

ENROLLMENT AND MODIFICATION FORM FOR HRA ELECTRONIC PAYMENTS

This form authorizes HRA to deposit or modify electronic monthly payments to landlords

INSTRUCTIONS

Please complete all sections of this enrollment form and attach a voided check, the first page of a bank statement OR a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments.

Note: Your application cannot be processed without a voided check, bank statement, or signed letter by bank representative.

SECTION 1: PROCESS TYPE

Please check one:

(Check the Enrollment box to **sign up** for EFT. Check the Modification box only if you are **currently** enrolled and are making changes to your financial information. If you are modifying the account information for more than one tenant, attach a tenant list).

Enrollment <input type="checkbox"/> Modification <input type="checkbox"/>	Types of Modifications <ul style="list-style-type: none"> • Bank Account <input type="checkbox"/> • Landlord or Payee <input type="checkbox"/> • Address of: Landlord <input type="checkbox"/> Payee <input type="checkbox"/> Tenant <input type="checkbox"/> • Other <input type="checkbox"/>: _____
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SECTION 2: LANDLORD INFORMATION (PLEASE NOTE, ALL FIELDS ARE MANDATORY)

Landlord Name (<i>as it appears on W9</i>)	First:	Last:	
Landlord Business Name			
Is the Landlord also the Payee? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Tax ID # <input type="checkbox"/> Social Security # <input type="checkbox"/>			
Landlord/Management Office Address	Number	Street	Apt/STE
	City	State	Zip Code
Landlord Mailing Address Is the Mailing Address different than the Home/Office address? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, please provide	Number	Street	Apt/STE
	City	State	Zip Code
Landlord Phone Number	()	-	
Landlord Email Address			

SECTION 3: PAYEE INFORMATION (PLEASE NOTE, ALL FIELDS ARE MANDATORY)

Payee Name (<i>as it appears on W9</i>)	First:	Last:	
Payee Business Name			
Payee Mailing Address	Number	Street	Apt/STE
	City	State	Zip Code
Payee Phone Number	()	-	
Payee Email Address			

SECTION 4: BANK ACCOUNT INFORMATION (PLEASE NOTE, ALL FIELDS ARE MANDATORY)

Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Bank Name											
Account Name (<i>as it appears on the void check or statement</i>)											
ABA Number (<i>9-digit number from the bottom of your check</i>)											
Account Number											

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SECTION 5: TENANT INFORMATION	
Tenant Name	First: _____ Last: _____
Tenant Address	Number _____ Street _____ Apt/STE _____
	City _____ State _____ Zip Code _____
	Tenant Phone Number: (_____) _____ - _____
Name of Co-signing Tenant (if applicable)	_____

SECTION 6: LANDLORD/PAYEE SIGNATURE	
<p><i>I hereby authorize the New York City Human Resources Administration/Department of Social Services (HRA) to deposit rental assistance payments directly into my checking or savings account. I agree that this authorization will remain in effect until the HRA client(s) identified on this form or referenced in the attachments are no longer housed in my property. I agree that if an overpayment is applied to my account, HRA may debit the excess funds from the account designated on this form, but not without my prior written authorization. I hereby affirm the accuracy of the information stated on this form.</i></p>	

Print Landlord Name	
_____	_____
Signature of Landlord	Date
_____	_____
Print Name of Account Holder (If different from Landlord)	Account Name (as it appears on the void check or Bank statement)
_____	_____
Signature of Account Holder	Date
_____	_____

This form should be sent to:

Email: Homerentals@hra.nyc.gov

Mail: Rental Assistance Program Unit, 150 Greenwich Street, 36th Floor, New York, NY 10007