



Housing Authority of the City and County of San Francisco
Property Owner Packet

Property Owner Packet

Dear Property Owner: Please complete the information required in this packet and provide the required documents indicated in the checklist below to the Housing Authority of the City and County of San Francisco (Authority). Acceptable forms of signature include signatures written with ink in your own handwriting (i.e., a wet signature), a digital image of a handwritten signature, or a certified digital signature. Please return the completed packet and required documents to the Authority by mail or e-mail.

Location of Property

Tenant Name

Tenant Number/Entity ID

Street Address

City/State/Zip

Is this a new property or unit?

Yes No

Property Owner Checklist

<input type="checkbox"/>	Property Owner Information
<input type="checkbox"/>	Assumption of HAP Contract
<input type="checkbox"/>	Certification of Non-Related Tenancy
<input type="checkbox"/>	Disclosure of Information on Lead-Based Paint and Hazards
<input type="checkbox"/>	Direct Deposit Form
<input type="checkbox"/>	Voided Check or Letter from Financial Institution
<input type="checkbox"/>	Copy of W-9 <i>Taxpayer Identification Number/SSN</i>
<input type="checkbox"/>	Management Agreement <i>*Applicable if lease agreement and HAP contract are signed by Management Agent.</i>
<input type="checkbox"/>	Power of Attorney <i>*Applicable if party(ies) signing lease agreement and HAP contract are not identical with the Property Owner listed as proof of ownership.</i>
<input type="checkbox"/>	Recorded Grant Deed from the Recorder's Office <i>Or a certified stamp copy of the Closing Statement from the title company.</i>
<input type="checkbox"/>	Exhibit A <i>Legal description of "lot" & "block" number.</i>



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Property Owner Information

Property Owner Information

Property Owner Name

Tax ID Number

Street Address

City/State/Zip

E-mail Address

Phone Number

Agent/Management Company Information

Company Name

Contact Name

Street Address

City/State/Zip

E-mail Address

Phone Number

Make Checks Payable To

Payee Name

Street Address

City/State/Zip



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Assumption of HAP Contract

I, _____, am the property owner of the rental property located at

The property in question is occupied by a family participating in the Housing Choice Voucher Program whereby such tenancy is governed by a HAP contract executed by the Housing Authority of the City and County of San Francisco (Authority).

As the property owner, I hereby agree to comply with the terms and conditions of the HAP contract and Lease Agreement as a condition of receiving payments pursuant to said contract. I understand that the Authority may exercise any of its rights and remedies if I breach the HAP contract.

Property Owner Signature

Date

Authority Employee Signature

Date



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Certification of Non-Related Tenancy

Note: This form must be signed by both the property owner and the tenant.

Pursuant to 24 CFR 982.306 (D), no owner may rent a unit to a family member. I certify that I am not a parent, child, grandparent, grandchild, sister, brother, or sibling of any member of the household that is renting or from whom I am renting the unit located at the following address:

A reasonable accommodation can be made by the Authority for a tenant/family member who is a person with disabilities.

Property Owner Signature

Date

Tenant Signature

Date

Authority Waiver Authorization for Reasonable Accommodation:

Authority Employee Signature

Date



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Disclosure of Information on Lead-Based Paint and Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose a health hazard if not taken care of properly. Lead exposure is especially harmful to young children and pregnant people. Before renting pre-1978 housing, property owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead-poisoning prevention.

Property Owner/Agent Disclosure

a. Presence of lead-based paint or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

Property owner/agent has no knowledge of lead-based paint and/or hazards in the housing.

b. Records and reports available to the tenant (check one below):

Property owner/agent will provide the tenant with all available records and reports pertaining to lead based paint and/or lead based paint hazards in the housing upon request (list documents):

Property owner/agent has no reports or records pertaining to lead-based paint and/or lead-based hazards in the housing.

Tenant Acknowledgement (Initial)

c. _____ Tenant has received copies of all information listed above.

d. _____ Tenant has received the pamphlet *Protect Your Family from Lead in Your Home*.

Property Owner/Agent Acknowledgement (Initial)

e. _____ Property owner/agent has informed the tenant of the property owner/agent's obligations under 42 U.S.C. 4852(d) and is aware of their responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Tenant Name and Signature

Date

Property Owner/Agent Name and Signature

Date



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Direct Deposit Form

Please include a copy of a voided check or a letter from your bank providing confirmation of your account information. If you close your account, receive a new account number, or change your financial institution, please notify the Authority immediately and resubmit this form.

Property Owner Information

Check One: Property Owner Agent

Name

Tax ID

Street Address

City/State/Zip

E-mail Address

In order to receive details of your monthly payments, you must have an e-mail address.

Financial Institution Information

Type of Action: New Change

Type of Account: Checking Savings

Bank Name

ABA/TRANS NO (Routing)

Account Number

Property Owner/Agent Signature

Date

I (we) hereby authorize the Authority to initiate credit entries to my (our) account at the depository financial institution named above and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Authority Authorization

Authority Employee Signature

Date