



# INDEPENDENCE HOUSING AUTHORITY

## OWNER / MANAGEMENT COMPANY

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Owner Tax ID or SSN: \_\_\_\_\_

Management Co. Name: \_\_\_\_\_

Management Co. Address: \_\_\_\_\_

Management Co. Phone #: \_\_\_\_\_

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, 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