

**Fall River Housing Authority
Leased Housing Department
508-675-3595**

IMPORTANT

PLEASE PROVIDE A BLANK VOIDED CHECK

PLEASE PROVIDE PROOF OF OWNERSHIP (Deed, Tax Bill or Settlement Agreement)

LANDLORD NAME or BUSINESS ENTITY

TELEPHONE #

SSN # OR FEDERAL TAX ID

LANDLORD HOME ADDRESS

CITY, STATE, ZIP CODE

CONTACT NAME

EMAIL ADDRESS

ADDRESS OF PROPERTY TO BE LEASED

BANKING INFORMATION

BANK NAME

CITY/STATE/ZIP CODE

____ CHECKING ACCOUNT

ROUTING #:

____ SAVINGS ACCOUNT

ACCOUNT #