Applicant Name: _____

<u>This Landlord Information Form is to be given to and filled out by landlord or the management company the applicant is renting from.</u>

Dear Landlord/Management Company:

After form is filled out, you may fax to (405)247-3256 ***<u>or</u>*** scan & email them to ARPAdepartment@wichitatribe.com.This form is for our office use only to make contact with you to get further documentation (i.e. W-9 Form).

<u>The W-9 Form is mandatory in order to receive a check for payment for each vendor</u>. The purpose of this form is to document or update information for all 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 the W-9 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)247-2425 ext. 301** or at: sheena.ngu@wichitatribe.com SHEENA NGU, Director 405-247-2425 ext. **302**
cassie.williams@wichitatribe.com CASSIE WILLIAMS, Caseworker 405-247-2425 ext. **304**

Thank you!

<u>Landlord/Management Company Information</u>

Landlord/Property *Owner* Name: _____
As Listed on the W-9

Management Company Name: _____

Point of Contact Name: _____

Phone #: _____ Fax #: _____ Cell #: _____

Email Address: _____

<u>Mailing Address</u> (*<u>where check is to be mailed to</u>*)**:**

_____

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