



# CERTIFICATE OF OWNERSHIP

State Form 41387 (R5 / 7-95) / HB 0010

Name of tenant \_\_\_\_\_

Unit address (number and street, city, state, ZIP code) \_\_\_\_\_

This is to certify that \_\_\_\_\_, (Name as it appears on deed)

of \_\_\_\_\_, a (Address, city, state ZIP code)

\_\_\_\_\_ (Individual(s), corporation, partnership, sole proprietorship)

is the owner of the unit located at the above address. The Social Security number or Federal tax ID number \_\_\_\_\_.

Telephone number: \_\_\_\_\_.

Listed below are the names and titles of all persons authorized to execute leases and contracts, and to otherwise deal with the unit:

NAME OF AUTHORIZED PERSON	TITLE

The owner hereby designates \_\_\_\_\_, (Name of designee), telephone number: \_\_\_\_\_,

\_\_\_\_\_ to (Street address, city, state, ZIP code)

act as his agent in the rental and collection of rents for said unit. (Delete if not applicable.)

This is to certify that the above information is correct and accurate. The above information and authorizations shall remain in effect until changed by written notice by the undersigned to the Division of Family and Children, Housing and Community Services Section, P.O. Box 6116, Indianapolis, IN 46206-6116.

Date (month, day, year)	Printed name of owner
Signature of owner	Signature of co-owner