

Menard County Housing Authority

HOUSING CHOICE VOUCHER PROGRAM

117 N. 7th St.

Petersburg, Illinois 62675

Telephone: (217) 632-7723 · Fax: (217) 632-7511

NEW OWNER INFORMATION

I am the (check one): **Owner** **Agent** **Other** **HAP Payee**

DATE: _____

MY ADDRESS AND CONTACT INFORMATION IS:

OWNER/AGENT/PAYEE NAME: _____

SOCIAL SECURITY # / TAX ID: _____

PROPERTY MANAGEMENT NAME (If Applicable): _____

ADDRESS: _____
 Street Address City State & Zip Code

PHONE #: (____) _____ CELL PHONE #: (____) _____

ALT #: (____) _____ Email _____

If you have questions, please contact 217.632.7723 between 8:00 am to 12:00 Noon and 1:00 pm to 4:30 pm Monday, Tuesday, Wednesday, Thursday AND 8:00 am to 12:00 noon Friday

Contacts: Danielle Gerndt, Executive Director dgerndt@menardcha.org
 Andee Dixon, HCV Manager adixon@menardcha.org
 Anna Oest, HCV Intake Specialist aoest@menardcha.org



Direct Deposit Authorization Note

- Please complete this form and return it to Menard County Housing Authority at 117 N 7th St, Petersburg, IL 62675 or fax to 217-632-7511 or email to adixon@menardcha.org.
- Be sure to include a voided check from your checking account and/or a deposit slip for your savings account (or copy of voided check/savings deposit slip if faxing or emailing), whichever is applicable. The details from the check/deposit slip will be used to verify the account details.

Name/Company Name	Name and Address of Financial Institution
Social Security Number/Tax ID	Is it a checking or savings account?
Checking/Savings Account Number	9-digit ABA Routing Number

I would like the stub report to be sent to me:

by e-mail: _____

by US mail

I do not want the stub report to be sent to me.

I authorize Menard County Housing Authority and the above Financial Institution to deposit my net Section 8 Landlord Housing Assistance Payment automatically into my account on or about the first of the month.

(Signature)

(Date)

Attach Voided Check/Deposit slip here.

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·HCV Landlord Release of Contact Info Permission Form·

Dear Landlord,

Menard County Housing Authority works to improve the quality of life of our voucher holders by providing affordable, safe and sanitary housing. In an effort to provide resources to locate such housing, we request your consent to provide your contact information to existing voucher holders and new participants as we issue vouchers.

Supplying your contact information for our landlord listing can minimize your turn over time for vacant units by leasing to Section 8 participants who are currently seeking housing.

By signing below, you give Menard County Housing Authority permission to publish your name and contact phone number (as given below).

Name (as you wish to be published): _____

Phone Number: _____

County Where Rental Property is Located: _____

Signature

Date

**If at any time you wish to be removed from our landlord listing, please call (217) 632-7723. We will remove your contact information from all future outgoing lists. If you have a vacant unit, or a unit coming available, please call us so we can inform families seeking housing.



Proof of Ownership

All owners are required to provide proof of ownership of any properties leased under the Housing Choice Voucher Program.

Acceptable proof of ownership documents may include:

- Quit Claim Deed with owner name and unit address
- GIS printout with owner name and unit address
- Documentation from County Recorder's Office
- Deed of Trust
- Mortgage Note
- Warranty Deed

If you have a question about specific documentation that may or may not be accepted, please contact the office at 217-632-7723.