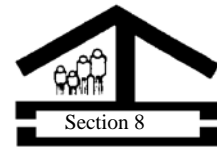


# Oklahoma City Housing Authority

## Leased Housing Program



1800 NORTHEAST FOURTH STREET

OKLAHOMA CITY, OKLAHOMA 73117-3800

PHONE (405) 239-7551  
WWW.OCHANET.ORG

### SELECTION OF DIRECT DEPOSIT OR DIRECT PAYMENT CARD (LANDLORDS/OWNERS)

I, \_\_\_\_\_, request my Housing  
(Printed name of owner/agent)

Assistance Payments (HAP) to be made via: (Choose one)

\_\_\_\_\_ I am currently on Direct Deposit

\_\_\_\_\_ Direct Deposit  
(Please complete the direct deposit form and provide a voided check or deposit slip, **no temporary checks**).

\_\_\_\_\_ Direct Payment Card  
(**This option is not available for companies**)

**Complete only if you choose Direct Payment Card:**

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Please supply an e-mail address for your HAP payment details

E-mail: \_\_\_\_\_

#### **PLEASE READ:**

Utilization or withdrawal of the funds deposited by the Oklahoma City Housing Authority (OCHA) into my financial account(s) certifies that the tenant(s) named in the Housing Assistance Payment (HAP) contract(s) continues to reside in the unit(s). The unit(s) is in compliance with inspection requirements and the rent to the owner is comparable to unassisted units. The tenant(s) are not related to the owner unless approved by OCHA prior to the execution of the HAP contract. I understand and acknowledge that misrepresentation is a federal offense and may lead to prosecution.

By signing my name below, I certify that I have read and understand the above statement. I understand I am responsible for any overpayment of HAP. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

OFFICE USE ONLY - Vendor Number: \_\_\_\_\_