

Changing Housing, Changing Minds, Changing Lives

530 E Pinner Street, Suffolk, Virginia 23434 P: 757-539-2100 F: 757-539-5184 TDD 757-538-2886

Owner/Agent/Payee Information for Housing Choice Program (Section 8) Participating Property Owners

Name of Property Owner:		
Co Owner (if applicable):		
Physical Address:		
Physical Address:City:	State:	Zip:
Mailing Address:		
Mailing Address: City:	State:	Zip:
Overnor 's Social Socurity Number or	End Tay ID:	
Owner 's Social Security Number or	(as provided	on the Federal Form W-
Phone Number: Home:	Business	:
Authorized Agent (if applicable): Address of Agent:		
Authorized Agent (if applicable): Address of Agent: City:Stat Phone Number: Home:	te:Zip:	
Authorized Agent (if applicable): Address of Agent:State City:State Phone Number: Home: Please issue the Housing Assistance I	te:Zip: Business	:
Authorized Agent (if applicable): Address of Agent:State City:State Phone Number: Home: Please issue the Housing Assistance F check one)	te:Zip:Business Payment Check per appli	:icable selection below: (
Authorized Agent (if applicable): Address of Agent:State City:State Phone Number: Home: Please issue the Housing Assistance For check one) () Issue and deposit HA	te:Zip:Business Payment Check per appli	icable selection below: (lany account
Authorized Agent (if applicable): Address of Agent:State City:State Phone Number: Home: Please issue the Housing Assistance In the Check one) () Issue and deposit HA	te:Zip:Business Payment Check per appli AP check in agent/compa AP check in owner's acc	icable selection below: (lany account ount
Authorized Agent (if applicable): Address of Agent:State City:State Phone Number: Home: Please issue the Housing Assistance F check one) () Issue and deposit HAM () Issue and deposit HAM	Payment Check per appli	:icable selection below: (lany account ount

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