



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

Property Owner:

Name of Property Owner: _____

Co Owner (if applicable): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner 's Social Security Number or Fed. Tax ID: _____

(as provided on the Federal Form W-9)

Phone Number: Home: _____ Business: _____

Agent:

Authorized Agent (if applicable): _____

Address of Agent: _____

City: _____ State: _____ Zip: _____

Phone Number: Home: _____ Business: _____

Payee:

Please issue the Housing Assistance Payment Check per applicable selection below: (Please check one)

() Issue and deposit HAP check in agent/company account

() Issue and deposit HAP check in owner's account

Property Owner's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

(if applicable)