Vendor #: ____

NEW YORK CITY HOUSING AUTHORITY LEASED HOUSING DEPARTMENT SECTION 8 PROPERTY OWNER REGISTRATION FORM

APPLICANT OR TENANT NAME(S) Voucher #:	
LAST	МІ
House # UNIT TO BE RENTED (Street) Apt. #	
BOROUGH: BRONX BROOKLYN MANHATTAN QUEENS S	TATEN ISLAND
VENDOR # (Found on Section 8 Subsidy Check)	
DO YOU NOW HAVE OR HAVE YOU HAD	
IN THE PAST ANY TENANTS RECEIVING SECTION 8 SUBSIDY IN THIS BUILDING? YES NO IF YES: - BUILDING ID #	
Zip Code	
TOTAL # OF ROOMS DATE OF PREVIOUS VACANCY	
IS BUILDING: RENT CONTROLLED CONDOMINIUM COOP	уууу)
RENT STABILIZED 1-5 FAMILY HOUSE OTHER	
LEASE TERM: 1 YEAR 2 YEARS	
ARE THERE ANY SERVICE OR OVERCHARGE CASES CURRENTLY PENDING WITH DHCR?	
IF YES, LIST DOCKET #: DOCKET #: NUMBERS: DOCKET #:	
DO YOU RECEIVE A LOW INCOME HOUSING YES NO IF YES, SPECIFY THE LOW INCOME HOUSING TAX CREDIT FOR THIS APARTMENT?	
COPY OF PREVIOUS LEASE AND/OR RENT REGISTRATION MUST BE SUBMITTED	
NO. OF APTS. NO. OF STORIES STORIES FLOOR ON WHICH RENTAL NO. OF BUILD IN COMPLEX	INGS
NAME OF DEVELOPMENT BLOCK # LC)T #
BUILDING OWNER	
EXACT LEGAL NAME OF OWNER	
THE BUSINESS IS A: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION CO	D-OP/CONDO
MAILING ADDRESS OF OWNER (No. & Street)	4
City State Zip Code	
TELEPHONE # E-MAIL ADDRESS	
SOCIAL SECURITY # TAX ID #	

Vendor #

Voucher #: _____

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

1. LAST NAME										F	IRST										MI	
TITLE																						
2. LAST NAME										F	IRST										MI	
TITLE																						
						CO-C	OP/C	OND	o ow	NER												
EXACT LEGAL NAME OF OWNER																						
TELEPHONE #				I	E-MAII	_ AD[DRES	SS														
SOCIAL SECURITY #								-0ł	र–	Т	AX ID :	#] [
MAILING ADDRESS OF	OWNER (No. & S	treet)															A	pt. #	<u>.</u>		
City										S	ate	1	Zip C	ode			_					
																-	•					
IS OWNER RELATED TO SECTION 8 TENANT?	Y	ΈS)					TY RE				Form,	, [
						MA		ING	AGEN	т					 							
CHECK HERE IF M	ANAGINO	G AGEN	NT IS TH	IE SAI	ME AS						SECT	ION)]
AGENT'S NAME																						
NAME																						
MAILING ADDRESS OF	AGENT (I	No. & St	reet)															A	pt. #	ŧ		
City										S	tate	-	Zip C	ode								
																-	•					
TELEPHONE #				I	E-MAIL	. ADD	RES	S							 		,					,



Ven	dor	#:

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



	Ve	ndo	or #:
--	----	-----	-------

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.

CCOUNT HOLE	ER 1													 										
CCOUNT HOLE			\																					
)																					
ANK NAME	I			LI				II							_		<u> </u>	II						
BA/ROUTING I	IUMBER																							
CCOUNT NUM	BER																1							
ANK ACCOUN	TYPE	SA	/INGS	; [CHE	CKIN	G										IN	ITIA	LS _				
ANK ACCOUN	YOUR 123 Yo Your T	NAM ur St. 'own, O	R			CHE(CKIN	G									5		102	26 xx	- 3]	 	
ANK ACCOUN	YOUR 123 Yo	NAM ur St. 'own, O	R				CKIN	G							\$	B	\$		102	26 xx	- 3			
ANK ACCOUN	YOUR 123 Ye Your T Pay t Ord	NAM ar St. 'own, C o the er of	E A. 12	345	0) yy	CKIN	G							\$	B	\$	99-9/	102	26 xx %	- 3			
ANK ACCOUN	YOUR 123 Ye Your T Pay t Ord	NAM ur St. 'own, O	E A. 12	345	0) yy	CKIN	G							{	B	5	99-9/	102 999 99	26 xx %	- 3			
ANK ACCOUN	YOUR 123 Yo Your T Pay t Ord Yo F	NAM ar St. own, C o the er of ourl	e a 12 3a 1	345 nk	0	ə-99			-						_ :	β	\$	99-9/	102 999 99	26 xx %	- 3			
ANK ACCOUN	YOUR 123 Yo Your T Pay t Ord Yo F	NAM ar St. own, C o the er of.	e a 12 3a 1	345 nk	0	ə-99			78*	110	1 "	1	50] {	B illion	5	99-9/	102 999 99	26 xx %	- 3			
ANK ACCOUN	YOUR 123 Yo Your T Pay t Ord Yo F F S AB/ Bar	NAM arr St. own, (o the er of url url url url a or - ok Ro	е А 12 Ван	345 nk	0	ə-99	234	56 nk /	- 78°	oun		1	0 2	Che	_] {			09-9/ D0	102 999 99	26 xx %	- 3			
ANK ACCOUN	YOUR 123 Yo Your T Pay t Ord Yo F F S AB/ Bar	NAM ar St. own, (o the er of or 123	е А 12 Ван	345 nk	0	ə-99	234	56 nk /	Acc	oun		1	50	Che				09-9/ D0	102 999 99	26 xx %	- 3		AG	



SIGNATURE

DATE