



Housing Solutions for North Texas

## REQUEST FOR NEW VENDOR ACCOUNT SET-UP

3939 N. Hampton Rd., Dallas, TX 75212 | Phone: 214.951.8300 | Fax: 214.951.8800 | [www.dhantx.com](http://www.dhantx.com)

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The following forms/documents must be completed and/or submitted in order to process your request for a new vendor account:

1. Vendor Number Verification form (included in this packet)
2. W-9 for each person listed on the Warranty Deed.  the W-9, enter your information digitally, then print and sign to submit.
3. Copy of Social Security Card(s) (Owner(s)) or SS-4 letter for EIN users
4. Valid Government Issued ID (Owner(s))
5. Warranty Deed, filed and recorded or Owner verification from County Appraisal website
6. Direct Deposit form (included in this packet) with voided check OR a letter from the bank with the account holder(s) name, account number, routing number, and type of account.
  - *To submit the Direct Deposit form digitally, you may take a digital photo of your voided check then upload and attach to this form. Please see digital photo guidelines on [page 4](#).*
7. Management Agreement (if applicable)

**Please be advised that ALL items list above must be submitted before processing begins. Packets that are submitted with missing and/or incomplete documents will not be accepted or processed.**

**This form can be printed by clicking the  button or digitally signed and emailed to DHA automatically by clicking the SUBMIT button. Click on each signature field to sign digitally before submitting.**

**If you have questions, please feel free to contact us.**



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## VENDOR NUMBER VERIFICATION

This form should be completed by new and existing Owners/Agents

Assisted Unit Address: \_\_\_\_\_

Apartment Name (if applicable): \_\_\_\_\_

Total Number of Units in Complex: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Owner Vendor #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/Soc. Sec. #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Agent Vendor#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Tax ID/Soc. Sec. #: \_\_\_\_\_

Agent Agreement Attached:      Yes      No

- |  |       |       |
|--|-------|-------|
| 1. Make all Housing Assistance Payments (HAP) payable to:  | Owner | Agent |
| 2. Do you have other properties on the Housing Choice Voucher program for which you are currently receiving monies from the DHA? | Yes   | No    |
| 3. Are you a new participating landlord on the Housing Choice Voucher program?   | Yes   | No    |
| 4. If no, and you are not currently receiving HAP, has your bank account information changed?                                    | Yes   | No    |

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

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**NOTE:** If you have a new account, you must also complete a Direct Deposit Form and attach a copy of a voided check OR a letter from the bank with the account holder(s) name, account number, routing number, and type of account.

- |   |     |    |
|---|-----|----|
| 5. Are all of your properties participating in the Housing Choice Voucher Program associated with the above Tax ID or Social Security Number? | Yes | No |
|---|-----|----|



DHA is a Fair Housing and Equal Opportunity Agency.  
Individuals with disabilities may contact the 504/ADA Coordinator at 214-951-8348,  
7-1-1 for Relay Texas assistance, or 504ADA@dhantx.com

Revised DHA-NVF (05.18)



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The IRS W-9 form must be completed for both the owner and the agent (listed on Page 2) for this property along with proof of your Tax ID/Social Security number. Housing Assistance Payments cannot be processed until these documents are received. Proof of ownership must also be provided.

Download the official IRS W-9 form by clicking the button to the right →

**Complete the form online, then save and print to sign and submit to DHA. The digital W-9 form may require Acrobat Reader, download the FREE desktop/mobile application by [clicking here](#).**

OWNER, BY DESIGNATING AN AGENT, AGREES AND ACKNOWLEDGES THAT OWNER'S AGENT SHALL BE DEEMED AS PAYEE UNDER THE HAP CONTRACT AND THE SOLE POINT OF CONTACT FOR DHA CONCERNING SUCH PAYMENTS AND ANY AND ALL OTHER RELATED AGREEMENTS. OWNER'S AGENT SHALL REMAIN PAYEE AND THE SOLE POINT OF CONTACT UNTIL OWNER PROVIDES WRITTEN NOTICE OF A CHANGE OF CONTACT INFORMATION. ANY TAX INFORMATION CONCERNING HAP MONIES PAID TO AGENT ON BEHALF OF OWNER (IRS FORM 1099, ETC.), SHALL BE SENT DIRECTLY TO AGENT. OWNER AGREES HEREIN TO HOLD DHA, ITS EMPLOYEES, OFFICERS AND REPRESENTATIVES HARMLESS FROM LIABILITY CONCERNING ANY INFORMATION PROVIDED TO OWNER'S AGENT.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DIRECT DEPOSIT SIGN-UP AND CHANGE FORM FOR VENDORS

DHA constantly looks for ways to better serve our landlords. In an effort to ensure timely monthly payments, DHA will make regular rent payments to landlords by direct deposit. DHA will only mail checks under special circumstances.

Direct deposits will be sent to your bank. To find out when funds from your deposit will be available to you, please call your bank representative.

### To sign-up for direct deposit: (30 to 60 days prior notice required)

1. Please fill out the form completely and attach a “voided” check (from the account that will receive the direct deposit) OR a letter from the bank with the account holder(s) name, account number, routing number, and type of account. Make a copy for your records, then return the completed form along with the voided check to DHA with your Request for Tenancy Approval (RFTA) packet or change of ownership information.
2. You may also upload a photo of your voided check by taking a digital photo with your mobile device or digital camera. Click the upload image box on the following page, browse the check image and click OK to attach the image. Please be sure the check image, your account and routing numbers are clear and visible in the image.
3. There is a 30 to 60 day processing period before actual dollars can be transmitted into a new or changed account.

### To make changes for direct deposit: (30 to 60 days prior notice required)

1. Follow the instructions above.
2. Payments will continue to be deposited into the old account until the new account has been set up and tested (approximately 30 to 60 days).

If you have any questions regarding completing this form, email your questions to LL-hotline@dhantx.com. Please mail completed forms to 3939 N. Hampton Road, Dallas, Texas 75212, Attention: Voucher Program. If you are completing this form with a new RFTA packet, please attach this form along with the required documents to the packet.

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Check the correct choice:	Owner	Agent
Vendor Type:	New Sign-Up	Change
Name:	_____	Telephone #: _____
Contact Name:	_____	Fax #: _____
Address:	_____	Vendor #: _____
City:	_____	State: _____ Zip: _____
Email:	_____	Tax ID/Soc. Sec. #: _____

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## DIRECT DEPOSIT SIGN-UP AND CHANGE FORM FOR VENDORS cont'd

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Account Type:                                      Checking                                      Savings

Bank Name: \_\_\_\_\_ Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

### INSTRUCTIONS:

- Write void on the check from the account that will receive the direct deposit.
- Use the camera on your mobile device or a digital camera to take a photo of the check.
- Ensure the check photo fills the camera window image space.
- Be sure the check, routing number and account number are clearly visible.
- Click on box below, browse for the voided check photo, select it and click OK.
- The photo will automatically size to fit the box below.
- If the photo does not appear clearly, retake the photo and click the box below again to re-upload the new photo.

I, \_\_\_\_\_ do declare that I am authorizing DHA to deposit my Housing Assistance Payments to the above bank account and initiate, if necessary, debit entries in case of an error.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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PROPERTY ADDRESS:

Please note that (NAME OF OWNER OR OWNER'S AGENT): \_\_\_\_\_ shall indemnify and hold harmless DHA from any and all claims which may arise from DHA's reliance on this letter and on the (DOCUMENT TYPE, *i.e.*, TRUSTEE'S DEED *ETC.*: \_\_\_\_\_ ) from (NAME OF PREVIOUS OWNER: \_\_\_\_\_ ) conveying title to the Property to (NAME OF CURRENT OWNER: \_\_\_\_\_ ), and (NAME OF TRUSTEE, IF ANY: \_\_\_\_\_ ) dated as of \_\_\_\_\_ and recorded as Document Number/Volume, Page Number \_\_\_\_\_ in the Real Property Records of Dallas County, Texas, a copy of which is attached hereto.

By signing below, I represent that I am authorized to execute this letter and that I have sought and received legal representation concerning the obligations and indemnities provided herein.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGN NAME**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ . Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Notary Public Name/Seal

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Email completed application to: [Shirley.Sanders@dhantx.com](mailto:Shirley.Sanders@dhantx.com), or click button ➡