



Indianapolis Housing Agency
 1935 North Meridian Street
 Indianapolis, IN 46202
 Phone: (317) 261-7200 Fax: (317) 261-7265

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 disallow 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 Marion 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 Marion 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 a Marion County Auditor'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: _____
(NO PO BOXES) STREET ADDRESS
 _____ PHONE: _____
CITY STATE ZIP

2.) Name: _____ SSN/TIN: _____
 Address: _____ DATE OF BIRTH: _____
(NO PO BOXES) STREET ADDRESS
 _____ PHONE: _____
CITY STATE ZIP

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: _____