



DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 630-701-9977.. Advance notice of seven days is required in order to arrange for interpreter services.

As a Property Owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, AHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to AHA by the financial institution and that you may incur fees and/or other penalties payable to AHA.

Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, e-mail or fax as indicated below:

1. Mail: AHA Housing Choice Voucher Program
 Attn: Finance
 1449 Jericho Circle
 Aurora, IL 60506

2. Email: keshawncue@auroraha.org

3. Fax: 630-701-9974

If you have any questions regarding direct deposit of your HAP, please contact the AHA at 630-701-9977 or e-mail keshawncue@auroraha.org.

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program.

Direct Deposit Form Key
 Register Correctly the First Time by Following These Guidelines

A	Date – Date of form being filled for submission and on Form W-9 must match
B	Owner # - From HAP check stub, if known
C	Voucher # for Participant, if known
D	Name of Financial Institution/Account #/ Routing # and Transit #/Type of Account – Whatever is listed on the verification document see checking account/savings deposit slip sample attachment
E	The name indicated as the Payee Name and on Form W-9 must match
F	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
G	Authorized Person - E-mail, Address, City, State, Zip, Phone, Signature

October 2016

AHA HOUSING CHOICE VOUCHER PROGRAM

1449 Jericho Circle, Aurora, IL 60506
 Office Phone
 630-701-9977



The Aurora Housing Authority™

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: AHA Housing Choice Voucher Program, 1449 Jericho Circle, Aurora, IL 60506, e-mail it to keshawncue@auroraha.org or fax it to 630-701-9974.

Date: _____ (A) Owner# (from HAP check stub): _____ (B) Voucher #: _____ (C)

NEW ENROLLMENT CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Aurora Housing Authority (AHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____
Routing and Transit Number: _____ Account Number: _____
Type of Account (check one): Checking Savings (D)

City: _____ State: _____ ZIP Code: _____

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if AHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that AHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to AHA by the financial institution and that I may incur fees and/or other penalties payable to AHA. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.

Payee or an authorized person must complete the following and sign this request.

Payee Name: _____ (Please Print Legibly) (E) SSN or Federal Tax I.D. #: _____ (F)

Name of Authorized Person: _____ (Please Print Legibly) Title: _____

E-Mail Address: _____ (Required)
Address: _____ City: _____ State: _____ ZIP Code: _____
Telephone: Office (____) _____ Cell (____) _____
Signature of Owner or Authorized Person: X _____ (G)

Failure to answer all questions and provide all documentation will result in delay of processing your request.

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1449 Jericho Circle, Aurora, IL 60506
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The Aurora Housing Authority™

Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571).

Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent of AHA will result in penalties and fines.

October 2016

AHA HOUSING CHOICE VOUCHER PROGRAM

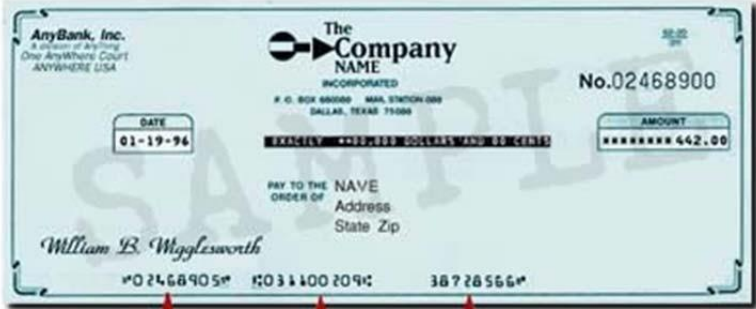
1449 Jericho Circle, Aurora, IL 60506
Office Phone
630-701-9977



The Aurora Housing Authority™

DIRECT DEPOSIT AUTHORIZATION

Attach Voided Check or Savings Account Deposit Slip



check # routing and transit # checking account #



Bank Routing Number Checking Account Number Check Number

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

DEPOSIT TICKET

First/Last Name
Address
City, State Zip

71-7403/2719

CASH

CHECKS
OR TOTAL FROM OTHER SIDE

DATE _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE IF CASH RECEIVED FROM DEPOSIT

TOTAL ITEMS

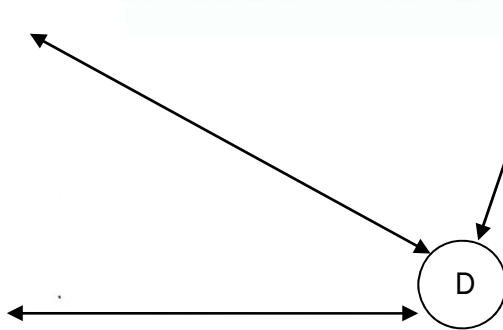
SUB TOTAL
LESS CASH

First Bank of You

NET DEPOSIT \$

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

⑆0150 ⑆⑆⑆ 3034 ⑆ 0015075100 ⑆⑆ 909



Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
 - Encoding (the numbers on the bottom of your check/savings deposit slip)
 - Entity/Person must be the same as printed on the Direct Deposit Form
 - If starter checks, please hand write entity/person name

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution

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AHA HOUSING CHOICE VOUCHER PROGRAM

1449 Jericho Circle, Aurora, IL 60506
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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

OR

Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See what is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *what is FATCA reporting?* on page 2 for further information.