



Chillicothe Metropolitan Housing Authority

178 WEST FOURTH STREET, CHILLICOTHE, OHIO 45601-3219
TELEPHONE (740) 775-7881 * FAX (740) 775-7896 * TDDY (740) 775-7768

KATHLEEN Z. SIMS, P.H.M.
Executive Director

Rental Income reported on 1099s / Check information

Please complete the following with the **owner's** information by indicating the **EXACT NAME AND ADDRESS of the PERSON or ORGANIZATION** that is to be printed on the 1099 for rental income which will be reported to the Internal Revenue Services (IRS).

(IRS): Owner's Name must correspond with SSN or TIN provided

Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Business phone: _____ Fax: _____

E-mail: _____

(Please use Owner's ID or Social Security number that corresponds with the name listed above.)

SS Number: _____

Federal Tax ID Number: _____

Please be advised that all payments will be direct deposited. Please supply a voided check with this form.

Owner or Manager Home address (if different than above) for correspondence purposes:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/cell phone: _____ Fax: _____

E-mail: _____

HUD required data

Federal Law requires that we maintain the race and sex of anyone participating in a federal program. Therefore, please complete the following owner information:

Race: _____ White _____ Black or African American _____ American Indian or Alaska Native
_____ Asian _____ Native Hawaiian or other Pacific Islander

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino **Sex:** _____ Male _____ Female

Warning: Section 1001 of Title 18 of the Federal Code makes it a criminal offense to make false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Are you related to anyone living in the rental unit? ___ Yes ___ No If so, how? _____

The person completing this form is the Owner ___ or Manager ____.

Signature of Owner / Manager

Date



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Authorization Agreement for ACH Payments

I hereby authorize Chillicothe Metropolitan Housing Authority to deposit Housing Assistance Payments by electronic funds transfer (ACH).

Please enroll me in the *Direct Deposit* Program or *make a change in bank account*.

Please type or *clearly print* all requested information and return form to CMHA.

New Request _____ *Change Request* _____

_____ Enclosed **voided check** (not deposit slip) or **clearly print**

Name of Bank

Account Number

Bank Routing Number

_____ I only have a **Savings Account**

Bank Name

Savings Account Number

Bank Routing Number

Name on account: _____

Address: _____

E-mail: _____

Correspondences only

Phone Number: _____

Cell/Business: _____

SS Number: _____

Federal Tax ID number: _____

Signature of Owner/Manager

Date

Printed name