



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

OWNER DESIGNATION

RETURN FORM TO HRHA

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

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

II **Unit Legal Owner/Deed Holder** (*attach proof of ownership, i.e., copy of recorded deed*)

Entity 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	Phone

Will you manage the property? No, I use a property manager Yes (skip to Section V)

III **Management Company**

Name	Contact Name
Street Address	City, State Zip
Email	Phone

Attach copy of management agreement with unit address, owner, & mgt. company names (pricing may be redacted)

IV **Please check the entity responsible for each task:**

Who is the authorized signatory (HAP contract, etc.)? Owner Mgt. Co.
 Who is the business point of contact (correspondence, rent increases, etc.)? Owner Mgt. Co.
 To whom is HAP remittance paid (SSN/TIN must match Direct Deposit & W-9)? Owner Mgt. Co.
 To whom is 1099 sent (SSN/TIN must match Direct Deposit & W-9)? Owner Mgt. Co.

V **SSN/EIN of entity receiving HAP payments:**

VI **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: _____