



HOUSING SUBSIDY PAYMENT METHOD AUTHORIZATION FORM

PARTICIPANT'S NAME:
SUPPORT BROKER:

DATE: _____

Congratulations! Your housing stipend is on its way towards processing through the ISSNY Housing Review process and Account Payable Department.

DIRECTIONS: A Payment Method Authorization is to be completed and signed by the Housing Subsidy Participant/Designee whenever an individual enrolls in a self-directed plan with a housing subsidy or whenever there is a change to the Landlord, Payment Method or Payee. It is imperative that you submit the Housing Subsidy Payment Method Authorization in its entirety back to us with the Payment Method choice selected and with the requested documents attached so that we may release any pending housing subsidy payments effectively and/or process the housing subsidy payments on an ongoing monthly/conditional basis.

Please note - upon signing this Housing Subsidy Participation Agreement, you are acknowledging ISS, Inc.'s right to use discretion regarding withholding of the housing stipend payment/reimbursement if supporting documentation is not received. Supporting documentation includes but is not limited to: Housing Subsidy Participation Agreement, Housing Subsidy QA Checklist, Lease Agreement, W-9 and Proof of Payment when required (i.e. when selecting payment option number 1).

If you have, any questions or concerns please feel free to reach out to your designated Self Direction Coordinator, _____, at 631-864-2536 ext. _____.

Respectfully,

Jeanne Johnson
Accounts Payable Director

Monticello Office
P.O. Box 1320, Monticello, NY 12701
Ph: 845-794-5218 Fax: 845-794-8168

Long Island Office
390 Rabro Dr., 1st Fl. Hauppauge, NY 11788
Ph: 631-864-2536 Fax: 631-864-2898



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HOUSING PAYMENT GUIDELINES:

For your convenience, ISS, Inc. has two (2) methods of Payment/Reimbursement available:

1) Direct Payment to Landlord

- This direct payment can be made in one (1) of two (2) ways:
 - a) **ACH (Direct Deposit)** - The Landlord/Property Owner will be required to:
 - complete the ISS issued ACH form
 - attach a voided check from the Landlord/Property Owner’s bank account
 - b) **Check Payment** - check payable to the Landlord/Property Owner Monthly as noted on the Lease/W9 sent through the US Postal Office Mail monthly.
- I have attached a W9 with Landlord/Property Owner name, Tax Classification and Social Security/EIN number listed.
- Name and Payee listed on the Lease, W9 and ACH/Check documents must all match.

2) Participant/Family and/or Designee Pays Rent and Submits Proof of paid rent.

- This reimbursement can be made in one (1) of two (2) ways:
 - a) **ACH (Direct Deposit)** - The participant/designee will be required to:
 - complete an ISS issued ACH form
 - attach a voided check from the bank account indicated by the direct deposit form
 - b) **Check Payment** - check sent through the US Postal Office Mail monthly to the payee designated on this form
- I acknowledge that proof of rent payment is required each month in order to continue to be reimbursed directly through the Housing Subsidy.
- If the participant receives this payment directly, I acknowledge that ISS, Inc. has informed me that this payment may possibly affect my SNAP Benefits.

Dear Account’s Payable Department:

I authorize ISS, Inc. to pay out the housing subsidy for _____
Participant's Name

starting _____
Start Date utilizing option # _____. I have attached the pertinent documents so that ISSNY can effectively process the rent payments/reimbursements payable to _____
Payee Name. I acknowledge ISS, Inc.’s right to use discretion regarding the withhold of payments when supporting documents are not received timely.

Housing Subsidy Participant/Advocate Signature

Date

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ACH Deposit Authorization Note

- Please complete this form and return it to the Accounts Payable department.
- Be sure to include a voided (Cancelled) check from your checking account or a deposit slip for your savings account, whichever is applicable. The details from the check/deposit slip will be used to verify the account details.

Account Name:	Your Bank / Financial Institution:
Participant Name:	City / State:

Primary Account Number:	Bank Routing Number:
<p style="text-align: center;">Please check the applicable option:</p> <p style="text-align: center;">Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>	

I authorize Independent Support Services and the above Financial Institution to deposit automatically into my account each month, and to initiate any necessary adjustments for entries made in error to my account.

(Signature)	(Date)
<p>Attach Voided Check or Savings Deposit slip here.</p>	

Office Use Only – Rent LIC Other _____

1st Date/Type _____ Cancelled Date/Type _____

