

Landlord/Property Information

Name of Property: _____

Please complete the following contact and address information for your property. If you have any questions regarding this form please contact Shelby Thesing Section 8 Housing Choice Voucher Program Coordinator at (320) 762-2949.

When did ownership begin for this property? _____

Owner of Property:

Name: _____

Phone: _____

Management Company of Property: (If applicable)

Name: _____

Phone: _____

Care Taker of Property: (If applicable)

Name: _____

Phone: _____

Send Correspondence To

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Send Check To:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Send 1099 Form To:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

