



**HARRISONBURG
REDEVELOPMENT AND
HOUSING AUTHORITY**

P.O. BOX 1071 + HARRISONBURG, VA 22803
Phone/VTDD 540-434-7386 + Fax 540-432-1113

UNIT OWNER DESIGNATION

← RETURN THIS FORM TO HRHA

New Unit Change to Existing Unit Change to Multiple Units (please attach list)

Unit Address	Tenant Name
City, State Zip	If change, effective date of change

Unit Legal Owner (must submit proof of ownership, i.e., copy of recorded deed)

Mark X if change

Name	Contact Name	
Ownership Type <input type="checkbox"/> Individual or single-member LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
Street Address	City, State Zip	
Email Address	Phone #	

Unit Landlord

Check if same as owner

Mark X if change

Name	Contact Name	
Street Address	City, State Zip	
Email Address	Phone #	

If the landlord is not the owner, please **submit copy of management agreement** showing unit address, owner name and landlord name (pricing details may be redacted).

Please indicate the appropriate party below:

- Owner Landlord Authorized signatory (HAP contract, etc.)
- Owner Landlord Business representative (correspondence, rent increases, meetings, etc.)
- Owner Landlord HAP remittance paid to (SSN/TIN must match Direct Deposit & W-9)
- Owner Landlord 1099 sent to (SSN/TIN must match Direct Deposit & W-9)

SSN/EIN of entity receiving HAP payments:

Owner Certification:

By signing below, I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payment (HAP) contract. I authorize HRHA to issue payments according to the information shown above. By signing below, I certify that I am not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HRHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. Per Title 18, Section 1001 of the U.S. Code, a person who knowingly and willingly makes false and fraudulent statements to any Public Housing Authority may be subject to penalties that include fines and/or imprisonment.

Signature of Legal Owner: _____ Date: _____