



PERRY METROPOLITAN HOUSING AUTHORITY

13000 Parkview Drive Roseville, Ohio 43777

Section 8 – HCV/HUD Office

(740) 982-8021
(740) 982-8025 FAX
TTY: 711 or 1-800-750-0750



Administrative Office

(740) 982-5991
(740) 982-8025 FAX
TTY: 711 or 1-800-750-0750

Housing Choice Voucher Program Owner Information Form

Owner / Payee Name: _____

Owner address: _____

Property Address: _____

Owner Phone Number: _____

Effective Date of Ownership Change: _____

Management Agent (if applicable):

Management Company: _____

Contact Person: _____

Phone: _____ Email: _____

Required Documentation (check when attached):

- Completed and signed W-9
- Proof of Ownership (Recorded Deed / Settlement Statement)
- Direct Deposit / ACH Form
- Completed owner information form

Relationship Disclosure (Conflict of Interest):

- Owner/Agent IS related to a current tenant
- Owner/Agent is NOT related to a current tenant

Compliance Certifications:

- No delinquent real estate taxes
- No convictions involving drug-related criminal activity or mortgage fraud
- Not debarred, suspended, or subject to LDP (24 CFR Part 24)
- No restrictions from participating in federally assisted housing programs
- Compliance with Fair Housing Act and Civil Rights requirements



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Program Acknowledgements:

- Owner/Agent agrees to maintain the unit in accordance with HQS/NSPIRE-v (24 CFR 982.401).
- Owner/Agent agrees to comply with HAP Contract obligations.
- Owner/Agent acknowledges requirement to disclose ownership/management changes.

I certify under penalty of perjury that all information provided in this form is true, correct, and complete to the best of my knowledge and belief. I understand that providing false, misleading, or incomplete information may result in legal action, termination of agreements, and/or other applicable penalties.

Signature: _____

Date: _____