(714) 480-2700 (714) 480-2926 TDD Http://www.ochousing.org

Fax Numbers:

Occupancy (714) 480-2701 (714) 480-2937 (714) 480-2919

Leasing/Inspections (714) 480-2822

Special Housing Programs (714) 480-2812

## DECLARATION OF OWNERSHIP AND AUTHORIZATION FORM

Property	Being Le	eased (Address):	
		City:	Zip Code:
			GENT AUTHORIZED TO SIGN AND ACT ON BEHALF OF THE RENTA AT I DO NOT AND WILL NOT RESIDE IN THE RENTAL UNIT.
1.	Complete A and/or B as applicable:		
	A.	Property Owner/Principal:	Phone:
		Residence Address:	
		(Not P.O. Box)	
		City:	Zip Code:
	В.	Management Co./Manager:	Phone:
			Zip Code:
2	T 6	. Dar was at	A MA OCHA (O LA A A P.)
2.	Information appearing on IRS Form W-9, for this account with OCHA (Complete A & B):		
	A.	Taxpayer Name(s):	<u> </u>
	(Must match W-9)  Towards Identification Number (Must match W 0)		1.00
	В.	Taxpayer Identification Number: (Must mate Social Security Number:	::n w-9)
		Employer Identification Number:	
	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 Address:		
	City, S	tate, and Zip Code:	
4.	Authorized Signature:		
	A. Property Owner's Signature:		
	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.)		
WARNI			criminal offense to make willful false statements or he United States as to any matter within its jurisdiction.
Housing	g Supervi	sor/Designee Initials:	
CIRCLE SECTION AND TYPE OF CHANGE  VENDOR NUMBER:			
Type of Change:			Forward to: Rental Assistance or Accounting

Initial Lease

Change of Ownership/Management/Address Only