



## Ferndale Housing Commission

Issued under P.A. 346 of 1966 as amended and Section 8 of the US Housing Act of 1937.

Failure to comply could result in termination of benefits

# LANDLORD PROPERTY INFORMATION SHEET

**Please print clearly.** Unit will remain on our listing for 30 days.

- Michigan Law States That the Security Deposit **Cannot Exceed 1 & 1/2 Times the Monthly Rental Rate.** Anything that exceeds this rule will not be listed.
- Information must be submitted on or before the 27<sup>th</sup> of each month.
- Information must be submitted **ONCE EVERY MONTH** to remain on the listing.
- Illegible writing will not be listed, please **PRINT** clearly.

### Landlord Information

Name: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) Email \_\_\_\_\_

### Property Information

Address:

City:

Zip:

Unit Type: choose one.

Apartment  Single Home  Townhouse  Duplex

2 Family Flat  3 Family Flat  4 Family Flat  Condo

Bedroom Size: \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_

An alternative resource that is under the state of Michigan:  
www.MichiganHousingLocator.com \*the site is NOT an entity of FHC  
and will NOT reflect on our listing\*"Equal Housing Opportunity  
415 Withington I Ferndale, Mi 48207 | 248.547.9500 | fax  
248.547.1137 | Rev 03/19/26



# Landlord /Owner- Update Contact Information

FHC requires updates to address, phone, and email address to be submitted within 30 days of occurrence.

This form will not be accepted to report changes in management or ownership.

You may update Landlord information quickly via the FHC Landlord portal at [www.ferndalehousing.com](http://www.ferndalehousing.com). FHC requires email on file to register.

**Please complete the below information and return by email: [info@ferndalehousing.com](mailto:info@ferndalehousing.com)**

**OR fax to 248-547-1137 Attn: Alicia Ward**

## Current Information on file - (Print clearly)

Owner's Name \_\_\_\_\_ Social Security No.:xxx-xx-\_\_\_\_\_  
Company Name (If Applicable) \_\_\_\_\_ Tax ID # \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Main Telephone NO. (\_\_\_\_\_) \_\_\_\_\_ Alternate No. (\_\_\_\_\_) \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_

## **New/ Updated Information** (Print Clearly) Copy of picture ID of signer is required with submission.

Owner's Name \_\_\_\_\_ Social Security No.:XXX - XX - \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_ Tax ID# \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main \_\_\_\_\_

Telephone NO. (\_\_\_\_\_) \_\_\_\_\_ Alternate No. (\_\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_ **(Email is required for Landlord Portal Registration)**

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Staff signature

Date Processed

FHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations, or adaptation in "Equal Housing Opportunity" policy, procedures, practices. Please advise us if you require a reasonable accommodation.



# HAP Electronic Funds Transfer (Direct Deposit) Application – S8 Landlord

The following information must be completed to initiate your monthly HAP payment. Please attach a voided check or an authorized letter from your financial institution. RETURN TO: Ferndale Housing Commission 415 Withington St. Ferndale, MI 48220 or FAX: (248) 547-1137

(Please Print All Information)

Landlord's Name \_\_\_\_\_ Social Security Number XXXX - XX - \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_ TAX ID # \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail address (required): \_\_\_\_\_

**New**       **Change** (check one box)

Bank Name : \_\_\_\_\_

**Checking** \_\_\_\_\_

**Savings** \_\_\_\_\_

Bank Routing Number

Bank Account Number

**THE NAME ON THE BANK ACCOUNT MUST MATCH THE TIN / EIN # PROVIDED TO FHC. A 1099 WILL BE ISSUED FOR FUNDS DEPOSITED TO THIS ACCOUNT THAT EXCEED \$600.**

**For a CHECKING account:**  
\_\_\_\_\_ Write VOID on an unused check and attach here or submit a verification letter from your financial institution. NO STARTER CHECKS.

**For a SAVINGS account:**  
Contact your financial institution and obtain written verification of your account and routing numbers. Attach verification to this form.

John and Mary Jones	1234
123 Main Street	
Anytown, MI 48888	
Pay to: _____ \$ _____	
VOID -- VOID -- VOID -- VOID -- VOID -- VOID -- VOID DOLLARS Anytown	
Bank	
Anytown, MI 48888	
For:      * * * * *	* * * * * *
I: 072123456 I: 001234567890" 1234	

Routing Number (9 digits)

Account Number (up to 17 digits)

**Please complete this section if this is a change**

**Old Routing Number** \_\_\_\_\_ **Old Account Number** \_\_\_\_\_

I authorize the Ferndale Housing Commission to deposit my Housing Choice Voucher Rental Payment by electronic transfer into the designated financial institution and account(s). I understand this authorization remains in effect until canceled by: (a) me, (b) by my death or legal incapacity; (c) the financial institution; or (d) the Ferndale Housing Commission.

I authorize the Ferndale Housing Commission to recover money electronically deposited in my account in error, by adjusting subsequent Housing Choice Voucher Payments for an amount not to exceed the erroneous deposit amount or by electronically debiting an amount equal to the erroneous deposit. I understand I will be notified in writing by the Ferndale Housing Commission when adjustments are being made.

I agree to comply with the Ferndale Housing Commission rules about electronic transfers. Michigan law governs electronic fund transactions in all respects except as otherwise superseded by Federal law. I understand I will be notified if any rule changes are made which affect me.

\_\_\_\_\_  
**Landlord's / Authorized Representative's Signature**

\_\_\_\_\_  
**Date**

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**FOR OFFICE USE ONLY: (do not write below this line)**

**Date entered into system:** \_\_\_\_\_ **By:** \_\_\_\_\_