

Applicant name: _____

This Landlord Information form is to be given to and filled out by landlord or Management company applicant is renting from.

Dear Landlord/Management Company:

After this form is filled out, you may fax to (405)247-3256 **or** scan & email to sheena.ngu@wichitatribe.com. This form is for our office use only to make contact with you to get further documentation (i.e. W9 Form).

The W9 form is mandatory in order to receive a check for payment to vendor. The purpose of this form is to document information on new vendors (i.e. landlords) in our system. The information will only be used for tax purposes, if the vendor receives more than \$600 from the Wichita and Affiliated Tribes within one year. ***The information provided on this form and W9 form will not be shared and will be considered confidential.***

For any questions you may have, please feel free to contact our office at (405)247-8620 or the TFSS Caseworker at (405)247-8666. *Thank you!*

Landlord/Management Company Information

Landlord/Property *Owner* Name: _____

Management Company Name: _____

Point of Contact Name: _____

Phone #: _____ Fax: _____ Cell #: _____

Email Address: _____

Mailing Address (where check is to be mailed):

Building # & Street/P.O. Box City State Zip Code