



## **OWNER AUTHORIZATION**

OWNER INFORMATION		EFT PAYEE INFORMATION (How EFT payments will be set up):			
Name:		Name:			
Address:		Address:			
City: State:	Zip:	City:	State:	Zip:	
Phone Number:		Phone Number:			
SSN or Tax ID Matching Name above:		SSN or Tax ID Matching Name above:			
The Internal Revenue Service requires that the taxpayer identification number (TIN) on your account with us match their records. When your TIN does not match our records, the law requires us to withhold 31 percent of the interest, dividends, and certain other payments that we make to your account. This is called backup withholding.					
I,, owner, give authorization to the party(ies) listed below to act on my behalf only in the					
capacity(ies) checked off below.  Authorization is for the following:  City:  Zip:  Negotiate Sign Lease					
Check each box that applies for each party.				Negotiate Rent	Sign Lease & Contract
Name: Title:	Sig	gnature:			
Name: Title:	Siş	gnature:			
FORM W-9 SUBSTITUTE  Please do not issue me a form 1099 for tax reporting purposes to the IRS. I am not to receive one under federal regulations because I am doing business under a California Real Estate Broker's License:  License Number: held in the name of or/We are a government agency □ Yes □ No (Check One)  Agent's name: Phone: Address: Phone: Address: Phone: Address: Phone: Address: Address: Phone: Phone: Address: Phone:					
Agent's Signature: Date:					
EFT Direct Payment – Authorization Agreement – Please Check The Appropriate Box:  □ New Application/Begin EFT Payments □ Change information for EFT Existing Payments □ Use current EFT information on file  The Housing Authority uses the numbers on the bottom of your check to make the electronic funds transfer of your  Housing Authority Payment directly to your account. Please attach a voided check or copy to this form.  Type of account: □ Checking □ Savings  I authorize the Fresno Housing Authority to initiate credits to the financial institution listed on the attached check or copy of check or electronic funds transmission.					
*** OWNER SIGNATURE ***					
Under penalty of perjury, I declare that I he Owner's Name:	rship to the property listed above. Date:				
For Office Use Only:	Vendor No:		Assigned By:		
Vendor Number:  Effective Date:  Account Number. Insert a hyphen for each dash cue symbol (To be entered by Accounting)					