



## HOUSING CHOICE VOUCHER (HCV) PROGRAM AFFIDAVIT OF OWNERSHIP

*If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 603-436-4310. Advance notice of seven days is required in order to arrange for interpreter services.*

Date: \_\_\_\_\_

The Portsmouth Housing Authority (PHA) conducts an owner screening for all Request for Tenancy Approvals (RFTAs) submitted. The legal Owner(s) must complete the appropriate sections of the attached forms. Failure to do so may result in the denial of the Request for Tenancy Approval (RTA). If the property will be managed by an entity other than the owner please have the managing agent sign Section F of this form.

This document contains seven (7) sections, please indicate the appropriate Ownership Type below and complete all applicable sections. Make sure to complete the appropriate section for your Ownership Type in full and submit the completed document with the Request for Tenancy Approval (RFTA) or via email at section8@nh-pha.com. This form may be dropped off in person to Portsmouth Housing Authority's main office.

Please select your Ownership Type:

- Individual/Sole Proprietor Ownership: Complete Sections A, B, F *(if applicable)*, and G
- Business Ownership: Complete Sections A, C, F *(if applicable)*, and G
- Court Appointed Receiver Ownership: Complete Sections A, D, F *(if applicable)*, and G
- Trust Ownership Complete Sections A, E, F *(if applicable)*, and G

Please note the following:

- All information reported will be verified via internal quality control. If we are unable to substantiate any items indicated, the owner will be contacted and asked to provide verification of their selections on the affidavit.
- If HAP is being paid to the property manager/management company the Social Security Number or Business Tax ID#/EIN issued by the IRS is required and must match Part 1 of IRS W-9 form.

### Section A: PROPERTY INFORMATION

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

Property Status (must be completed)

<b>Please check correct response below</b>	<b>YES</b>	<b>NO</b>
All real estate taxes and assessments are paid in full		
This Property is free of State and Federal tax liens. (Taxes must be in the owner's name.)		
This Property is free of judgments, liens, claims, and litigation.		
Does this Property have a reverse mortgage?		



**Section B: INDIVIDUAL/SOLE PROPRIETOR OWNERSHIP**

*Social Security Number (SSN) must match the owner name on file with the Social Security Administration.*

_____ Property Owner Name (to be used for tax purposes)	_____ Phone Number
_____ Property Owner Mailing Address	_____ City, State, Zip Code
_____ Email	
_____ Owner SSN (must match Part 1 of the IRS W-9 Form if receiving HAP)	

**Section C: BUSINESS OWNERSHIP**

*Select the type of Business Ownership*

- PARTNERSHIP                       CORPORATION                       LIMITED LIABILITY CO.  
 SINGLE MEMBER LLC               TRUST/ESTATE

_____ Business Tax ID #/ EIN issued by IRS ( <i>must match Part 1 of IRS W-9 Form if receiving HAP</i> )	
_____ Business Name	
_____ Street Address	_____ City, State, Zip Code
_____ Email	_____ Business Phone Number

Please list names and Titles of Partners, Shareholders or Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the company listed above is active and in good standing with the state of incorporation

_____ Authorized Agent	_____ Name and Title
---------------------------	-------------------------



**Section D: COURT APPOINTED RECEIVER WITH SPECIFIC AUTHORITY TO CONTRACT, LEASE AND ACCEPT RENT**

Receiver Name (to be used for tax purposes)

Phone Number

Receiver Mailing Address

City, State, Zip Code

Email

Is this a foreclosure?

Receiver SSN (must match Part 1 of the IRS W-9 Form if receiving HAP) **OR**

Business Tax ID #/ EIN issued by IRS (must match Part 1 of IRS W-9 Form if receiving HAP)

**Section E: TRUST AGREEMENTS – AFFIANT MUST HAVE POWER OF DIRECTION TO CONTRACT, LEASE AND ACCEPT RENT FOR PROPERTY HELD IN TRUST.**

Name (to be used for tax purposes)

Phone Number

Mailing Address

City, State, Zip Code

Email

SSN (must match Part 1 of the IRS W-9 Form if receiving HAP) **OR**

Business Tax ID #/ EIN issued by IRS (must match Part 1 of IRS W-9 Form if receiving HAP)

Trust Agreement Number

Name of Trustee with Power of Direction

**Section F: PROPERTY MANAGEMENT AUTHORIZATION**

As true and lawful owner(s) of the above property, I (we) do hereby authorize the property management listed below to act as agent on my (our) behalf for the matters itemized in the section below. Withdrawal of this authorization must be made in writing to the Housing Choice Voucher Program at least thirty (30) days prior to cancellation.

Please check all those that apply:

- Authorization to receive Housing Assistance Payment (HAP)
- Authorization to execute HAP Contract, RFTA and all other required documentation requested by PHA
- Act as an Owner Representative to conduct – business with PHA which may include, but is not limited to submitting Rent Increase requests, present for inspections and attend meetings.



**Section F: PROPERTY MANAGEMENT AUTHORIZATION cont.**

_____	_____
Management Company Name & Agent Name	Phone Number
_____	_____
Mailing Address	City, State, Zip Code
_____	
Email	
_____	
SSN (must match Part 1 of the IRS W-9 Form if receiving HAP) OR	
_____	
Business Tax ID #/ EIN issued by IRS (must match Part 1 of IRS W-9 Form if receiving HAP)	
_____	_____
Agent Signature	Date

**Section G: AFFIANT'S SIGNATURE**

*Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and Management Agents who violate this law may also be debarred from future participation in the Portsmouth Housing Authority (CHA) Housing Choice Voucher Program.*

\_\_\_\_\_

Affiant's Name

\_\_\_\_\_

Affiant's Signature

\_\_\_\_\_

Date