

DEPARTMENT OF COMMUNITY SERVICES
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

842 BETHEL STREET, 1st FLOOR • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 768-7096 • FAX: 768-7039
1000 ULU'OHIA, SUITE 118 • KAPOLEI, HAWAII 96707 • TELEPHONE: 768-3000 • FAX: 768-3237 • TDD: 768-3228
www.honolulu.gov/dcs/housing.html



Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER LAWS OF THE STATE OF HAWAII** (Sections 386-98, 710-1060, 708-830).

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Use this form to add, change or cancel a direct deposit. All changes must be in writing to the Housing Authority no later than the 15th of the month before the desired month in which the direct deposit is to be processed.

1. This form may only be completed by the unit owner or a legally authorized agent/representative.
2. Hand deliver or mail this form with completed W-9 if required to the City and County of Honolulu, Section 8 Housing Assistance Payments Program, 842 Bethel Street, 1st Floor, Honolulu, Hawaii 96813
3. **A cancelled/voided check is needed to help process the data faster.** The account numbers will be verified with the bank before the direct deposit process begins.

When your account is in the City's vendor system, funds will be credited no later than the 5th business day of the month. (Note: Closed on weekends and all State holidays)

Please check the appropriate box:

- New Account* *Change Account* *Cancel Account*

Financial Institution (Bank) Name: _____

Bank Address and Phone #: _____

Bank Routing # _____ Bank Account # _____

Account Type (Please mark one of the following with an "X")

- Checking Account* *Savings Account*

Property Information: (If you have more than one tenant that you are collecting Section 8 for, please provide a separate list of tenant names.)

Street Address	Apartment No.
City, State, Zip Code	

HAP Payee Information (Owner or Agency):

Owner or Agent Name (Print or Type)	Contact No.
Owner Business or Agency Contact Name	Contact No.
Mailing Address, City, State, Zip Code	
Fax Number	E-Mail Address.

I/We certify the above is true and correct. I understand that all future HAP for the above referenced property will be received as a Direct Deposit by Electronic Fund Transfer (allow at least two weeks for processing).

Owner or Authorized Agent Signature

Date

Please "X" box if payee is agent for the owner & the agent will issue 1099 form to the owner for all Sec 8 payment

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CITY AND COUNTY OF HONOLULU

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FOR EXISTING LANDLORDS ONLY:

Existing Section 8 landlords can use this form when currently receiving direct deposit payments to their bank account from the City & County of Honolulu. By using this form, the payee confirms the information we have on file is correct, and is not required to submit the direct deposit and check payee information forms. Please complete the W-9 Form. W-9 form will enable the Fiscal Department to issue the 1099 form for tax purposes. **Do not complete this document if you are a new landlord or if you have made changes to your payee account.**

Payee, Business, or Agency Name _____

City & County of Honolulu Vendor No. H8 _____ (For Section 8 use only)

I/We certify that all information for my Bank Direct Deposit Account on file with the City & County of Honolulu is correct, and there are no changes.*

Owner or Authorized Agent Signature

Date

Print/Type Name

***If there are changes to your account, please complete the "Authorization Agreement for Direct Deposit" and "Check Payee Information with W-9" forms.**