



Greene Metropolitan Housing Authority

538 North Detroit Street, Xenia, OH 45385

Xenia: 937.376.2908 Section 8 Fax: 937.347.1230 Website: www.gmha.net

SECTION 8 AFFIDAVIT OF PROPERTY OWNERSHIP

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

The following persons are the true and lawful beneficial owners of the premises commonly known as:

Property Street Address _____ Property City, State Zip Code _____

Bathrooms ____ full ____ half Living space _____ sq. ft. Onsite maintenance? Yes No

Other amenities; i.e., receive deliveries/packages for tenant, lawn/snow removal, etc. _____

INDIVIDUAL/SOLE PROPRIETOR OWNERSHIP

Social Security Number (SSN#) or EIN must match the owner name on file with the Internal Revenue Service.

Property Owner Name (to be used for tax purposes) _____ Tax ID # _____

Street Address _____ City, State Zip Code _____

E-mail (required) _____ Phone Number _____

PROPERTY MANAGEMENT

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 in any and all matters concerning GMHA's Section 8 Program. Withdrawal of this authorization must be made in writing to the Section 8 Program at least thirty (30) days prior to cancellation.

Property Manager/ Property Management Company _____ Phone Number _____

Tax ID # _____ Email _____

Street Address _____ City, State ZIP code _____

Signature _____ Date _____

Owner: Please check the appropriate box so that GMHA can file accurate statistical reports to the Department of Housing Urban Development

<u>Race</u>		<u>Ethnicity</u>	<u>Gender</u>
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Female
<input type="checkbox"/> Asian or Pacific Islander			