



Vendor #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

TELEPHONE #

E-MAIL ADDRESS

SOCIAL SECURITY #

-OR-

TAX ID #

IF PARTNERSHIP OR CORPORATION OR LLC, PLEASE PROVIDE NAMES & TITLES OF PARTNERS AND/OR OFFICERS AND MEMBERS

1. LAST NAME

FIRST

MI

TITLE

2. LAST NAME

FIRST

MI

TITLE

**CO-OP/CONDO OWNER**

EXACT LEGAL NAME OF OWNER

TELEPHONE #

E-MAIL ADDRESS

SOCIAL SECURITY #

-OR-

TAX ID #

MAILING ADDRESS OF OWNER (No. & Street)

Apt. #

City

State

Zip Code

-

IS OWNER RELATED TO SECTION 8 TENANT?

YES

NO

IF YES, SPECIFY RELATIONSHIP  
(And Submit Current Schedule "E" Tax Form)

**MANAGING AGENT**

CHECK HERE IF MANAGING AGENT IS THE SAME AS THE OWNER (SKIP THIS SECTION)

AGENT'S NAME

MAILING ADDRESS OF AGENT (No. & Street)

Apt. #

City

State

Zip Code

-

TELEPHONE #

E-MAIL ADDRESS



Vendor #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

**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

\_\_\_\_\_ - \_\_\_\_\_

TELEPHONE #

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-MAIL ADDRESS

\_\_\_\_\_

**THE ABOVE PARTY MUST COMPLETE, SIGN AND RETURN ATTACHED W-9 FORM.**

NAME (Print)

TITLE

SIGNATURE

DATE

NAME (Print)

TITLE

SIGNATURE

DATE

NAME (Print)

TITLE

SIGNATURE

DATE

NAME (Print)

TITLE

SIGNATURE

DATE



Vendor #: \_\_\_\_\_

Voucher #: \_\_\_\_\_

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NAME (Print) TITLE

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SIGNATURE DATE

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