



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

HOUSING PROGRAMS, 672 S WATERMAN AVE, SAN BERNARDINO, CA 92408 • PHONE: (909) 890-9533 • FAX: (909) 890-5333

STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION

Regarding Tenant: _____

Property Address: _____

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

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

(If there are more owners, please provide the above information for each additional owner on a separate sheet.)

Part II Owner's Authorized Agent (Manager, Realtor, etc. – if applicable – **Management Agreement and/or Letter of Authorization 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 HACSB at year end. Therefore, before a direct deposit can be made, 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 savings 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 above (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).

SIGNATURES: Owner: _____ Date: _____

Owner: _____ Date: _____

Agent: _____ Date: _____

(If there are more owners, please have them sign and date on the sheet where their information from Part I is provided.)

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.