



Vendor #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

IF PARTNERSHIP OR CORPORATION, PLEASE PROVIDE NAMES & TITLES OF PARTNERS AND/OR OFFICERS

1. LAST NAME  FIRST  MI

TITLE

2. LAST NAME  FIRST  MI

TITLE

**CO-OP/CONDO OWNER**

EXACT LEGAL NAME OF OWNER

TELEPHONE #  E-MAIL ADDRESS

SOCIAL SECURITY #  -OR- TAX ID #

MAILING ADDRESS OF OWNER (No. & Street)  Apt. #

City  State  Zip Code  -

IS OWNER RELATED TO SECTION 8 TENANT?  YES  NO IF YES, SPECIFY RELATIONSHIP (And Submit Current Schedule "E" Tax Form)

**MANAGING AGENT**

CHECK HERE IF MANAGING AGENT IS THE SAME AS THE OWNER (SKIP THIS SECTION)

AGENT'S NAME

MAILING ADDRESS OF AGENT (No. & Street)  Apt. #

City  State  Zip Code  -

TELEPHONE #  E-MAIL ADDRESS



Vendor #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

**SUBSIDY PAYMENTS**

THE OWNER(S) HEREBY AUTHORIZE(S) AND REQUEST(S) THE NEW YORK CITY HOUSING AUTHORITY TO PAY ALL SUBSIDY PAYMENTS TO THE FOLLOWING:

NAME OF ENTITY OR PERSON TO WHOM HOUSING AUTHORITY PAYMENTS ARE TO BE MADE:

\_\_\_\_\_

IF NEITHER AGENT NOR OWNER,  
PLEASE DO NOT CHECK A BOX.

AGENT  OWNER

MAILING ADDRESS

\_\_\_\_\_

Apt. #

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_ - \_\_\_\_\_

TELEPHONE #

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-MAIL ADDRESS

\_\_\_\_\_

**THE ABOVE PARTY MUST COMPLETE, SIGN AND RETURN ATTACHED W-9 FORM.**

NAME (Print)

TITLE

SIGNATURE

DATE

NAME (Print)

TITLE

SIGNATURE

DATE



Vendor #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

### PAYMENT METHOD (For New Enrollments Only)

The New York City Housing Authority ("NYCHA") makes all Housing Assistance Payments electronically. To enroll in direct deposit, please complete the authorization below. If you already have a vendor number, you can sign up for Direct Deposit online, via the Owner Extranet.

New Owners are required to complete this form. Failure to complete this form will result in a delay of your Housing Assistance Payment from NYCHA. You may fax only this page directly to (866) 794-0744 as soon as possible to prevent any gaps in your payment.

#### Authorization for Direct Deposit

I would like Housing Assistance Payments made to my checking account via Direct Deposit; and have completed the authorization below.

By checking this box, signing my initials, I hereby authorize the New York City Housing Authority to deposit Housing Assistance Payments directly into my checking or savings account. I hereby affirm to the accuracy of all the information stated on this form.

ACCOUNT HOLDER 1

\_\_\_\_\_

ACCOUNT HOLDER 2 (OPTIONAL)

\_\_\_\_\_

BANK NAME

\_\_\_\_\_

ABA/ROUTING NUMBER

\_\_\_\_\_

ACCOUNT NUMBER

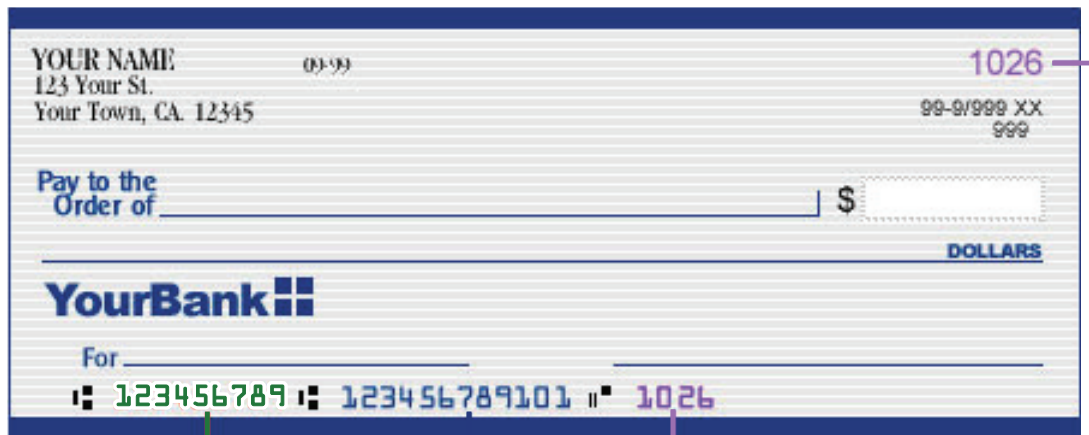
\_\_\_\_\_

BANK ACCOUNT TYPE

SAVINGS

CHECKING

INITIALS \_\_\_\_\_



ABA or Bank Routing Number

Bank Account Number

Check Number

NAME (Print) \_\_\_\_\_

TITLE \_\_\_\_\_

AGENT

OWNER

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

