

KCKHA Section 8 DepartmentLandlord General Information Sheet

Name:	
Business Name (if applicable):	
Address:(No PO Box #'s)	
City/State/Zip:	
Phone:	
Emergency Contact Phone Number:	
S.S. #:	
Employer Identification Number (if applicable):	
Fax #:	
E-mail:	
Address that you want your monthly Housing Assistance Payment (HAP) cho Box is acceptable)	eck mailed to: (PC
(Street)	
(City) (State) (Zip Code)	