

VACAVILLE HOUSING AUTHORITY

40 Eldridge Avenue, Suite 2

Vacaville, California 95688

(707) 449-5675 • TTY (707) 449-5680

Dear Landlord:

Thank you for agreeing to participate in the Housing Choice Voucher Program.

Before the Vacaville Housing Authority (VHA) can request a check for a Housing Assistance Payment, Federal Income Tax Law requires you to provide us with your correct Taxpayer Identification Number (TIN). If you are a business, your TIN is your Employer Identification Number. If you are an individual, your TIN is your Social Security Number.

Please complete the following and return this form to the above address. Thank you for your cooperation, and again, thank you for your participation in the program. If you have any questions, please call (707) 449-5675.

Name as shown on tax records (if joint, also give joint owner's name)

Address (where payment will be mailed)

City, State, and Zip Code

Phone

Social Security Number _____ - _____ - _____

Employer I.D. Number _____ - _____

Are you a Corporation? (Please circle one) YES NO

CERTIFICATION

Under penalty of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature _____ **Date** _____