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**HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO**

**Housing Choice Voucher Program**

672 South Waterman Avenue

San Bernardino, CA 92408

(909) 890-9533 / Fax (909) 890-5333

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**STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION**

Regarding Tenant: \_\_\_\_\_

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

**Part I**    **Declaration of Ownership** (Please attach a copy of the grant deed or current closing escrow statement and current mortgage statement)  
I/We declare that the recorded property owners are: *(If you have a PO Box, please list physical address also.)*

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Day Telephone (_____) _____	Day Telephone (_____) _____
E-mail address _____	E-mail address _____
Owner's Social Security Number or Tax ID Number: _____	Owner's Social Security Number or Tax ID Number: _____

3. Name: _____	4. Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Day Telephone (_____) _____	Day Telephone (_____) _____
E-mail address _____	E-mail address _____
Owner's Social Security Number or Tax ID Number: _____	Owner's Social Security Number or Tax ID Number: _____

**Part II**    **Owner's Authorized Agent**    (Manager, Realtor, Etc. if applicable, Management Agreement Required)

Name: _____	Title: _____
Address: _____	City, State, Zip: _____
Day Telephone: (_____) _____	Fax: (_____) _____

**Part III**    **Rent Payment Instructions**

**THE HOUSING ASSISTANCE PAYMENT (rent check) WILL BE MADE BY DIRECT DEPOSIT ONLY**

Payee Name: \_\_\_\_\_ Payee SSN or TIN Number: \_\_\_\_\_

Please note: The person/business' name and SSN/TIN to which the direct deposit is made will receive a 1099 from the HACSB at year end. Therefore, before a direct deposit can be made, the HACSB must have a W-9 on file for the person/business' for which the direct deposit will be made.

**DIRECT DEPOSIT ENROLLMENT: (For checking account attach a voided check, for saving account provide the routing number and account number, and for a Joint Account provide SSN/TIN for BOTH names on account)**

Bank Name: _____	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Name on Account: _____	SSN/TIN of Account Holder: _____
Name on Account: _____	SSN/TIN of Account Holder: _____
Routing Number: _____	Account Number: _____

**I hereby authorize the Housing Authority of the County of San Bernardino (HACSB) to initiate credit entries and to initiate, only if necessary, reversals and adjustments for any credit entries made in error to my checking or savings account indicated below (reversal entries will ONLY be initiated in the event that a credit was erroneously made into your account by HACSB AND after it was verified that you received or will receive proper notification that said credit was not due to you).**

**MORTGAGE INFORMATION:** I hereby authorize \_\_\_\_\_ to release to the

(Lender)

Housing Authority of the County of San Bernardino (HACSB) my mortgage payment history and give my permission to run credit checks.

**SIGNATURES:**

Owner: _____	Date: _____
Owner: _____	Date: _____
Owner: _____	Date: _____
Owner: _____	Date: _____
Authorized Agent: _____	Date: _____

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