|  |  |
| --- | --- |
|  | Housing Authority of the City of Austin 1124 South IH 35, Austin, TX 78704  (512) 477-1314 Fax (512) 494-0686 |
|  | |

TAX – IDENTIFICATION FORM .

OWNER INFORMATION TO RECEIVE HOUSING ASSISTANCE PAYMENTS

In accordance with the Department of Housing and Urban Development (HUD), and the Internal Revenue Service (IRS), the Housing Authority is required to provide each Section 8 owner who receives more than six hundred dollars ($600) during the course of a year with a Form 1099. In order to accurately provide you with a 1099, provide us with your Social Security Number or Federal Tax Identification Number.

**Please print clearly to ensure timely/accurate disbursement of Housing Assistance Payments.**

**Type of Change Requested:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Add a New Owner** |  | **Ownership Change** |  | **Management Change Only** |  | **Direct Deposit** |
|  |  |  |  |  |  | \* Please complete the attached direct deposit authorization form. | |

**Make Housing Assistance Payment Check payable to:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner Name: | |  | | | | | | |
| Business Name / Management Company | | | | | |  | | |
| Tax I.D.or Social Security No.# | | | | |  | | | |
| *(Tax I.D. # needs to be for the property owner or management company the check is payable to as indicated above.)*  ***(IMPORTANT: USE this number on the W-9 Form!)*** | | | | | | | | |
| Street Address | | |  | | | | | |
|  | | | | | | | | |
| City | | | | | | | State | Zip |
| Name of Contact Person | | | |  | | | | |
| Phone # |  | | | | | | | |

**Email (**HAP Contracts can be emailed for signature**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List the name and addresses of ALL Section 8 tenant(s) residing in your unit affected by the change:  *(attach a separate sheet if necessary)* | | | | |
| **TENANT NAME** | | **UNIT ADDRESS** | | |
|  | |  | | |
|  | |  | | |
| **OFFICE USE ONLY** | | | | |
| VENDOR NUMBER |  | | EFFECTIVE DATE |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Authority Of the City of Austin**  **Direct Deposit Authorization Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name or Owner Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Tax ID Number:** | | |  | | | | | | | | | | | | | | | **Vendor Number:** | | | | |  | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** | | |  | | | | | | | | | **State:** | | | |  | | | | | **Zip:** | | |  | | | | |
| **Contact**  **Name:** | |  | | | | | | | | | | | | | **Phone**  **Number:** | | | | |  | | | | | | | | |
| Bank Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Bank Routing (ABA) Number**  **(9 digit number):** | | | | |  | | |  | |  | | | |  | | |  | |  | | |  | | | |  | |  |
| **Bank Account Number**: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please attach (1) one of the following for verification:** | | | | | | | | | | | **Check One: (1) one** | | | | | | | | | | | | | | | | | |
|  | **Voided Check** | | | | | | | | | |  | | **Checking**  **Savings** | | | | | | | | | | | | | | | |
|  | **Voided Deposit Slip** | | | | | | | | | |  | |
|  | **Specification form from bank** | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an authorized signer or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do hereby authorize the Housing Authority of the City of Austin, to deposit payments by direct deposit (ACH) directly into above specified bank account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | | | | | | |  | |  | | | | | | | | | | | | | | | |  | |  | |
| **Authorized Signature** | | | | | | | | | **Title** | | | | | | | | | | | | | | | | | | **Date** | |
| X | | | | | | |  | |  | | | | | | | | | | | | | | | |  | |  | |
| **HACA Staff Signature** | | | | | | | | | **Title** | | | | | | | | | | | | | | | | | | **Date** | |
| **Mail or Fax to: Housing Authority of the City of Austin - Housing Choice Voucher Program**  **1124 South IH35, Austin, TX 78704**  **P.O. Box 41119, Austin, TX 78704**  **(512) 477-1314 ext. 1352** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\* IMPORTANT: Please contact your bank to obtain the correct routing number.**  **The number at the bottom of your check is not the correct routing number.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |