

**HOUSING AUTHORITY OF HENDERSON  
PAYMENT, LEGAL OWNER AND CORRESPONDENCE DESIGNATION**

Tenant Name: \_\_\_\_\_ Rental Property Address \_\_\_\_\_

**A. LEGAL OWNER**

Legal Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(as it appears on the Grant Deed) (One person's name per line)

\_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Residence Address: \_\_\_\_\_  
(No P.O. Box or Work Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax I.D. or Social Security Number: \_\_\_\_\_  
(Required by Federal Tax Law. This Tax ID# or SSN must match the IRS records for the owner named above.)

**B. CORRESPONDENCE**

1. Mail correspondence to (check one):

- Owner  
 Agent/Other party

2. Owner/Agent Name: \_\_\_\_\_  
(One person's name per line)

\_\_\_\_\_

3. Address: \_\_\_\_\_  
(A P.O. Box may be used as a mailing address)

\_\_\_\_\_

**C. RENT PAYMENT**

1. Are you currently receiving a rent check from the Housing Authority for another property? (check one)  Yes  No  
(If NO, skip to number 4 below)

2. If YES, do you want this new check to be mailed to the same payment address on record for the other property?  
(check one)  Yes  No (If NO, skip to Number 4 below)

3. If YES, indicate the subsidy number for one of the tenants/units at that property: \_\_\_\_\_  
(You may now submit this form. No other information is needed)

4. If you answered No to either question 1 or 2 above, indicate where the rent check should be mailed (check one):

5. Make check payable to: Owner/Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(A P.O. Box may be used as a mailing address)

\_\_\_\_\_

For Housing Authority use only

Reviewed by \_\_\_\_\_

Date: \_\_\_\_\_