

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES**  
SECTION 8 OWNER SERVICES  
2600 WILSHIRE BLVD LOS ANGELES 5<sup>th</sup> Floor, CA 90057 Ph: (213) 252-4249  
E-mail: [Owner.Services@hacla.org](mailto:Owner.Services@hacla.org)  
**DO NOT FAX THIS FORM**

OFFICE USE ONLY
ENTITY ID:
PROCESS #:
PREV VND #:
PAYEE #:
PREV PAYEE #:
INP BY/DATE:
EFF.DATE:
RELEASED RIM HOLD:

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 REQUESTS**

1. For **NEW OWNER**, please fill out sections **1, 2, 3, 4, 5, 6**
2. For **OWNERSHIP CHANGE**, please fill out sections **1, 6, 10**
3. For **PAYEE CHANGE**, please fill out sections **1, 2, 6**
4. For **OWNER ADDRESS CHANGE**, please fill out sections **1, 6, 8**
5. For **PAYEE ADDRESS CHANGE**, please fill out sections **1, 6, 9**
6. For **AUTHORIZATION**, 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: \_\_\_\_\_  
(No P.O Box or P.M.B)    Street #      Street Name/Suite      City      State      Zip

**SECTION (4).** Mailing Address: \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

**SECTION (5).** Do you want to authorize third party to negotiate and sign Section 8 contract?  YES (Fill out section 7)  
 NO

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

A. \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

B. \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

C. \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

D. \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

E. \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

F. \_\_\_\_\_  
Street #      Street Name/Suite      City      State      Zip

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined or imprisoned for not more than five years, or both.

**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, payee).

(Attach a separate sheet to this form to add more)

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

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

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

Owner or Vendor Account Number: \_\_\_\_\_ Tel No.(     ) \_\_\_\_\_

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

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

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

Residence Address: \_\_\_\_\_

(If different from mailing address)

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

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

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

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

**SECTION (10). OWNERSHIP CHANGE**

Name: \_\_\_\_\_ Tax I.D. \_\_\_\_\_

Other/ Comments (Please print): \_\_\_\_\_

By signing the form, the owner(s) agrees to be bound by and comply with the HAP Contract and HAPP RFTA-13, *Owner Certification of No Conflict of Interest*. A sample HAP contract and HAPP RFTA-13 forms can be viewed and downloaded at <http://www.hacla.org/owner-info/>. 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 1<sup>st</sup> 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 20<sup>th</sup> of the month. Outstanding debts and judgments may be reported to the consumer credit reporting agencies. I/We hereby authorize the Housing Authority of the City of Los Angeles, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_ Date \_\_\_\_\_

**HACLA USE ONLY**

Print Name/Title of Authorized Official: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_