## HOUSING AUTHORITY



of the County of Lebanon

## LANDLORD INFORMATION

## Please provide all applicable information and return this form to the Authority as soon as possible. Address of property: \_\_\_\_\_ Property Owner's Name: Mailing Address: City, State & Zip: Phone: Fax: Email: Is the property owned by: a business/corporation or an individual . If a corporation/business please provide the name and telephone number of a contact person knowledgeable about the property: Federal Tax-ID or SS number of the property owner: Will 3rd party (such as a management company) manage the property? Yes 🗌 No 🗌 If yes company/agent name: \_\_\_\_\_ Mailing address: City, State & Zip: Phone: Fax: Email: Federal Tax-ID or SS number of management company/agent: Are checks to be made payable to the property owner or to the management company/agent ? (Please note: the Authority is required by IRS regulations to send a form 1099-MISC at the end of each year to whichever party receives the rent payments, not necessarily to the owner of the property). By which manner would you prefer to receive written communications from the Authority? Regular Mail, by Fax or by Email . Comments:

(ALL information provided would be used by the Authority only to communicate with you and comply with Federal regulations. All information is kept confidential).

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