

RALEIGH HOUSING AUTHORITY
LANDLORD INFORMATION CHANGE FORM

All information below is required for completion of change request. Please write legibly.

Landlord/Owner Name

OLD: _____
Address City State Zip Code

NEW: _____
Address City State Zip Code

OLD: _____
Email Address (REQUIRED FOR SECTION 8 PARTICIPATION)

NEW: _____
Email Address (REQUIRED FOR SECTION 8 PARTICIPATION)

Primary Contact Telephone #: (_____) _____ - _____

W-9 Information

If you wish to have your 1099 address updated with the information above, please complete and submit a W-9 form with this request.

Direct Deposit Information

If you wish to have your direct deposit information updated with the information above, please complete and submit a Direct Deposit form and required documentation with this request.

Landlord/Owner Signature: _____

Date: _____

Fax this form to:
919-508-1193
ATTN: Inspections Manager
or
Scan and email form to:
bwilson@rhaonline.com

For RHA Use Only:

Owner # _____

Date Received _____

Date of Change _____