



**Kansas City, Kansas
Housing Authority**

1124 North Ninth Street
Kansas City, KS 66101-2197
(913) 281-3300 FAX (913) 279-3477

KCKHA Section 8 Department Landlord General Information Sheet

Name: _____

Business Name (if applicable): _____

Address: _____

(No PO Box #'s)

City/State/Zip: _____

Phone: _____

Emergency Contact Phone Number: _____

Fax #: _____

E-mail: _____

Address that you want your monthly Housing Assistance Payment (HAP) check mailed to:
(PO Box is acceptable)

(Street)

(City)

(State)

(Zip Code)

Form Completed: _____

(Date)

Direct Deposit is offered and encouraged. If interested, please request a Direct Deposit Authorization Agreement from the Section 8 department, or download the form from KCKHA website (www.kckha.org). Fill out the top 3 lines and attach a voided check. This is a very simple process and your check will be deposited into your account. You will still receive paperwork indicating how much was deposited for each tenant.