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CHANGE OF OWNERSHIP/MANAGEMENT PACKET – PBV/MOD REHAB

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

In order for the Chicago Housing Authority (CHA) to process your Project-Based Voucher (PBV) or Moderate Rehabilitation (MOD Rehab) Program Change of Ownership/Management request, the legal deeded owner(s) of the property must submit the documentation listed below. Failure to do so may result in the termination of the Housing Assistance Payment (HAP) Contract.

Each page of this packet requires information that is imperative to the expedient processing of your Change of Ownership/Management request. Therefore, please complete the packet in full and submit it via email to pbv@thecha.org or drop it off in person at the CHA Central Office.

Required Documentation Checklist:

- Change of Ownership/Management Form**
- Tenant List with Familial Relation Certification**
- Supporting Documentation** based on ownership type and change type
- HAP Contract Assignment** for each property index number (PIN) where a change has occurred
- Authorization for the Release of Information Form** (for individual property owners only)
- Signature Authorization Form**
- Direct Deposit Authorization Agreement** and voided check (must match the W-9)
- W-9 Form** (Request for Taxpayer Identification Number and Certification) signed and dated by the legal owner(s) of the referenced property or properties. The name and tax ID number listed on the W-9 form must match the information listed on the IRS verification letter or Social Security card.
- Affidavit of Ownership** for each property index number (PIN) where a change has occurred

Please note the following:

- For your request to take effect by a particular check issuance date, CHA must receive your completed packet before the data entry cut-off date that falls prior to the check issuance date. A Check Run Schedule is available on the HCV Owner Portal under 'RESOURCES' (chahcvportal.org) or by request from CHA staff (pbv@thecha.org). Failure to submit the packet before this date will result in payment to the property owner/manager currently on file.
- Late requests forfeit any past payments. CHA does not prorate HAP between two property owners (e.g., if the property was purchased on the 5th of the month, CHA will pay the entire month to the previous property owner and the following month to the new property owner).



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Complete the list below to include all of the PBV or MOD Rehab tenants currently residing at the property or properties where the change of ownership/management has occurred. If you have more than 12 voucher-assisted tenants at the property or properties, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

#	Voucher #	Name	Property Address	Unit	Relation?*
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No
11.					<input type="checkbox"/> Yes <input type="checkbox"/> No
12.					<input type="checkbox"/> Yes <input type="checkbox"/> No

*A relation is defined as the property owner (including a principal or other interested party) being the spouse, domestic partner, parent (mother/father), child, grandparent, grandchild, sister, or brother of any member of the voucher-assisted household. Unless CHA has determined (and has notified the property owner and the participant family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a participant family member who is a person with disabilities, renting to/from a relative is prohibited by CHA.



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SUPPORTING DOCUMENTATION

Please complete and/or include the appropriate documentation for the type of change that you are requesting.

Change of Ownership:

- Complete an **Affidavit of Ownership** for each property index number (PIN) where a change has occurred.
 - For an individual ownership, complete the **Authorization for the Release of Information Form** and attach a copy of your state-issued photo ID and Social Security card below.
 - For a company ownership, attach a copy of the IRS Employer Identification Number (EIN) verification letter (Letter 147C) below.
- If you are utilizing a property management company, complete the **Management Authorization** section of the **Affidavit of Ownership**.

Change of Management:

- Attach a termination letter for the previous property management company.
- Complete an **Affidavit of Ownership** for each property index number (PIN) where a change has occurred.
 - For an individual ownership, complete the **Authorization for the Release of Information Form** and attach a copy of your state-issued photo ID and Social Security card below.
 - For a company ownership, attach a copy of the IRS Employer Identification Number (EIN) verification letter (Letter 147C).
- If you are adding a new property management company, complete the **Management Authorization** section of the **Affidavit of Ownership**.

If applicable, include copies of photo ID, Social Security card, letter 147C and/or property management termination letter here.



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HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT ASSIGNMENT – PBV/MOD REHAB

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Date: _____ Previous Property Owner Vendor ID: _____

Property Information:

Development Name: _____

Property Code: _____

Program Type: [] Moderate Rehabilitation (MOD Rehab) [] Project-Based Voucher (PBV)

I (We), _____
(Name(s) listed on IRS Form W-9)

am (are) the new property owner(s)/manager(s) of the housing unit(s) located at:

_____.
(Address Range) (Street) (Ave. /St. /etc.) (City, State) (ZIP Code)

I (We) intend to carry out the terms and conditions listed in the current lease and HAP Contract, effective

_____ and signed by _____.
(Effective Date) (Previous Property Owner/Manager)

I (We) have attached all required documentation.

_____.
Name of New Property Owner/Manager (Print) Phone Number

_____.
Signature of New Property Owner/Manager Date

For Office Use Only:

_____.
Administrator Signature Date



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AUTHORIZATION FOR THE RELEASE OF INFORMATION – PBV/MOD REHAB

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The Chicago Housing Authority (CHA) will use enhanced screening criteria such as a credit and criminal background check in order to determine the eligibility of an individual property owner or manager to participate in the Project-Based Voucher (PBV) or Moderate Rehabilitation (MOD Rehab) Program. Therefore, it is required that you sign this authorization form and submit it with your Change of Ownership/Management packet.

Consent: I consent to allow HUD or CHA to request and obtain personal information for the purpose of verifying my eligibility for participation in the PBV or MOD Rehab Program. Authorization is given to perform a complete investigation (including criminal background check) and verification of all information provided in the Change of Ownership/Management packet. Furthermore, I hereby certify that I have personally filled in and/or reviewed all property owner/manager information listed in the Change of Ownership/Management packet.

I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that CHA, under this consent form, cannot use this information to deny, reduce or terminate participation without first conducting an independent verification. In addition, I am allowed to contest those determinations. My signature below authorizes all relevant entities to release credit and criminal record information.

Property Owner/Manager Name *Vendor ID (if applicable)*

Social Security Number/Tax ID Number *Date of Birth (if applicable)*

Signature *Date*



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SIGNATURE AUTHORIZATION FORM – PBV/MOD REHAB

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 Property/Development Name _____
 Contract #

Please be advised that the following employees/individuals are authorized to sign official business documents on behalf of the property indicated above, including certifications (e.g., form HUD 50059, Exigent Health & Safety), documentation from HUD’s Office of Fair Housing and Equal Opportunity (FHEO), contracts, rent schedules and other HUD forms, contracts and agreements.

After each employee/individual name, list the types of document(s) each person is authorized to sign (if all types, simply enter “ALL” in the Documents column).

Employee Name	Title	Email Address	Documents

The employees/individuals listed above will continue to have such signature authorization until I, as the property owner, have provided written notification of any changes to HUD and/or the Chicago Housing Authority.

 Property Owner Signature _____
 Date

 Property Owner Name (Print) _____
 Property Owner Title

 Company Name _____
 Phone Number

 Company Address _____
 City State ZIP Code

Rev. 12202021, Eff. 12232021, CHA-0322: Signature Authorization



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DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS – PBV/MOD REHAB

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As a property owner participating in the Project-Based Voucher (HCV) or Moderate Rehabilitation (MOD Rehab) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that you may incur fees and/or other penalties payable to CHA.

Please visit our website at www.thecha.org/forms to download the direct deposit registration form. Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail or email as indicated below:

1. Mail: CHA Project-Based Voucher Program
 Attn: Direct Deposit
 60 E. Van Buren Street, 10th Floor
 Chicago, IL 60605

2. Email: pbv@thecha.org

If you have any questions regarding direct deposit of your HAP, please contact the CHA Customer Call Center at 312-935-2600 or email pbv@thecha.org.

Thank you for your cooperation in this matter. We appreciate your continued support.

Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

A	Date – Date of form being filled for submission and on Form W-9 must match
B	Vendor ID – From HAP statement, if known
C	Name of Financial Institution/Account #/Routing # and Transit #/Type of Account – Whatever is listed on the verification document, see checking account/savings deposit slip sample attachment
D	The name indicated as the Payee Name and on Form W-9 must match
E	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
F	Authorized Person – Email, Address, City, State, ZIP Code, Phone, Signature



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DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: CHA Project-Based Voucher Program, Attn: Direct Deposit, 60 E. Van Buren, 10th Floor, Chicago, IL 60605 or email it to pbv@thecha.org.

Date: _____ (A) Property Owner Vendor ID (from HAP statement): _____ (B)

Please Check One: [] NEW ENROLLMENT [] CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) to deposit my Housing Assistance Payment (HAP) into my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____
Account Number: _____ Routing and Transit Number: _____ (C)
Type of Account (check one): [] Checking [] Savings

City: _____ State: _____ ZIP Code: _____

This authorization is to remain in full force and effect until CHA has received written notification from me of its termination in such time and in such manner as to afford CHA and the financial institution a reasonable opportunity to act upon it. CHA may also terminate the direct deposit if it determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that I may incur fees and/or other penalties payable to CHA. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.

Payee or an authorized person must complete the following and sign this request. Please print legibly.

Payee Name: _____ (D) SSN or Federal Tax I.D. #: _____ (E)

Name of Authorized Person: _____ Title: _____

Email Address: _____ (Required)
Address: _____ City: _____ State: _____ ZIP Code: _____
Telephone: Office (_____) _____ Cell (_____) _____ (F)
Signature of Property Owner or Authorized Person: X _____

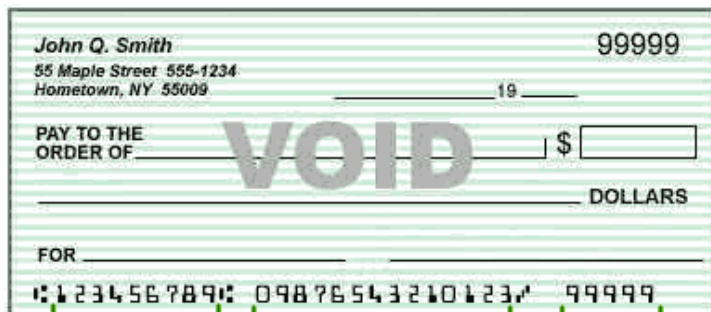
Failure to answer all questions and provide all documentation will result in delay of processing your request. Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, 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. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the PBV and/or MOD Rehab Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by CHA for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of property owners and/or management agents or any law by an employee or agent of CHA will result in penalties and fines.

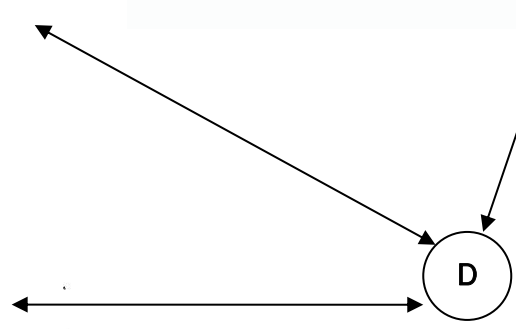
DIRECT DEPOSIT AUTHORIZATION
Attach Voided Check
or
Savings Account Deposit Slip



↑ check # ↑ routing and transit # ↑ checking account #



↑ Bank Routing Number ↑ Checking Account Number ↑ Check Number



DEPOSIT TICKET

71-7403/2719
CASH 25
CHECKS
TOTAL ITEMS

First/Last Name _____
Address _____
City, State Zip _____

DATE _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL
SIGN HERE IF CASH RECEIVED FROM DEPOSIT _____

First Bank of You _____

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

NET DEPOSIT \$ _____

!0150 ||| 3034 !: 0015075100 || " 909

Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
 - Encoding (the numbers on the bottom of your check/savings deposit slip)
 - Entity/Person must be the same as printed on the Direct Deposit Form
 - If starter checks, please hand write entity/person name

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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AFFIDAVIT OF OWNERSHIP – PBV/MOD REHAB

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Date: _____

Dear Property Owner:

The Chicago Housing Authority (CHA) conducts a property owner screening for all Change of Ownership/Management packet submissions. Therefore, the legal deeded property owner(s) must complete the appropriate sections of this form. Failure to do so may result in the denial of the request. In addition, if the property will be managed by an entity other than the property owner, the Management Authorization section must also be completed by the property owner and managing agent.

Please fill out the appropriate section in full for your Ownership Type (Individual/Sole Proprietor or Business) as well as the Management Authorization section (if applicable) and submit the completed document with the Change of Ownership/Management request via email to pbv@thecha.org. If preferred, you may also drop off the form in person at the CHA Central Office.

Please note the following:

- This form (one per property) is required for each property owner participating in the Project-Based Voucher (PBV) or Moderate Rehabilitation (MOD Rehab) Program.
- All information reported will be verified via internal quality control. If we are unable to substantiate any items indicated, the property owner will be contacted and asked to provide verification of their selections on the affidavit.

PROPERTY INFORMATION

Property Index Number (PIN): - - - -

Property Street Address (include range, if assigned to single PIN) _____ Property City, State, ZIP Code _____

PROPERTY STATUS (must be completed)

<i>Please check the correct response below:</i>	YES	NO
All real estate taxes and assessments are paid in full.		
This property is free of State and Federal tax liens. Note: Taxes must be in the owner's name.		
This property is free of judgements, liens, claims and litigation.		
This property has a reverse mortgage.		



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Types of Ownership – please only complete the section that corresponds to your ownership type

- Individual/Sole Proprietor Ownership: Complete Section A only
Business Ownership: Complete Section B only

SECTION A: 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 Address

City, State, ZIP Code

(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

Email Address

Property Owner SSN: [] [] [] - [] [] - [] [] [] []
(must match Part 1 of IRS W-9 Form if receiving HAP)

SECTION B: BUSINESS OWNERSHIP

Select the type of Business Ownership below in accordance with the tax status.

- Partnership Corporation Limited Partnership Limited Liability Company

Business Name

Business Phone Number

Business Address

City, State, ZIP Code

(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

Email Address

Business Tax ID#/EIN issue by the IRS: [] [] - [] [] [] [] [] []
(must match Part 1 of IRS W-9 Form if receiving HAP)

AFFIANT'S (PROPERTY OWNER'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. Property owners and managing agents who violate this law may also be debarred from future participation in the Chicago Housing Authority's Project-Based Voucher and/or Moderate Rehabilitation Program.

Affiant's Signature

Affiant's Name (printed)

Signature Date



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MANAGEMENT AUTHORIZATION (if applicable)

I (we) hereby authorize the property management company listed below to act as agent on my (our) behalf in any and all matters concerning CHA's PBV and/or MOD Rehab Program. Withdrawal of this authorization must be made in writing to CHA at least 30 days prior to cancellation.

Property Owner/Signer Name (print) Property Owner/Signer (signature) Date

Property Manager Name (print) Property Manager (signature) Date

Management Company

Property Manager/Management Company Address City State ZIP Code

Property Manager/Management Company Office Phone Property Manager/Management Company Cell Phone