WASHINGTON COUNTY HOUSING AUTHORITY

Owner/Payee Certification

Owner Name:

Property Address:

Tax ID (Last 4):

Payee Name:

Date:

Certification

- ☐ **I am the legal owner or authorized representative.**
- ☐ **The payee is authorized to receive HAP.**
- ☐ **I will report ownership/payee/banking changes.**
- ☐ **All information provided is true and complete.**

Management Company

Mailing Address:

Phone:

Email:

Signature

Owner Signature: **Date:**

Printed Name:

Title:

WCHA Representative: **Date:**