



PROPERTY RENTAL ASSISTANCE (PRA) PROGRAM AFFIDAVIT OF OWNERSHIP

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. Owners and Management Agents who violate this law may also be debarred from future participation in the Chicago Housing Authority (CHA) Property Rental Assistance (PRA) Program.

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

Property Street Address *Property City, State ZIP Code*

Permanent Index Number (PIN): - - - -

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 Street Address *City, State ZIP Code*

Email

Property Owner Signature *Signature Date*

Owner SSN #: - - *(must match Part 1 of IRS W-9 Form)*

TYPE OF BUSINESS OWNERSHIP

PARTNERSHIP CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY

Business Tax ID#/EIN issued by the IRS: - - *(Must match same on file with the IRS)*

Business Name *Business Phone Number*

Street Address *City, State ZIP Code*

Email

Business Officer's Signature *Business Officer's Name*

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 CHA's PRA Program. Withdrawal of this authorization must be made in writing to the PRA Program at least thirty (30) days prior to cancellation.

Business Name *Phone Number*

Contact Person Name *Email*

Street Address *City, State ZIP Code*

Signature *Signature Date*