STATEMENT OF PROPERTY OWNERSHIP/ADDRESS CHANGE

Minneapolis Public Housing Authority - Section 8 HCV Programs

I am the recorded property owner for the following address:

Tenant's Names: _____

_____

Rental Property Address: _____

Property Owner Information:

Name: _____ Social Security # _____/_____/_____

Address:_____ City:_____

State: _____ ZIP: _____ Phone: ( ) -_____-_____

Tax I.D. # _____ Please check if applicable: Non-Profit ☐ Corporation ☐

The following individual/agency is designated as my/our authorized representative and is authorized to act on my/our behalf which includes signing leases or contracts, and any pertinent documents relating to the rental of the above property

_____

_____

_____

_____

All payments are sent to the Property Owner listed above. Please complete below if payee is different than Property Owner

Agent: _____ **Title** _____

Address:_____ City:_____

State: _____ ZIP **:**_____ Phone: ( ) -_____-_____

_____ _____

Signature of Property Owner **Date**

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 matters within its jurisdiction.

Fax all items to: Alex Bauman (612) 638-4021. Questions call (612) 342-1421.