

St. Joseph County Housing Authority

107 W. Center St., P.O. Box 425, North Liberty, IN 46554

Ph: 574-656-3545 // Fax: 574-804-1005

mail@sjcha-in.com

OWNER VERIFICATION FORM

LANDLORD: It is necessary for you to complete this form and return it to the Saint Joseph County Housing Authority office before the unit can be approved. We need this information to complete the contract and lease on the unit that is coming on the Housing Choice Voucher Rental Assistance Program. If you have any questions concerning this matter, please feel free to contact the SJCHA at 574-656-3545.

OWNER LEGAL NAME: _____

OWNER PHYSICAL ADDRESS: _____

OWNER MAILING ADDRESS: _____

OWNER HOME PHONE: _____ OWNER CELL PHONE: _____

E MAIL: _____

OWNER TAX ID NUMBER OR SOC. SEC. NUMBER THAT IS TO BE USED FOR 1099'S AT THE END OF THE YEAR:

NAME MONTHLY PAYMENTS and 1099 TO BE ISSUED IN: _____

PLEASE INDICATE THE ADDRESS THAT EACH OF THE FOLLOWING SHOULD BE SENT TO:

MONTHLY RENT PAYMENT AND 1099 AT THE END OF THE YEAR (both must be the same)

CHANGE IN TENANT'S RENTAL PAYMENT:

NOTICE OF REPAIRS TO UNIT:

IF THERE IS A RENTAL PROPERTY MANAGER FOR THIS UNIT PLEASE FILL OUT NEXT PORTION:

MANAGER NAME: _____

MANAGER PHYSICAL ADDRESS: _____

MANAGER MAILING ADDRESS: _____

MGR HOME PHONE: _____ MGR WORK PHONE: _____

DOES THE RENTAL PROPERTY MANAGER HAVE THE AUTHORITY TO SIGN LEASES AND CONTRACTS ON BEHALF OF THE OWNER: _____?

SIGNATURE OF OWNER/LANDLORD

DATE

