



**STATEMENT OF PROPERTY OWNERSHIP/LETTER OF AUTHORIZATION**

Prospective Tenant Name: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

**Ownership:** PLEASE ATTACH COPY OF RECORDED DEED - I/we declare the recorded property owner(s) are as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorization:** The following individual(s)/agency is designated as my/our representative and is authorized to act on my/our behalf, which includes the power and authority to sign and enter into a Housing Assistance Payment (HAP) contract with the Southern Nevada Regional Housing Authority.

Business/Management Name: \_\_\_\_\_

Authorized Agent(s): \_\_\_\_\_

Address /City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Fax: \_\_\_\_\_

**Select One**

**1099 Payment Instructions:** The Housing Assistance Payment (HAP) shall be paid to the following:

Owner: \_\_\_\_\_ Tax ID \_\_\_\_\_

Address: \_\_\_\_\_

Agent: \_\_\_\_\_ Tax ID \_\_\_\_\_

Address: \_\_\_\_\_



**Payee:** List the Payee's Information. (If different than Agent above, provide a W-9 for the Payee.)

Name: \_\_\_\_\_ Tax ID \_\_\_\_\_

**Both Signatures Required**

**BY SIGNING THIS FORM, I ACKNOWLEDGE I HAVE NO INTEREST WITH SNRHA DIRECTLY OR INDIRECTLY IN ACORDANCE WITH 24 CFR 982.161I.**

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form to be used for SNRHA purposes only.**

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]  
 WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.  
 Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attn: 504 Officer.  
 Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.  
 Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.