



St. Clair County Housing Authority

Section 8 Housing Choice Voucher Program

1790 South 74th 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

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 _____

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 _____

RENTAL UNIT INFORMATION

Rental Unit address: _____

Family Name in Rental Unit: _____

Conflict of Interest:

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

Yes _____ No _____ If, yes describe relationship: _____

Are the owner and/or agent an elected public official? _____ Yes _____ No If yes, identify the office held: _____