



ANAHEIM HOUSING AUTHORITY
CITY HALL WEST TOWER
201 S. ANAHEIM BLVD., SECOND FLOOR, ANAHEIM CA 92805
PHONE 714-765-4320 FAX 714-765-4331
WWW.ANAHEIMHOUSINGPROGRAMS.COM

Dear Property Owner,

The Anaheim Housing Authority (AHA) requires owners to set up a direct deposit for receipt of your Housing Assistance Payment (HAP) checks. To request direct deposit, or to make a change if you already have direct deposit, you must fill out the **Declaration of Ownership Form** and the **Authorization Agreement for Automatic Direct Deposit Form**. Enclosed you will find both of these necessary forms to create or update your direct deposit account with AHA.

- **The Declaration of Ownership Form:** This is where you can inform the AHA if the information we have on file for you is current.
If the information that you have on file has not changed, please mark the box stating that there is *No change to the owner or payee address on file*.
If the information has changed please mark the box stating that you have *Changes to address* and complete the form with the pertinent information. If you make a change in the information, depending on the type of change, we may need to contact you and request further information.
- **Authorization Agreement for Automatic Direct Deposit:** Please read and fill out the form completely. Please attach an original printed voided check.

Please complete and return the enclosed forms in order to create or update your direct deposit account with AHA.



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DECLARATION OF OWNERSHIP AND AUTHORIZATION FORM

RENTAL PROPERTY ADDRESS: _____

NOTE: The following information is required to verify ownership for release of Housing Assistance Payments (HAP). The information provided will be held in strictest confidence.

- No change to owner or payee address on file.** **Change(s) to address.**
(Complete below only if you want to change information.)

I HEREBY DECLARE THAT I AM THE LEGAL OWNER OR AGENT AUTHORIZED TO SIGN AND ACT ON BEHALF OF THE RENTAL PROPERTY DESCRIBED IN THE ASSISTED LEASE.

1. Complete for the legal owner(s) of the property:

A. Property Owner/Principal: _____
Attention: _____
Phone: _____
Residence Address
(Not PO Box): _____
Social Security Number OR
Tax Identification Number (TIN): _____

2. Designate a Payee and a mailing address for the Housing Assistance Payment (HAP) checks.

This payee needs to match the information completed on Form W-9. HAP will be reported to the IRS on form 1099 at the end of the year with the information listed below.

Payee Name _____
Attention: _____
Mailing Address: _____
City/State/Zip: _____
Taxpayer Name(s): _____
Social Security Number OR
Tax Identification Number (TIN): _____

3. If there is a Management Company/Manager, please fill out the following:

Management Company/Manager: _____
Address: _____ Phone _____
Authorized Contract Signer(s): _____

4. Authorized Signatures:

A. Property Owner's Signature: _____ Date _____

If a Management signature appears without a Property Owner's signature, a copy of the management authorization agreement must be attached (management compensation information may be omitted).

B. Management Signature: _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its Jurisdictions.



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- New Direct Deposit Enrollment Change Direct Deposit Information

Authorization Agreement for Automatic Direct Deposit

INSTRUCTIONS

1. Fill out this form completely **do not omit any information.**
2. Attach an original **voided check** for the account into which you would like the Housing Authority to deposit the funds (voided check must include your name or you may write it in).
3. **Deposit slips will not be accepted.** For a savings account **please provide a statement from your financial institution reflecting the correct transit routing number** and account number.
4. Return this form, together with your original voided check or documentation from your financial institution, to the Anaheim Housing Authority, **ATTN: Direct Deposit, 201 S. Anaheim Blvd, Second Floor, Anaheim, CA 92805.** Contact us if you have any questions.

By acceptance of the funds through direct deposit, the owner certifies that the best of his/her knowledge the dwelling unit is in decent, safe and sanitary condition; the contracting family is in the unit and is expected to be there the entire month; the deposited amount is in accordance with the provisions of the housing assistance payment (HAP) contract and is payable under the HAP contract; and all other facts and data on which this amount is based are true and correct.

Anyone submitting fraudulent information is subject to fine or imprisonment. Title 18 U.S.C. 1001

Written notification of all changes must be submitted to the Anaheim Housing Authority (AHA) at least 15 days prior to payment date. If you change your address, please remember to update AHA so that you will continue to receive all other important information such as inspection appointment letters, the owner newsletter and program updates.

I hereby authorize the Anaheim Housing Authority to initiate credit entries to our account designated:

Select One: **Savings Account** **Checking Account**

Payee Name _____
(name on W-9)

Soc. Sec. No./Tax ID No. _____

Signature _____

Date _____

Phone Number _____

Owner Name _____
(if different from payee)

Soc. Sec. No./Tax ID No. _____

NOTE: ATTACH AND RETURN THIS FORM WITH DECLARATION OF OWNERSHIP AND AUTHORIZATION FORM.

Official Use Only

Date entered: _____ Initials: _____