



# St. Clair County Housing Authority

Section 8 Housing Choice Voucher Program

1790 South 74<sup>th</sup> Street

Belleville, IL 62223

(618)277-3290 Fax: (618)277-6951

Please print all information on this form, except the signatures. Thanks.

## OWNER INFORMATION FORM

**\*\*\* NO APPLICATIONS WILL BE ACCEPTED WITHOUT PROOF OF HOMEOWNERSHIP \*\*\***

Checks are processed based on the information provided on this form. Per IRS guidelines, the 1099 tax form will be processed and mailed to the same name and address on file. The W-9 form with matching taxpayer identification number (TIN) must be attached to this form. Incorrect taxpayer identification numbers (TIN) and/or names that do not correspond may result in IRS penalties. If you wish to have checks, 1099s, and all other correspondence in the owner's name with an "in care of" (C/O) name and address, please indicate that information below.

SCCHA Owner Number: (if known / applicable)	Payee (if applicable)
Owner's Name: (must be same as W-9 name)	C/O Name:
Owner's Address:	Address:
City, State ZIP:	City, State ZIP:
Phone Number:	Phone Number:
Fax Number:	E-mail Address:
Owner SSN or Tax I.D. #:	If requested, are you able to provide proof that mortgage payments are current?
Is the proposed unit in / near foreclosure?	

I certify the above information to be true and complete.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

## OWNER AUTHORIZATION FOR AGENT ACTING IN BEHALF OF OWNER

If this section is completed, the check processing, 1099s, and all correspondence will go to this name/agent. The W-9 form with matching agent taxpayer identification number (TIN) must be attached to this form. Incorrect taxpayer identification numbers (TIN) and/or names that do not correspond may result in IRS penalties.

Agent Name: \_\_\_\_\_ SCCHA Agent Number: \_\_\_\_\_  
(must be same as W-9 name, if applicable) (if known / applicable)

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

City, State, Zip: \_\_\_\_\_ email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Agent SSN or Tax I.D. # \_\_\_\_\_

I certify the above information to be true and complete.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

## RENTAL UNIT INFORMATION

Rental Unit address: \_\_\_\_\_

This unit is located:  Within City Limits or Municipal Boundaries  Unincorporated Area of St. Clair County

Family Name in Rental Unit: \_\_\_\_\_

## Conflict of Interest:

Is the owner and/or agent related by blood or operation of law to any member of the proposed tenant household or to any commissioner, officer or employee of the St. Clair County Housing Authority?

Yes \_\_\_\_\_ No \_\_\_\_\_ If, yes describe relationship: \_\_\_\_\_

Is the owner and/or agent an elected public official? \_\_\_Yes \_\_\_No If yes, identify the office held: \_\_\_\_\_