



MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

Payee Registration/Notice of Address Change

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Completion of this form is voluntary. However, completion is necessary for inclusion in the master vendor/payee file.

Housing Agent USE ONLY		
Tenant Name		Date sent to Operations
County :	HA Initials:	Case Action : <input type="checkbox"/> Landlord Not in Elite <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change

MSHDA USE ONLY	
Mail Code Corresponding to Box 8 Below:	
MAIL CODE entered in MAIN	Mail Code Entered in Elite

Please **TYPE** or **PRINT** all information clearly and return to address below. Instructions on back.

1. TAX IDENTIFICATION # (TIN - must be 9-digit number) FEIN SSN <input type="checkbox"/> <input type="checkbox"/> _____	2. NAME (or Legal Business Name as Registered with IRS) Doing Business As: _____
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3. TYPE OF OWNERSHIP	
<input type="checkbox"/> Partnership (Partnership does not include marital status.)	<input type="checkbox"/> Individual/Sole Proprietorship (Full Name of Individual)
<input type="checkbox"/> Government (Federal, State and Local)	<input type="checkbox"/> Limited Liability Company, State of _____
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Non-Profit 501c(3) <input type="checkbox"/> Corporation, State of _____

4. CURRENT ADDRESS (Physical Address)	
Attn – 1: _____	Phone: () _____
Attn – 2: _____	Fax: () _____
Physical Street: _____	
City: _____	State: _____ Zip: _____
Contact Name: _____	E-mail Address: _____

5. OLD INACTIVE ADDRESS (If you were a previous vendor with the State of Michigan, enter your previous address; city; state; zip; phone; fax)	
Attn – 1: _____	Phone: () _____
Attn – 2: _____	Fax: () _____
Street/PO Box: _____	
City: _____	State: _____ Zip: _____

6. REMITTANCE ADDRESS (Street and/or PO Box, if different than #4 above)	
Attn – 1: _____	Phone: () _____
Attn – 2: _____	Fax: () _____
Street/PO Box: _____	
City: _____	State: _____ Zip: _____
Contact Name: _____	E-mail Address: _____

7. Vendor Signature _____	Date: _____
Print or Type Name _____	Title (Owner, Manager, etc.) _____

I am aware I must notify my MSHDA Housing Agent in writing if the property ownership or Landlord mailing address changes, even if the landlord is registered for EFT.

8. Electronic Funds Transfer (EFT) Landlords may have funds transferred to a bank account by registering at www.mi.gov/cpexpress . For assistance with this process contact (888) 734-9749. In Lansing area call (517) 373-4111. Did this vendor/landlord register online? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Return completed form to: **See Instructions OVER →**

INSTRUCTIONS FOR COMPLETION OF PAYEE REGISTRATION FORM

Please **TYPE** or **PRINT** clearly the information on the payee registration form. The following instructions are numbered to correspond with the numbered sections on the payee registration form.

1. **Tax Identification Number (TIN)/Social Security Number:** This is your nine character TAX IDENTIFICATION NUMBER. Enter the number you use when reporting tax earnings as shown on the Request for Taxpayer Identification Number and Certification Form (W-9) which is also included in this package. This may be your Federal Employer Identification Number (FEIN) or your Social Security Number (SSN). Check the appropriate box identifying whether the number you have entered is a FEIN or a SSN. If you are a sole proprietorship, and no FEIN # is available, you should enter your Social Security Number. This will be used by the State as your vendor/payee number.
2. **Name:** Enter your full Legal Name/Legal Business Name as it appears on your SSN card/Registered with IRS in Number 2.
3. **Type of Ownership:** Indicate the type of ownership by checking the appropriate box in Number 3. If ownership type is a Corporation or Limited Liability Company, include the State in which you are incorporated.

Sole Proprietorship - Not incorporated; In business for yourself; One/single owner; Husband & wife ownership

Partnership - 2 or more owners; Joint ownership

Government – (Federal, State and Local)

Non-Profit/Non-Profit 501c(3)

Corporation - Many owners granted permission or chartered to do business by the State acting as one legal body/unit entity with rights and liabilities distinct from the members.

Limited Liability Company - A corporate structure whereby the shareholders of the company have a limited liability to the firms actions.

4. **Current Address:** Complete physical address; city; state; zip phone; fax; contact name and e-mail address. It is **required** that all landlords notify the Housing Agent/MSHDA of **ANY** changes (address, name, ownership, etc).
5. **Old/Inactive Address:** If you were a previous vendor with the State of Michigan, enter your previous address; city; state; zip; phone; fax.
6. **Remittance Address:** It is **required** that all vendors/landlords notify the Housing Agent/MSHDA of **ANY** changes (address, name, ownership, etc). If you registered for the Electronic Funds Transfer (EFT) online and the EFT address is different than Number 4 on attached (MSHDA 219 form) or W-9 address, write the EFT complete address in Number 6. If EFT address is on MSHDA-219 (Number 4) form or W-9, then skip to Number 7.

This is the address where your rental assistance payments and correspondence will be mailed. This may be the name and address of a management company, or individual accepting Housing Choice Voucher/Section 8 payments on behalf of the person whose TIN is used on this form. Use the following standard abbreviations:

Avenue	AV	Boulevard	BLVD	Building	BLDG
Drive	DR	Lane	LN	Mail Drop	MD
Place	PL	Post Office Box	PO Box	Road	RD
Street	ST	Suite	STE	North, South, East, West	N, S, E, W

City: Enter the CITY, up to twenty characters. If the city is not in the United States, it should be coded with the city name and country. For example, Vancouver, British Columbia is coded Vancouver, B.C., CAN; Mexico City, Mexico is coded Mexico City, Mexico.

State: Enter the two character state abbreviation. If the state is not one of the 50 states or the District of Columbia, enter "XX" for the state code.

Zip Code: If the address is in the United States, the first five digits of the ZIP CODE are required; the last four digits are optional.

Contact Person: This should be the name and phone number of the person that should be contacted when questions arise regarding this form and/or Housing Assistance Payments.

7. **Vendor/Landlord Signature:** This Payee Registration (MSHDA-219) form **must be signed and dated** by same person who signed the W-9 form.
8. **Electronic Funds Transfer (EFT):** Vendor/payee may have funds transferred/direct deposited to a bank account by registering online at www.mi.gov/cpexpress.

The address completed on the W-9, Request for Taxpayer Identification Number and Certification, will be where your 1099-MISC (Miscellaneous Income Statement) tax statement is mailed at the end of the year.