



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:

<input type="checkbox"/>	Add a New Owner	<input type="checkbox"/>	Ownership Change	<input type="checkbox"/>	Management Change Only	<input type="checkbox"/>	Direct Deposit
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* 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				
<input type="checkbox"/>	Voided Check				<input type="checkbox"/>	Checking			
<input type="checkbox"/>	Voided Deposit Slip				<input type="checkbox"/>	Savings			
<input type="checkbox"/>	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
X		

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
Fax: (512) 494-0686

*** 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.

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