

# Vallejo Housing Authority Housing Choice Voucher Program Ownership/Management Information Form 200 Georgia St., Vallejo, CA 94590 Ph: (707) 648-4507 Fx: (707) 648-5249 E-mail: housing@cityofvallejo.net

TENANT NAME:		(Complete one form per unit)			
CONTRACT UNIT ADDRESS:					
I AM THE:  Owner  New Existing	Agent				
I WANT TO:	REQUIRED CORRESPONDI	NG DOCUMENTS			
□Report a Change of Ownership of Unit*	( ) Copy of Recorded Deed ( ) Landlord Certi ( ) Direct Deposit Form ( ) Management Agr				
□Change/Add Agent/Property Manager	() Management Agreement () W-9 () Direct	ct Deposit Form, if applicable			
□Become a New Owner on Program	() Copy of Recorded Deed () Landlord Certi () Direct Deposit Form () Management Agre				
□Change/Update Direct Deposit Information	() Direct Deposit Form				
□Change/Update Payment or 1099-Misc Designation () W-9 () Direct Deposit Form					
□Change/Update Correspondence Designation					
□Change/Update Name, Address, Phone or E-mail Ad	dress				
*For Change of Ownership The effective date of the Housing Assistance Payments (HAP) Contract will be the 1st of the month following submission of complete documentation. If payment has already been issued to the previous owner, the new owner is responsible for obtaining payment from the previous owner. If the previous owner has returned HAP to the Vallejo Housing Authority (VHA), the new owner is responsible for notifying VHA. VHA will verify if these funds have been returned prior to reissuance.					
LEGAL OWNER INFORMATION (Name mi	•	•			
Legal Owner Name(s)					
Tax ID #/SSN (must match Tax ID #/SSN on W-9 for Owner Mailing Address	•	ZID Codo			
Owner Phone Number					
Email Address					
AGENT/ PROPERTY MANAGER INFORI					
	_				
Agent/Manager Name(s)					
Agent Mailing Address		_			
Agent Phone Number					
Email Address		<del></del>			
PAYMENTS, 1099-MISC, & CORRESPONDENCE DESIGNATION (Check ONE for each of the following as applicable)  Owner Agent					
Housing Assistance Payments should be paid to: 1099-Misc should be mailed to: Correspondence should be mailed to:					
By signing below, I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payments Contract. I authorize the Vallejo Housing Authority to issue payments according to the information shown above.					
Signature of Legal Owner/Agent	Date _				

## Vallejo Housing Authority Housing Choice Voucher Program Landlord Certification

Landlord Certification		
RE: Tenant Name	Address	
Warning – Title 18 US Code Section 1001 states that a person is guilfalse or fraudulent statement to any Department or Agency of penalties for false or fraudulent statements.		
Ownership of Assisted Unit  I certify that I am the legal owner or the legally designated agent for th no ownership interest in this dwelling unit whatsoever. (Please provid Management Agreement, if property is being managed by an agent.)		
Tenant/Landlord Relationship Disclosure  CFR, Section 982.306(d) states "The Housing Authority must not appr grandchild, sister, or brother of the Voucher holder." Exception: The Hoprovide reasonable accommodation for a family member who is a person person unless he/she is disabled. The Housing Authority will notify the approved.	ousing Authority determines that approving the unit would with disabilities. This exception does not apply to an elderly	
Lead-Based Paint I certify that I will comply with all Federal and State of California requirements may include an obligation for the owner to provide infor require the abatement of lead-based paint.		
Approved Residents of Assisted Unit I understand that the family members listed on the dwelling lease agree individuals permitted to reside in the unit. I also understand that I am assistance payments.	eement, as approved by the Housing Authority, are the only not permitted to live in the unit while I am receiving housing	
Housing Quality Standards I understand my obligations in compliance with the Housing Assistance the unit continues to comply with Housing Quality Standards.	ee Payments Contract to perform necessary maintenance so	
Security Deposit and Tenant Rent Payments  I understand that I determine the amount of security deposit, which m portion of the contract rent is determined by the Housing Authority. It rent or any other item not specified in the lease, and which have not been	is illegal for the owner to charge any additional amounts for	
Reporting Vacancies to the Housing Authority  I understand that should my tenant vacate the assisted unit, I must r accepting a Housing Assistance Payment for any month after my tena Authority and must be returned to the Housing Authority.		
Computer Matching Consent  I understand the Housing Assistance Payments Contract permits the Housing Development (HUD) to verify my compliance with the Contract. I consent for to verify my compliance as they deem necessary. The Housing Authority aparticipation in the Housing Choice Voucher Program with other Federal	for the Housing Authority or HUD to conduct computer matches and HUD may release and exchange information regarding my	
Administrative and Criminal Actions for Intentional Violations I understand that failure to comply with the terms and responsibilities of termination of participation in the Housing Choice Voucher Program. inaccurate information is punishable under Federal or State law.		
Smoke Detector Certification  The dwelling unit is protected by at least one battery-operated or hard-welevel of the unit. Each bedroom occupied by a person known to me to be the smoke detector installed in the hallway; and a properly functioning smalled in the hallway; and a properly functioning smalled in the hallway.	hearing-impaired has a visual alarm system connected to	
Financial Solvency I certify that I am not in jeopardy of losing this property due to default or current.	foreclosure. My property taxes and mortgage payments are	
I certify that I am in compliance with all of the above and I am not related to the	ne tenant.	

Date

Signature of Legal Owner/Agent



### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
	2 Business name/disregarded entity name, if different from above							
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶					Exempt payee code (if any)		
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)				
Ċ	Other (see instructions)	•	(Applies	to accounts i	maintaineo	l outside t	he U.S.)	
<b>S</b> be				and address (optional)				
Š	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Pai	t I Taxpayer Identification Number (TIN)							
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoic	~ <u> </u>	security r	umber				
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					-			
TIN, la		or						
· ·					r identification number			
Number To Give the Requester for guidelines on whose number to enter.								
_								
Par								
	penalties of perjury, I certify that:							
2. I ar Sei	e number shown on this form is my correct taxpayer identification number (or I am waiting for a r n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I I vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or o longer subject to backup withholding; and	have not beer	notified	by the I	nternal			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and							

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because by have failed to report all interest and dividends on your tay return. For real estate tran

Sign Here	Signature of	Πato▶
•	or abandonment of secured property, cancellation of debt, contributions to an individual interest and dividends, you are not required to sign the certification, but you must provide	0 ( // 0 )// )
	and the configuration of the control	Lastin and Lastin and ADA) and an analysis and
you nave is	alleu to report all interest and dividends on your tax return. For real estate transactions, i	tern 2 does not apply. For mortgage interest paid,

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



## **Vallejo Housing Authority** Housing Assistance Payment Direct Deposit Authorization Form 200 Georgia St., Vallejo, CA 94590 Ph: (707) 648-4507 Fx: (707) 648-5249 E-mail: housing@cityofvallejo.net

- ✓ Complete <u>all</u> information without any cross-outs or alterations.
   ✓ Include an original voided check or bank verification letter.
- ✓ Please deliver, mail, fax or e-mail the completed form.

1. Payee Name:	2. Phone Number:			
3. Mailing Street Address:	4. Mailing City, State and ZIP Code:			
5. Taxpayer Identification Number/ Social Security Number:	6. E-mail Address:			
7. Action: (Check one)  New Enrollment  Change of Information	Terminate/Cancel Authorization			
8. Name of Financial Institution:	9. Bank Routing Number:			
10. Bank Account Number:	11. Type of Account: (Check one)  Checking Savings			
12. Attachment: (Check one) Original Voided Check Original Bank Verification Letter				
Payee Certification				
I hereby authorize, as an authorized signer of the above-referenced payee, the Housing Authority of the City of Vallejo to direct deposit all entitled payments under the Housing Assistance Payments (HAP) contract.				
This authorization will remain in effect until the Housing Authority of the City of Vallejo has acted on a written request for termination. Such termination must be made in such time and in such manner as to afford the Housing Authority of the City of Vallejo a reasonable opportunity to act on it. All future payments from the Housing Authority of the City of Vallejo will be made via direct deposit until such termination. I understand that if my account is closed without providing the Housing Authority of the City of Vallejo written notice, my payment may be delayed.				
13. Print Owner or Agent Name:				
14. Owner or Agent Signature: —	15. Date:			
The Housing Authority of the City of Vallejo does not send out paper statements. Your statements and payments are available at your <u>assistanceconnect.com</u> account. If you do not have an account, request a Personal Identification Number (PIN) from the Housing Authority of the City of Vallejo and create a Property Owner Account at assistanceconnect.com				