



# CITY OF TORRANCE

HOUSING ASSISTANCE  
COMMUNITY DEVELOPMENT  
DEPARTMENT

3031 Torrance Blvd · Torrance, California 90503 · Telephone (310) 618-5840 · Fax (310) 618-2429

## STATEMENT OF PROPERTY OWNERSHIP

Please check one of the following below:

- NEW OWNER                       OWNERSHIP CHANGE                       PAYEE CHANGE  
 OWNER ADDRESS CHANGE                       PAYEE ADDRESS CHANGE

### Signatures & Copies of Valid Picture ID are required for all Request

1. For **NEW OWNER/OWNERSHIP CHANGE**, please fill out sections 1,2,3,4,5,6
2. For **PAYEE CHANGE**, please fill out sections 1,2,3,4,5,6
3. For **OWNER ADDRESS CHANGE**, please fill out sections 1, 6, 8
4. For **PAYEE ADDRESS CHANGE**, please fill out sections 1, 6, 9
5. For **AUTHORIZATIONS**, please fill out section 1, 6 7 (see reverse side)

### SECTION (1). Name of current owner (s), on Title or Business Entity on Title (As they appear on property deed):

A. \_\_\_\_\_ Tax I.D. \_\_\_\_\_  
(Must match W-9)

B. \_\_\_\_\_

C. Email Address: \_\_\_\_\_

### SECTION (2). Name of Payee on HAP Check: \_\_\_\_\_

(If different from owner)

Payee Tax I.D. \_\_\_\_\_ Tel No. \_\_\_\_\_  
Must be different from owner's TAX I.D.

SECTION (3). Permanent Street Address: \_\_\_\_\_  
Street Address City State Zip

SECTION (4). Mailing Address: \_\_\_\_\_  
Street Address City State Zip

### SECTION (5). Do you want to authorize third party to negotiate and sign Section 8 Contract?

\_\_\_ NO \_\_\_ Yes (Fill out section 7)

### SECTION (6). Provide complete address of Section 8 Unit: (Attach a separate sheet to this form for additional addresses)

A. \_\_\_\_\_  
Street Address City State Zip

B. \_\_\_\_\_  
Street Address City State Zip

**SECTION (7). AUTHORIZATION.** Name of person(s) authorized to negotiate and sign Section 8 HAP Contracts and request changes (owner address, payee address, direct deposit, and payee).

A. Name (Print) \_\_\_\_\_ Tel No. \_\_\_\_\_

B. Name (Print) \_\_\_\_\_ Tel No. \_\_\_\_\_

Management Agreement Required

**SECTION (8). OWNER ADDRESS CHANGE**

Owner or Vendor Account Number \_\_\_\_\_ Tel No. \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Tenant Address: \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_

Resident Address: \_\_\_\_\_

**SECTION (9). PAYEE ADDRESS CHANGE**

Payee Vendor Account Number: \_\_\_\_\_ Tel No. \_\_\_\_\_

Previous mailing Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

**SECTION (10). OWNERSHIP CHANGE**

Name (Print) \_\_\_\_\_ Tax I.D. \_\_\_\_\_

Other/Comments \_\_\_\_\_

By signing the form, the owner(s) agrees to be bound by and comply with the HAP Contract. The Section 8 payment will be placed on hold when we receive this completed form. No change in payments can be made until all required documentation has been received and verified by the Housing Authority. Our Section 8 payments are sent to owners on the 1st of each month. The new owner is responsible for obtaining any payment that may have been posted to the previous owner's account if we receive this form after the 15th of the month. Outstanding debts and judgments may be reposted to the consumer credit reporting agencies. I/We hereby authorize the Torrance Housing Authority to initiate credit entries, and, if necessary, debit entries and adjustments for any past due amount owed to the Housing Authority. Copies of this signed form will be treated as an original for all intended purposes.

**Signatures**

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

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

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**New Owners please do the following: 1) Send a copy of grant deed or closing escrow statement,  
2) Complete W9 and/or 3) Complete the Direct Deposit Form**