



INDEPENDENCE HOUSING AUTHORITY

OWNER / MANAGEMENT COMPANY

Owner Name: _____

Owner Address: _____

Owner Email: _____

Telephone #: _____

Owner Tax ID or SSN: _____

Management Co. Name: _____

Management Co. Address: _____

Management Co. Phone #: _____

Management Co. Email: _____

Management Co. Tax ID: _____

*HAP Check Payable To: _____

HAP Payment Mailing Address: _____

(If the management company has changed and the old management company was the HAP Payee, then the new management company would need to complete this document, W9, and Direct Deposit Authorization Form to be able to receive the HAP monies. HAP payments will be placed on "HOLD" status for up to 60 days until all paperwork has been submitted and changed over. If this process goes past the 60 day mark due to you not providing the required paperwork, then HAP will not be paid back to the original change of the management company. It will go back to within 60 days of the completion of this process.

- THE 1099 WILL BE SENT TO THE HAP PAYEE

Please list the addresses of affected properties: _____

Owner Signature

Date