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 #:
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## 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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## **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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