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 #
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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			_					
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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 #:
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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.

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SIGNATURE

DATE