

**DISTRICT OF COLUMBIA HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM  
Property Owner/Agent Payment Information Form**

**Request For:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>New Landlord/Agent</b>            | <input type="checkbox"/> <b>New Owner</b>                |
| <input type="checkbox"/> <b>Change in Contact Information</b> | <input type="checkbox"/> <b>Tax ID or SSN Correction</b> |

*Please submit this completed form along with a copy of the deed and management agreement if applicable. This form must be completed for each address to which the deed applies. Please type/print information for clarity. All persons listed on the deed must sign this form or submit a release form.*

**A. PARTICIPANT INFORMATION:**

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant Property Address: \_\_\_\_\_  
\_\_\_\_\_

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**B. PAYEE INFORMATION**

Company Name: \_\_\_\_\_

Payee's Name (First & Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ Evening Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_ SSN: \_\_\_\_\_

**B. OWNER INFORMATION**

Company Name: \_\_\_\_\_

Payee's Name (First & Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ Evening Number: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_ SSN: \_\_\_\_\_

**Payee Signature:** \_\_\_\_\_ **Joint Owner (If applicable)** \_\_\_\_\_

**Please Note: If you choose to use a P O Box as your mailing address – You must provide us with a street address. This address will not be disclosed to anyone other than employees of the Housing Choice Voucher Program. (Street Address):** \_\_\_\_\_

*For HCVP Staff Only:*

Date Received: \_\_\_\_\_ Date of Input \_\_\_\_\_ Signature: \_\_\_\_\_