



HATC Use Only: Initials _____ Mailed/Faxed: _____

Housing Authority of Thurston County
1206 12th Avenue SE • Olympia, WA 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038
www.hatc.org

LEGAL OWNER & PAYMENT INFORMATION Requested Effective Date _____

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

A. Legal Owner Information

Owner Name: _____ Email: _____
(as listed on the property grant deed)

Primary Phone Number: _____ Alternate Phone Number: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

TIN/SSN: 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: _____

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 along with this form.

B. Payee Information (Do NOT complete this section if the legal owner is the payee.)

Payee Name: _____ Email: _____
(must match completed W-9 form)

Primary Phone Number: _____ Alternate Phone Number: _____

Payee Address: _____ City: _____ State: _____ Zip: _____

TIN/SSN: 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 HATC will issue IRS Form-1099 to the Payee.

Owner Signature: _____ Date: _____

Payee Signature: _____ Date: _____



AGENT AUTHORIZATION

If there is an Agent/Manager for this property that is not the Owner or Payee that may act on the Owner's behalf, provide the following information:

Agent/Company Name: _____

Agent Phone Number: _____

Agent Email: _____

A copy of the agent or management agreement between the Owner and the Agent must be provided to HATC. If the Owner has provided the management agreement to HATC previously, it does not need to be resubmitted.

If an Agent or Management Agreement is not available. The legal Owner must complete the form below:

I, _____ (Owner name)

hereby authorize _____ (Agent name),

hereafter as my Agent, to conduct business and enter into contractual agreements with the Housing Authority of Thurston County on my behalf as is required for the leasing of my property.

Legal Owner Signature: _____

Date: _____



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LIST OF ASSISTED PROPERTIES

Legal Owner Name: _____ **Payee Name:** _____
 (Leave blank if Owner is Payee)

List all units receiving Housing Assistance Payment (HAP) from HATC. If you own more than one unit/property with is receiving assistance, please provide the complete property address below or you may provide a separate document which lists all the requested information.

#	Unit/Property Address (Street Address, City and Zip Code)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	



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CHANGE OF OWNERSHIP AGREEMENT

I, _____ (new owner name), understand that as new owner of the property(ies) receiving Section 8 assistance that I have listed on the Legal Owner and Payment Information form, the Housing Assistance Payment (HAP) contract for this/these property(ies) is assigned to me effective: _____ (date ownership transferred)*.

I have received a copy of the HAP contract and the Tenancy Addendum. I agree that as the new owner of the contracted property(ies), I am subject to all terms and conditions as stated in the HAP contract.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT:

1. I have not been debarred, suspended or subject to a limited denial of participation under HUD regulations (see 24 Code of Federal Regulations Part 24);
2. The Federal government has not instituted an administrative or judicial action against me for violation of the Fair Housing Act or other Federal equal opportunity requirements, and such action is not pending and no court or administrative agency has determined that I have violated the Fair Housing Act or other Federal equal opportunity requirements;
3. I have not violated obligations under a Housing Assistance Payments contract under Section 8;
4. I have not committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program and I have not engaged in any drug-related criminal activity or any violent criminal activity.
5. I do not have a history or practice of non-compliance with the Housing Quality Standards for units leased under the Section 8 tenant-based programs, or non-compliance with applicable housing standards for units leased with project-based Section 8 assistance or for units leased under any other Federal housing program;
6. I do not have a history or practice of renting units that fail to meet State or local housing codes;
7. I do not have a history or practice of failing to terminate tenancy of tenants assisted under any Federally assisted housing program for any drug-related criminal activity or violent criminal activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household;
8. I have no history of failing to pay State or local real estate taxes, fines or assessments.

Owner's Signature

Date