

The Housing Authority

Of The City Of Danville, Illinois

1607 CLYMAN LANE

DANVILLE, ILLINOIS 61832

(217) 443-0621 ♦ FAX (217) 444-3172

Proof of Property Ownership

To participate in the Section 8 Housing Choice Voucher program, a property owner must submit legitimate proof of property ownership.

This form must be submitted with each RTA (Request for Tenancy Approval). Failure to provide such proof will delay the process and may result in denial of participation.

The following documents are acceptable proof of property ownership, one of which must be submitted with this form for it to be considered:

1. A Warranty Deed with the Vermilion County Recorder's instrument number and stamp. The specific address of the unit must be shown on the deed;
2. A current copy of the Vermilion County Assessor's property tax statement stating the property owner's name and the specific street address of the for the property;
3. A properly prepared real estate Sales Disclosure Form with the Vermilion County Assessor's stamp.
4. If there are more than two persons/organizations with ownership interest, please attach the additional names on a separate piece of paper.

NOTES:

- For Multi-Family complexes, "specific" refers to the general address of the complex
- For a Duplex or Quad, "specific" may be proved with an official Plat of the lot(s) submitted with the deed.
- A deed must be presented if the property is jointly owned.
- If the property is held in trust, we need a complete copy of the Trust Agreement.
- The property address must be shown on any document provided as proof of ownership.
- Deeds cannot be handwritten, this includes the unit property.

Property Name: _____

(ONLY IF MULTIFAMILY COMPLEX)

Property Address: _____

Resident Name: _____

Name of Organization/Individuals with ownership interest:

THE NAME(S) LISTED BELOW **MUST** REFLECT THE NAMES SHOWN ON THE PROVIDED DOCUMENTATION

1. Name: _____ SSN/TIN: _____

Address: _____

DATE OF BIRTH: _____ PHONE: _____

2. Name: _____ SSN/TIN: _____

Address: _____

DATE OF BIRTH: _____ PHONE: _____

Certification I certify under penalty of law that the information in this statement is, to the best of my knowledge, true, correct, and complete. The Indianapolis Housing Agency will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

Owner/Agent Name (PLEASE PRINT): _____

Signature: _____ Date: _____