



at the corner of family and future
3520 Page Boulevard
Saint Louis, Missouri 63106

Section 8 Division

**ST. LOUIS
HOUSING
AUTHORITY**

Office: 314.286.4349
Fax: 314.289.7349
TDD: 314.286.4223

Owner # _____

**Change of Owner Information
(Please complete the following)**

Owner Type:	<input type="checkbox"/> Person	<input type="checkbox"/> Organization
	Social Security No.	Tax I.D. No.
Last Name	First name	Middle Initial
Organization Name		
Mailing Address*		
City, State & Zip Code		
Owner Address		
Owner City, State & Zip Code		
Phone Number:	Mobile Number:	Fax Number:
E-mail Address:		
Contact Person:		

*Correspondence will be sent to mailing address. P.O. Boxes are not accepted in this section.

Owner/Manager:

- Change of Address
- Add/Change Management Company – Provide copy of Management Agreement
- Remove Management Company
- Change of Ownership – Proof of Ownership require – Attach a copy of your Warranty Deed, Special Warranty Deed, Quit Claim Deed, Beneficiary Deed, Collector’s Deed (Recorder of Deeds Seal required) – Provide copy of signed new lease (if applicable) PLEASE ALLOW THIRTY (30) DAYS FOR PROCESSING

Please list the assisted family’s name, address and zip code (attach additional sheet if needed)

CLIENT NAME	ADDRESS	ZIP CODE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Owner / Authorized Agent

Date

Agent Information

Managing Agent for Tenant's Unit

(Complete this section if you have an address or Manager other than the information provided on the Owner Information Sheet)

Agent Type:	<input type="checkbox"/> Person	<input type="checkbox"/> Organization
Social Security No.	Tax I.D. No.	
Last Name	First name	Middle Initial
Organization Name		
Address*		
City, State & Zip Code		
Phone Number:	Mobile Number:	Fax Number:
E-mail Address:		
Contact Person:		

*P.O. Boxes are acceptable in this section only.

HAP should be paid to

Please Check One:	<input type="checkbox"/> OWNER	<input type="checkbox"/> AGENT
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For Housing Choice Voucher (Section 8) Program Owners/Agents Only

1. Complete the Direct Deposit Enrollment form on the back of the instructions. Indicate whether this is a "CHANGE" to an existing enrollment or "NEW" enrollment by checking the appropriate box. Enter all required information in sections I and II.
2. Check the type of account (checking or savings). For deposit to a checking account, attach an original voided check (deposit slips or temporary checks are **not** acceptable) for the checking account into which you would like the SLHA to deposit the funds. Write "VOID" across the front of the check and blacken the signature portion of your check. If no checks are available, or for a savings account, please submit a letter from your bank to include: the name on the account, account number and bank routing number.
3. Submit the completed form, together with your voided check or letter from your bank, to the St. Louis Housing Authority in person, by mail or fax to:

St. Louis Housing Authority
Attention: Finance Department
3520 Page Boulevard
St. Louis, MO 63106
Fax: (314) 289-7241

John Doe 2048
 123 Shady Lane _____
 YourCity, AA 12345 _____ Date

Pay to the order of _____ Dollars

YOUR SAVINGS & LOAN
Anywhere, USA

For _____

⑆ 241022233 339622222 ⑆ 02048

↑ Routing Number ↑ Account Number ↑ Check Number
 241022233 339622222
 (9 digits)

4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
5. Please allow 30 days for your Direct Deposit Enrollment form to be processed.
6. To avoid interruption in payments, written notification of all changes must be submitted to the SLHA Finance Department at least 30 days prior to payment date using the Direct Deposit Enrollment Form.



ST. LOUIS HOUSING AUTHORITY

DIRECT DEPOSIT ENROLLMENT FORM

To enroll for Direct Deposit, the payee should fill in the information requested in sections I and II of the Direct Deposit Authorization Agreement, attach a **voided check** or letter from your bank and mail or fax both to:

**St. Louis Housing Authority
Attention: Finance Department
3520 Page Boulevard
St. Louis, MO 63106
Fax: (314) 289-7241**

DIRECT DEPOSIT AUTHORIZATION AGREEMENT – FOR AUTOMATIC DEPOSITS

NEW

CHANGE

Check the appropriate box above to indicate a “new” enrollment or “change” to an existing enrollment.

SECTION I – PAYEE INFORMATION

PAYEE NAME (must match payee on ownership paperwork)	OWNER/AGENT NUMBER (assigned by SLHA)	
ADDRESS (STREET, P.O. BOX)	TELEPHONE NUMBER	
CITY	STATE	ZIP CODE

EMAIL

I (we) do hereby authorize St. Louis Housing Authority to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account. This authority is to remain in full force and effect until the St. Louis Housing Authority has received written notification from me of its change or termination in such time and in such manner as to afford St. Louis Housing Authority and your financial institution a reasonable opportunity to act on it.

NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	
	[] [] [] - [] [] [] - [] [] [] [] [] []	
Enter your Employer Identification Number (EIN) in the appropriate box to the right. The EIN provided must match IRS Form W-9. Individuals without an EIN should enter their social security number.	EMPLOYER IDENTIFICATION NUMBER	
	[] [] [] - [] [] [] [] [] [] [] [] [] []	
SIGNATURE	DATE	

SECTION II – FINANCIAL INSTITUTION INFORMATION

BANK NAME	ROUTING NUMBER		
	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []		
CITY	STATE	ZIP CODE	ACCOUNT NUMBER

TYPE OF ACCOUNT (SELECT ONE): CHECKING SAVINGS