

OWNER / LANDLORD INFORMATION & CERTIFICATION
****MANDATORY** – THIS FORM MUST BE COMPLETED FOR EVERY MOVE**
“ON FILE” WILL NOT BE ACCEPTED

Name of Property/Complex (if applicable): _____

Rental Property Address: _____

Name of Tenant/Potential Tenant: _____

Please mark which pertains to you: Sole Proprietor Partnership Corporation

Property Owner Information (please make certain the owner name and tax ID # match IRS taxpayer information)

Owner's Name: _____

Owner's Taxpayer ID #/SS #: _____ Phone # _____

Owner's Mailing Address: _____

City/State/Zip: _____

e-mail address: _____ FAX # _____

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Property Manager (if not the same as Owner listed above)

(NOTE: ALL CORRESPONDENCE AND PAYMENTS WILL BE SENT TO MANAGER IF THERE IS ONE)

Manager Name: _____

Mailing Address of Management: _____

City/State/Zip: _____

Phone # _____ FAX # _____

E-mail address: _____

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Banking Account for Direct Deposit Payments belongs to the:

Owner Manager Other (Please explain) _____

Are you related to the Section 8 Voucher holder currently applying to, or living in your rental unit? Yes No
If yes, what is your relation? _____

Does the tenant/client have any ownership in the rental unit listed above? Yes No

Your 1099 tax forms will be sent to the mailing address in our system.

Owner/Landlord Certification

Under penalties of perjury, I certify that I am the Owner/Authorized Agent of the unit listed above, and the information provided on this form is true and correct to the best of my knowledge.

Signature of Owner/Landlord

Date