

Board Members: Angela Morris, Chair David Tuckett, Vice-Chair Bill Lee Steve White Amy Allred

Housing Authority of Utah County
485 N Freedom Blvd, Provo, Utah 84601
(801) 373-8333 TDD and Voice
(801) 373-2270 Fax
http://www.housinguc.org

Lynell Smith Executive Director Hours 7:30 Am - 5:30 PM Monday -Thursday Closed Friday

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Dear Landlord/Manage

Dear Landord/Manager.					
Please complete the enclosed W-9 with identification number (TIN). The tax na to issue 1099's for the calendar year. If portion of your HAP deposits.	me and numb	or much	match avactly	DC ropordo and will	ll be used of a
Be aware that the owner's name will ap please list here: Please legibly print other name to appe					
Send correspondence to:	OWNER	or	AGENT	(circle one)	_
Send rent payment to:	OWNER	or	AGENT	(circle one)	
OWNER INFORMATION			AGENT INF	ORMATION	
Owner Name:	Age	nt Name			
Work Phone:					
Home Phone:		Agent Address:			
Cell Phone:					
Fax:		nt Phone			
Email:		Agent Cell Phone:			
Please legibly print names <i>and</i> provide Housing Authority of Utah County:	signatures of	ALL pers	sons authorized	I to sign documents	with the
Print	Sign	nature			
Print	Sign	nature			
Print	Sigr	nature			
YOU MAY MAIL, FAX, or E-MAIL THIS	COVER SHE	ET AND T	HE COMPLET	ED W-9 FORM	

IMMEDIATELY TO (801) 373-2270, or info@housinguc.org.

Tenant Name:

Tenant ID: