



INVESTING IN COMMUNITIES

**FOR STAFF USE ONLY**

TO \_\_\_\_\_ Date Notified Of Change \_\_\_\_\_  
Date Pmt Placed on Hold \_\_\_\_\_ Date Form Mailed \_\_\_\_\_  
By \_\_\_\_\_ Rental Property \_\_\_\_\_  
Address(s) \_\_\_\_\_

Check the appropriate box for the change(s) you are reporting:

**A. OWNER (Please complete enclosed "Owner Information" form)**

- New Owner**
- Owner Address Change**

**B. PAYEE (Please complete enclosed "Payee Information" form)**

- New Payee**
- Payee Address Change**

**C. AGENT (Please complete enclosed "Agent Information" form)**

- New Agent**
- Agent Address Change**

**Owner Information:** The name you provide for the property owner **must** match the name recorded on the grant deed.

**Payee Information:** Only **one** name can be listed as the payee. A Tax Identification Number (TIN) is required for the payee. The name and TIN you provide **must** match Social Security or IRS records of the Payee.  
EXCEPTION: The owner name and TIN will be used for payments mailed to banks.

**Agent Information:** The Authorized Agent is anyone the property owner or court system has authorized to act or sign contracts on the owner's behalf (such as management company, executor, receiver, etc.)  
LEAVE THIS SECTION BLANK IF THERE IS NO AGENT.

**NOTE:** Please allow 30 days for your changes to become effective. Failure to submit all requested documentation, as listed on the enclosed forms, will cause further delay.

If you have changed your mailing address, you may wish to have the Post Office forward your mail to prevent unnecessary delays while we process your request.



**OWNER INFORMATION**

You must provide one of the following as proof of ownership of the property:

- copy of your **RECORDED GRANT DEED:** or
- copy of the **CERTIFIED SETTLEMENT STATEMENT.**

1. RENTAL PROPERTY

ADDRESS(S) \_\_\_\_\_

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2. WHAT IS THE LEGAL OWNER NAME(S) AS LISTED ON THE RECORDED GRANT DEED FOR THE ABOVE PROPERTY? IF MORE THAN ONE NAME, CIRCLE THE ONE NAME TO BE LISTED AS OWNER OF RECORD IN OUR COMPUTER SYSTEM.

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PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

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3. IF LEGAL OWNER IS A COMPANY, WHAT IS THE NAME OF THE OWNER OR GENERAL PARTNER?

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4. OWNER'S STREET

ADDRESS \_\_\_\_\_

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5. OWNER'S MAILING ADDRESS, IF DIFFERENT

\_\_\_\_\_

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6. OWNER'S TAX IDENTIFICATION

NUMBER \_\_\_\_\_

Check if the above # is a [ ] SSN OR [ ] EIN

7. ENTER THE COMPLETE NAME SHOWN ON THE SOCIAL SECURITY CARD OR IN IRS RECORDS

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Check if the above name is a [ ] Realtor [ ] Corporation [ ] other

Preparer's

Signature \_\_\_\_\_ Print

Name \_\_\_\_\_ Date \_\_\_\_\_



**AUTHORIZED AGENT INFORMATION**

NEW AGENTS: **Submit one of the following as verification of the named Authorized Agent:**

- (1) **Copy of Property Management Agreement** signed by owner, **OR**
- (2) **Letter** signed by owner, **OR**
- (3) Owner's signature **on the bottom of this form**, **OR**
- (4) **Copy of recorded court order.**

NOTE: **The Authorized Agent is anyone the property owner or court system has authorized to act or sign contracts on the owner's behalf (such as a property manager or management company, co-owner, executor, receiver, spouse, etc.). LEAVE THIS PAGE BLANK ONLY IF THERE IS NO AUTHORIZED AGENT.**

VN# \_\_\_\_\_ CL# \_\_\_\_\_ UN# \_\_\_\_\_

8. RENTAL PROPERTY ADDRESS(S) \_\_\_\_\_

9. THE PROPERTY OWNER HAS AUTHORIZED THE FOLLOWING AGENCY or AGENT TO ACT AND SIGN ON THE PROPERTY OWNER'S BEHALF ON ALL MATTERS BETWEEN THE OWNER AND SHRA.

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

E-MAIL \_\_\_\_\_

10. IF THE AUTHORIZED AGENCY IS A COMPANY, WHO IS AUTHORIZED TO SIGN AS THE AGENCY'S REPRESENTATIVE(S)?

11. AGENCY'S STREET ADDRESS \_\_\_\_\_

12. MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**PAYEE INFORMATION**

13. RENTAL PROPERTY  
ADDRESS(S) \_\_\_\_\_

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14. MAKE ALL CHECKS PAYABLE TO THE FOLLOWING NAME:

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Check if the above name is a     Realtor     Corporation     Other

15. PAYEE'S MAILING ADDRESS

\_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

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16. PAYEE'S TAX IDENTIFICATION  
NUMBER \_\_\_\_\_

Check if the above # is a     SSN    OR     EIN

17. ENTER THE COMPLETE NAME SHOWN ON THE SOCIAL SECURITY CARD OR IN IRS RECORDS

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Check if the above name is a     Realtor     Corporation     Other

18. MAIL ALL OTHER CORRESPONDENCE TO EITHER THE     OWNER     AGENT    or     PAYEE



19. CERTIFICATION & SIGNATURE REQUIREMENTS

- a. Are you an employee, or related to an employee of the Sacramento Housing & Redevelopment Agency?  
[ ] YES \_\_\_\_\_ [ ] NO \_\_\_\_\_  
Type or print employee's name
  
- b. Is the owner, principal or other interested party related to any member of the rental family?  
[ ] YES \_\_\_\_\_ [ ] NO \_\_\_\_\_  
Name of family member Relationship to you
  
- c. If you answered yes to #2 above, are you providing reasonable accommodation for a family member who is a person with disabilities? [ ] YES (additional verification may be required) [ ] NO

I certify, under penalty of perjury, that the OWNER, AUTHORIZED AGENT & PAYEE information provided on this form is true and that I am either the LEGAL OWNER of the above property or I am LEGALLY AUTHORIZED to act on behalf of the owner for the above property. If at any time a question arises as to the validity of this information, or if there is a dispute among interested parties, I understand that a hold will be placed on future payments until proper, legal documentation is provided and/or the signatures of all parties claiming legal interest are provided.

Signature \_\_\_\_\_ Print \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

Company Name (if any) \_\_\_\_\_ Ph# \_\_\_\_\_

Address \_\_\_\_\_

