



**Housing Authority of Lackawanna County**  
**Housing Choice Voucher Program**  
145 Railroad Avenue  
Peckville, Pennsylvania 18452  
Telephone (570) 489-3972  
Fax (570) 382-8906

**STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION**

Prospective Tenant Name: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

I/we declare that the recorded property owners are: PLEASE ATTACH A COPY OF THE DEED.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**OWNER'S AUTHORIZED AGENT: (Manager, Realtor, Power of Attorney)**

The following individual/agency is designated as my/our representative and is authorized to act on my/our behalf. PLEASE ATTACH A COPY OF THE MANAGEMENT AGREEMENT OR POWER OF ATTORNEY.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

email: \_\_\_\_\_

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**1099 PAYMENT INSTRUCTIONS:**

The housing assistance payment (ach payment) is to be sent as follows:

Payee: \_\_\_\_\_

Legal Owner's Social Security or Tax ID Number: \_\_\_\_\_

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**SIGNATURES:**

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_