

Crawfordsville Housing Authority
PO BOX 607, CRAWFORDSVILLE, IN 47933
765-362-2407 FAX: 765-362-2438

NEW OWNER INFORMATION/Changes to Current Information

(For New Owners All forms must be completed)

(Changes: Complete the forms that the changes apply to be sure to list the current account name)

Owner: _____

ADDRESS: _____

Owner Phone Number: _____

Manager of Unit: _____

Manager Address: _____

Manager/Agent Contact Number: _____

Agent Name: _____

E-mail Address: _____

Is the Owner related in any way to tenants: ____ Yes, How? _____ or ____ No

Agents: Please include a copy of the Management agreement.

PROPERTIES OBTAINED: _____

Recorded Deed of Trust must be included for the properties in question

You may Register for an Owner's Account at www.cvilleha.com once your account is established.

Crawfordsville Housing Authority

DIRECT DEPOSIT AUTHORIZATION FORM

Payee: _____

Address: _____

City, St, Zip: _____

Phone Number: _____

AUTHORIZATION:

I hereby authorize Crawfordsville Housing Authority (CHA) to initiate credit entries for Housing Assistance Payments to my account with the financial institutions I have listed. I have enclosed an actual or copied voided check or documentation showing that I am the holder of the checking or savings account.

I understand direct deposit will continue until CHA terminates it for any reason or until CHA receives written notice of termination from me in such a time and manner as to afford CHA a reasonable opportunity to act on such request.

Signature of Owner/Agent

Date

ALL PAYMENTS TO LANDLORDS ARE MADE BY DIRECT DEPOSIT

Bank Name: _____

Name on Account: _____

Bank ROUTING # _____

Bank ACCOUNT # _____

_____ CHECKING _____ SAVINGS

