realtor, etc.) is authorized to act on my behalf  
concerning the above-captioned property (**Copy Of Management Agreement Required**).

Name/Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: : \_\_\_\_\_

**Part Three - Rent Payment Instruction**

The monthly Housing Assistance Payment (HAP) Check is payable as follows:

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

Address: \_\_\_\_\_

Taxpayer ID Number (payee and taxpayer ID must match): \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or  
misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

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

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

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_