NOTICE: THIS FORM HAS TO BE FILLED OUT AND SIGNED BY THE ACTUAL OWNER OF THE PROPERTY OWNER-AGENT DATA FORM

PROPERTY AND OWNER INFORM	<u>IATION</u>			
PROPERTY:				
STREET	APT.#	CIT	Y, STATE & ZIP CODE	
OWNER (S):				
	LY AS IT APPEARS ON THE DE	ED TO THE PRO	PERTY	
STREET	CITY, STATE, ZIP C	ODE TEL	EPHONE #	
MANAGER/AGENT:				
STREET	CITY, STATE, ZIP C	ODE TEL	EPHONE #	
OWNER'S SOCIAL SECURITY NUP PARTNERSHIP OR TRUST):	MBER, (IF INDIVIDUAL) OR FE	EDERAL TAX I.D.	NUMBER (IF CORPORA	ATION,
(THIS INFORMATION MUST BE G	GIVEN TO THE PITTSFIELD HO	OUSING AUTHOR	ITY BY LAW.	
CERTIFICATION OF OWNERSHIP	AND INSURANCE			
I CERTIFY THAT I AM THE PRES NOT OWNED IN THE NAME OR I THE OWNERSHIP ENTITY (AR AGREEMENT) ESTABLISHING MY	NAMES OF INDIVIDUALS, A C TICLES OF INCORPORATIO	COPY OF THE O	RGANIZATION DOCUM	MENT OF
I/WE CERTIFY THAT I/WE HAVE THE ABOVE INFORMATION IS CO				L OF
OWNER (S) SIGNATURE		TITLE	DATE	
MANAGER (S) SIGNATURE		TITLE	<u>DATE</u>	