

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



