

Payment Address Request Form

The generally accepted practice of _____ (agency) is to disburse financial assistance payments to the name and address provided on the required W-9 Form of the property owner/landlord. If you need the payment mailed to a different address you must complete this request form.

Tenant Information:

Name:		Contact:	
Address:	City:	OHIO	Zip Code:
Complex:			

Property Owner/Landlord W-9 Information:

Name:			
Company Name:		EIN:	
Address:	City:	State:	Zip Code:
Phone Number:		Email:	

- **A completed copy of the W-9 must be submitted or already on file with the agency**

Requested Payment Address: This form must be signed by an authorized representative

Name of Authorized Representative:		Title:	
Signature of Authorized Representative:			
Company Name:		Complex:	
Address:	City:	State:	Zip Code:
Phone Number:		Email:	

Notes:

