ADDENDUM TO HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT

OWNER/AGENT/LANDLORD ACKNOWLEDGEMENT OF DIRECT DEPOSIT REQUIREMENT FOR HOUSING ASSISTANCE PAYMENTS (HAP)

I, the undersigned, a owner/landlord/owner's agent participating in the Housing Choice Voucher (HCV) Program administered by the Cincinnati Metropolitan Housing Authority (CMHA), hereby do acknowledge the following:

1. I acknowledge that this form shall serve as an addendum to the Housing Assistance Payment (HAP) Contract I am executing concurrently with CMHA.
2. I acknowledge that CMHA's sole method of making HAP payments to landlords participating in the HCV program is by direct deposit into a bank account.
3. I affirm that in order to participate in the HCV program and receive HAP Payments, I will provide CMHA with the bank routing and account information required for CMHA to deposit HAP payments directly to my chosen bank account.
4. I acknowledge that CMHA will not issue payments to me by any other method, including by cash or check.
5. I acknowledge that failure to comply with the terms of this addendum shall constitute a violation of the HAP contract and may serve as the cause of my termination from participation in the HCV program, as well as forfeiture of any scheduled HAP payments.

_____ _____

Name of Owner/Agent/Landlord Signature of Owner/Agent/Landlord

_____ _____

Address of Owner/Agent Contact Number

_____ _____

City/State Zip Code Email Address

_____

Date