



837 MAIN STREET
RACINE, WISCONSIN 53403

Landlord Information

Legal Owner Name: _____
Legal Owner Address: _____
Legal Owner City, State, Zip: _____
Legal Owner Phone: _____ eMail: _____
Legal Owner Tax ID: _____

If Legal Owner is an LLC, Partnership, or Corporation, we also require contact info for the Registered Agent:

Registered Agent Name: _____
Registered Agent Address: _____
Registered Agent City, State, Zip: _____
Registered Agent Phone: _____ eMail: _____

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I have included an IRS W9, and

I have included a Direct Deposit Authorization

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I certify that all information provided is true, correct, and complete, that I have no delinquent taxes, that I have no liens on this property, that any mortgage on this property is in good standing, that I have not engaged in drug-related or violent criminal activity, and that I have no violations in connection with any Federal housing program.

Signature of Legal Owner: _____ Date: _____

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If there is a Management Agent for this Owner, please complete the following:

I have included a copy of the Management Agreement, signed by both parties; or  
 I have included a copy of the Housing Authority's "Management Agent Authorization" form

Send leases and correspondence to:  
 Owner  
 Management Agent