

LANDLORD INFORMATION FORM

Payee Information (Please Check One)

Individual Business

Type of Action (Please Check One)

New Change Cancel

Please answer **all** the questions. If the question does not apply to you please indicate "Not Applicable" in that area. The payee/landlord should be the person identified below as the person or business to which the check is made payable.

Last Name _____

First Name _____

Effective Date of Change _____

Lookup Name (Office Only) _____

Full/Business Name _____

Phone Number _____

Fax _____

E-Mail Address _____

Social Security # (Individual) or Fed ID # (Business) _____

Correspondence Address _____

Payee Name _____

Check Address _____

1099 Address _____

Contact Name/Property Manager _____

Address Current Units Under Contract _____

PLEASE READ CAREFULLY & SIGN:

I certify that the statement(s) on this Change Form are true to the best of my knowledge & belief. I understand that the statement(s) will be verified. I understand that any false statement(s) made on this form may cause me to be punishable under Federal Law. I also understand that all changes must be reported to Reading Housing Authority in writing within **(10) ten days** of when the changes occur.

Landlord Signature

Date

You may submit this document in person, e-mail, fax or mail documents, please call to verify receipt.

Reading Housing Authority • Section 8 Housing Choice Voucher Program • 120 South 6th Street • Reading, PA 19602
Phone 610-373-5088 • Fax 610-373-4260 • Section8@readingha.org