



# DCHHS

Dallas County Health and Human Services  
Housing Choice Voucher Program



Dr. Philip Huang, MD, MPH – Director/Health Authority

## LANDLORD INFORMATION FORM

**(\*\*ALL FIELDS REQUIRED\*\*)**

<b>Payee Name:</b>	
<b>Complete mailing address:</b> (Street, City, State, County, Zip Code:)	
If using a <b>PO BOX Mailing Address</b> , a Physical address is <u>REQUIRED</u> for 1099 purposes:	
<b>EIN or SSN:</b> (EIN for Business only, SSN for Individual only)	
<b>Contact Name:</b> (First and Last Name)	
<b>Contact Phone Number:</b>	<b>Alternate Contact Number</b> (if available)
<b>Contact E-mail Address</b> (Please ensure that your email address is accurate as it will be used for payment-related communications and urgent notifications):	
<b>Name of Apartment Complex, if applicable:</b>	
<b>Address of apartment, (if different from mailing address &amp; if applicable):</b>	

**Please include/attach:**

**Completed Form W-9** (signed **AND** dated within the last 6 months)

Dallas County Housing Agency  
2377 N. Stemmons Freeway, Ste 700  
Dallas, Texas 75207  
PH: 214-819-1871