Vendor #: ____

NEW YORK CITY HOUSING AUTHORITY LEASED HOUSING DEPARTMENT SECTION 8 PROPERTY OWNER REGISTRATION FORM

APPLICANT OR TENANT NAME(S)	Voucher #:
LAST	IRST MI
House # UNIT TO BE RENTED (Street)	Apt. #
BOROUGH: BRONX BROOKLYN M	ANHATTAN QUEENS STATEN ISLAND
	VENDOR # (Found on Section 8 Subsidy Check)
DO YOU NOW HAVE OR HAVE YOU HAD	
IN THE PAST ANY TENANTS RECEIVING SECTION 8 SUBSIDY IN THIS BUILDING?	YES: - BUILDING ID #
Zip Code	
TOTAL # OF ROOMS	DATE OF PREVIOUS VACANCY
	(mm/dd/yyyy)
RENT STABILIZED 1-5 FAMILY HOUSE	OTHER OTHER
LEASE TERM: 1 YEAR 2 YEARS	
ARE THERE ANY SERVICE OR OVERCHARGE CASES CURRENTLY PEND DOCKET #:	ING WITH DHCR? YES NO
IF YES, LIST DOCKET NUMBERS:	
	YES, SPECIFY THE LOW INCOME HOUSING \$
COPY OF PREVIOUS LEASE AND/OR RENT	REGISTRATION MUST BE SUBMITTED
	NO. OF BUILDINGS
NAME OF DEVELOPMENT	BLOCK # LOT #
BUILDING	DWNER
EXACT LEGAL NAME OF OWNER	
THE BUSINESS IS A: CORPORATION PARTNERSH	P LIMITED LIABILITY LIMITED LIABILITY CORPORATION PARTNERSHIP
LIMITED PARTNERSHIP SOLE PROPR	RIETORSHIP INDIVIDUAL TRUST
ESTATE COOPERATIV	CONDOMINIUM NOT FOR PROFIT
MAILING ADDRESS OF OWNER (No. & Street)	Apt. #
City	State Zip Code
1 of 5 NYCHA 059.122 (Rev. 10/15/18v10) VS_20170817	; ;

Vendor #:	Ve	ndor	#:
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Voucher #: _____

TELEPHONE #	E-MAIL ADDR	ESS			
SOCIAL SECURITY #		-OR-	TAX ID #		
IF PARTNERSHIP OR CORPORATION OR LLC, PL	ASE PROVIDE N	AMES & TITLE	S OF PARTNERS AND	/OR OFFICERS	AND MEMBERS
1. LAST NAME			FIRST		MI
TITLE					
2. LAST NAME			FIRST		MI
TITLE					
	CO-OP/	CONDO OWN	ER		
EXACT LEGAL NAME OF OWNER					
TELEPHONE #	E-MAIL ADDR	ESS			
SOCIAL SECURITY #		-OR-	TAX ID #		
MAILING ADDRESS OF OWNER (No. & Street)					Apt. #
City			State Zip Coc		
				-	
IS OWNER RELATED TO SECTION 8 TENANT?		SPECIFY RELA	ATIONSHIP chedule "E" Tax Form)		
	MAN	AGING AGENT			
CHECK HERE IF MANAGING AGENT IS THE	SAME AS THE O	WNER (SKIP TI	HIS SECTION)		
AGENT'S AGENT'S AGENT'S					
MAILING ADDRESS OF AGENT (No. & Street)					Apt. #
City			State Zip Coo	le	
				-	
TELEPHONE #	E-MAIL ADDRE	ESS			



Vendor #:

SUBSIDY PAYMENTS

THE OWNER(S) HEREBY AUTHORIZE(S) AND REQUEST(S) THE NEW YORK CITY HOUSING AUTHORITY TO PAY ALL SUBSIDY PAYMENTS TO THE FOLLOWING:

NAME OF ENTITY OR PERSON TO WHOM HOUSING AUTHORITY PAYMENTS ARE TO BE MADE:	IF NEITHER AGENT NOR OWNER, PLEASE DO NOT CHECK A BOX.
	AGENT OWNER
MAILING ADDRESS	Apt. #
City State Zip Code	
	-

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3 of 5

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Voucher #: _

PAYMENT METHOD (For New Enrollments Only)

The New York City Housing Authority ("NYCHA") makes all Housing Assistance Payments electronically. To enroll in direct deposit, please complete the authorization below. If you already have a vendor number, you can sign up for Direct Deposit online, via the Owner Extranet.

New Owners are required to complete this form. Failure to complete this form will result in a delay of your Housing Assistance Payment from NYCHA. You may fax only this page directly to (866) 794-0744 as soon as possible to prevent any gaps in your payment.

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SIGNATURE

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