

# HOUSING AUTHORITY OF THE COUNTY OF KERN

## AUTHORIZATION AGREEMENT & PAYEE RECORD

**ALL** Housing Assistance Payments (HAP) are made by direct deposit. It is mandatory for all owners/landlords to have their information back to us **IMMEDIATELY**. The Direct Deposits will be automatically deposited into the designated bank account on the first (1<sup>st</sup>)\* or fifteenth (15<sup>th</sup>) of every month upon execution of the contract.

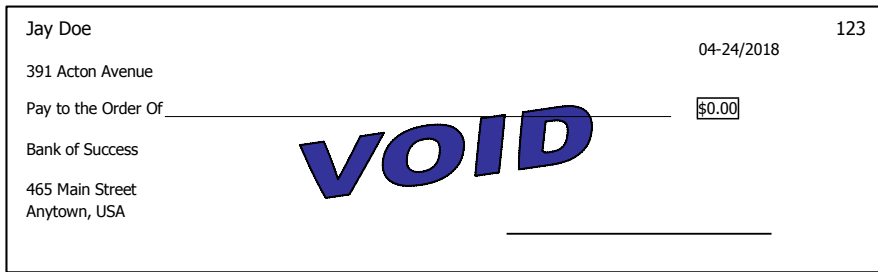
(\*If the first of the month is a weekend or holiday, payment will be released on the next business day.)

**This form must be accompanied by copies of the following documents:**

- 1) Grant deed Or Property Tax Statement
- 2) Copy of your Social Security Card or a copy of the top portion of the first page of your federal or state Tax return (showing you Social Security number or Employee Identification number (EIN), - Copy of the number issued by the IRS.
- 3) If applicable a copy of the Management Agreement Authorizing a third-party to lease your property on your behalf (appropriate EIN or SSN must be submitted).

**Choose an Account:**

- ✓ **Checking account**, attach a **voided check** for the account into which you would like the Housing Authority to deposit the payment. NOTE: **Deposit slips will not be accepted.**
- ✓ **Savings account**, please **obtain the correct transit routing number** and account number from your financial institution.



Check One:  New Contract  Change to existing Contract

Tenant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Legal Owner: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact#: \_\_\_\_\_

Check if Management company is to be the Payee

Payee Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Designated Account: (check one)  Checking  Savings

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Note, the Payee will be reported to the Internal Revenue Service (IRS) as the responsible party to receive an annual "Misc 1099" statement from the IRS.

I hereby authorize the Housing Authority of the County of Kern (HACK) to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority will remain in full force and effect until I terminate my Housing Assistance Payments (HAP) contracts with HACK.

Signed: \_\_\_\_\_ (Owner or Authorized Representative) Date: \_\_\_\_\_