HOUSING ASSISTANCE PAYMENTS AUTHORIZATION FORM

The purpose of this form is to collect necessary Payment Recipient Information for the entity receiving payments under HOM, Inc. Rental Assistance Programs. Once completed, this form can be returned to the assigned Housing Specialist at HOM Inc., by email to landlordengagement@hominc.com, regular mail, in person or via fax at (602) 265-4680.

Property Information

Property Name (if applicable)	**Property Street Address** (not necessarily unit address)
Email (for program correspondence)	**Phone Number** (for program correspondence)

Property Manager Information (if managed) *Please Attach Property Management Agreement*

Name of Property Management Company	**Mailing Address**
Contact Name	**Contact Title**
Contact Email Address	**Contact Phone Number**

Property Owner Information

Name of Property Owner, as recorded at the County Assessor	**DBA** (if applicable for payment information)	
Mailing Address	**Email Address**	**Phone Number**

Payment and Account Information

Payment Account Owner (Select One) ☐ Property Owner* ☐ Property Management * ☐ Trust Account on behalf of Owner *	**Payee Name** (as it appears on bank account)
Name for Payment Remittance (HOM, Inc. payments will be made payable to this name)	**Contact Name for Payments**
Address for Payment Remittance (HOM, Inc. payments will be mailed to this address)	**Contact Phone Number for Payments**
City, State, ZIP Code	**Contact Email Address for Payments**
Taxpayer Identification Number of Payee, SNN or EIN	

<u>*Provide W-9 for the Payee*</u>

Financial Institution Name	
Routing Number (<u>NOT</u> the number on the direct deposit slip)	**Account Number**
Type of Account (Select One) ☐ Checking ☐ Savings ☐ Depository ☐ Paper Check	**Supporting Documentation Provided** (Required; Select One) ☐ Voided Check ☐ Bank Letter

1099 Information

All Entities who receive more than current IRS threshold in payments a 1099 form will be mailed to the payee in accordance with IRS. **Must be associated with payment account**

AUTHORIZATION AGREEMENT

I hereby authorize HOM, Inc. to deposit Housing Assistance Payments (HAP) by electronic funds transfer (EFT) into the account with the Financial Institution indicated above. The information above is complete and true to the best of my knowledge. I attest that I am a legal representative of the property and entities listed above. This authority is to remain in full force and effect until HOM, Inc. has received written notice to terminate this authorization.

Authorized Signature	**Date**