



**HOUSING AUTHORITY OF THE CITY OF LAREDO (LHA)**  
 2000 San Francisco Ave., Laredo, TX 78040  
 Phone: (956)722-4521 • Fax: (956) 722-6561 • E-mail: VendorUpdate2020@larha.org



**VENDOR/LANDLORD UPDATE INFORMATION**

Vendor       Landlord

**I. Vendor/Landlord Information**

**\* Required items to be filled out.**

*Name of Vendor/Owner:			
*Tax Identification Number (TIN) or Social Security Number (SSN) : (For IRS and W-9 purpose)			
*Mailing Address	*City	*State	*Zip Code
*Mobile Phone Number	*Second Phone Number	Fax Number	
Contact Person (s) Name and Phone # other than the Owner			*E-mail Address

**II. Landlord or Property Manager Information**

*Name of Landlord or Property Manager:			
*Mailing Address	*City	*State	*Zip Code
*Mobile Phone Number	*Second Phone Number	Fax Number	*E-mail Address
Contact Person(s) Name and Phone # other than the Landlord or Property Manager			

The Laredo Housing Authority may release information or authorized signatures regarding my contract(s) to the organization(s) and person(s) listed above, and also:

\_\_\_\_\_ \*Copy of ID  
 \_\_\_\_\_ \*Copy of ID  
 \_\_\_\_\_ \*Copy of ID

**REQUIRED:** Vendor/Landlord Conflict of Interest Disclosure Form (Enclosed)

**REQUIRED:** Vendor/Landlord 2020 W-9 Tax Form (Enclosed)

**REQUIRED:** Landlord Direct Deposit Authorization Form (Enclosed)

I certified that I am duly authorized to provide the information detailed above and in the attachments, and that the information provided is true and accurate, as is subject to state and federal laws that may applicable for the compliance. As well, I hereby authorize LHA to communicate with me using the contact methods, including e-mail, provided above.

\_\_\_\_\_  
**\*Printed Name** (Name must match Owner named above)

\_\_\_\_\_  
**\*Title**

\_\_\_\_\_  
**\*Signature**

\_\_\_\_\_  
**\*Date**