



**St. Clair County Housing Authority**  
 Section 8 Housing Choice Voucher Program  
 1790 South 74<sup>th</sup> Street  
 Belleville, IL 62223  
 (618)277-3290

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

**OWNER INFORMATION FORM**

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:
Owner SSN or Tax I.D. #:	E-mail Address:
Is the proposed unit in / near foreclosure?	If requested, are you able to provide proof that mortgage payments are current?

I certify the above information to be true and complete.

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

**RENTAL UNIT INFORMATION**

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

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

Is there any relationship between owner and members of the family?  YES or  NO

If yes, explain the relationship: \_\_\_\_\_

**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: \_\_\_\_\_

Phone 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 \_\_\_\_\_