

Tenant Name: _____

SECTION 8 LANDLORD INFORMATION SHEET
(please type or print clearly)

Owner's Name: _____

Physical Address: _____
(No P.O. Boxes)

City

State

Zip Code

Social Security Number or Federal Tax ID Number: _____

Daytime Phone: _____

Evening Phone: _____

Person to Contact in Case Emergency:

Name: _____

Phone: _____

SUBSIDY PAYMENT INFORMATION

Please print clearly the Name and Address as it should appear on the check:

Name: _____

Address: _____

City/State/ZIP: _____

I certify that the information provided above is accurate and complete.

Signature

Date:

PLEASE NOTE: HUD requires that we have physical addresses for all landlords receiving subsidy payments. If you prefer we use a PO Box please indicate that preference under "Subsidy Payment Information". All information obtained by this office is confidential. This form may be mailed or faxed.

The following information is required for Statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree in which housing programs are reaching minority landlords.

RACE – CHECK ONE

ETHNICITY – CHECK ONE

_____ Black _____ American Indian/Alaskan Native

_____ White _____ Asian/Pacific Islander

_____ Other = _____

_____ Hispanic

_____ Non-Hispanic

AUTHORIZATION FOR DIRECT DEPOSIT

I _____, authorize the Flint Housing Commission and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error until I have canceled it in writing with the Flint Housing Commission Housing Choice Voucher Program (Section 8).

PLEASE PRINT:

Your Name: _____

Name of Company if Different: _____

Your Mailing Address: _____

Phone #: _____

Email: _____

Your Financial Institution: _____

Your Financial Institution's Phone Number: _____

Your Financial Institution's ABA Routing #: _____
(This is the 9 digit number before you account number on your check).

Your Account Number: _____ Checking **OR**

_____ Savings

Your Signature: _____ Date: _____

Please attach a VOIDED BLANK CHECK to this form and return:

**FLINT HOUSING COMMISSION
ATTN: HOUSING CHOICE VOUCHER PROGRAM
3820 RICHFIELD ROAD
FLINT MICHIGAN 48506**

FOR ACCURACY, YOU MAY WISH TO HAVE YOUR BANK REVIEW THE ROUTING AND ACCOUNT NUMBERS.