

# NEW LANDLORD PACKET (Change of Owner)

#### Forms

- Tax ID-W9
- Landlord Acknowledgement
- **HQS Inspection Checklist**
- Owner Info & Certification

Along with this packet, please provide a court recorded copy of your Warranty Deed or other proof of ownership change. We cannot make any changes or send out any payments without this verification.



## Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

### 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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.											
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above											
	of following seven boxes.							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)				
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►  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.  Other (see instructions) ►					the LLC is	Exemption from FATCA reporting					
	5 Address (number, street, and apt. or suite no.) See instructions.					Requester's name and address (optional)						
See	6 City, state, and ZIP code					_						
	7 List account number(s) here (optional)											
Par	Taxpayer	dentific	cation Number (TIN)									
backu reside entitie TIN, la Note:	p withholding. For inc nt alien, sole propriet s, it is your employer iter. If the account is in m	TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid pholding. For individuals, this is generally your social security number (SSN). However, for a generally your social security number (SSN). However, for a generally your social security number (SSN). However, for a generally your social security number (SSN). However, for a generally your social security number (SSN). However, for a generally your social security number (SSN). However, for a generally your social security number generally number (SSN). However, for a generally your social security number generally number (SSN). However, for a generally your social security number generally number number general										
Par	Certificat	ion										
	penalties of perjury,		••									
1. The 2. I an Ser	number shown on the not subject to back.	is form is m up withhold ubject to ba	ny correct taxpayer identific ing because: (a) I am exem ckup withholding as a resul	pt from	number (or I am waiting for a n backup withholding, or (b) failure to report all interest o	I have	not been n	otified by t	he Inte			
	•	•	son (defined below); and									
		•	•	l am ex	xempt from FATCA reporting	g is cor	rect.					
you ha acquis other t	we failed to report all in ition or abandonment han interest and divide	nterest and of secured p	dividends on your tax return. property, cancellation of debt	For reat, contr	en notified by the IRS that yo al estate transactions, item 2 ributions to an individual retiro on, but you must provide you	does nement a	ot apply. Fo	r mortgage t (IRA), and	interes genera	st paid Illy, pa	, yments	3
Sign Here	Signature of U.S. person ▶				ι	Date ►						
	noted. Future developments related to legislation enacted after www.irs.gov/FormW9. Purpose of Form An individual or entity (information return with identification number (T(SSN), individual taxpayayer identification r number (EIN), to report you, or other amount rel	ents. For the Form W-9 a they were p (Form W9 re the IRS mus ITN) which r yer identificatumber (ATI on an informortable on a	quester) who is required to file t obtain your correct taxpayer nay be your social security nur- ation number (ITIN), adoption N), or employer identification nation return the amount paid in information return. Example not limited to the following:	e an mber to es of	-Form 1099-INT (interest ear -Form 1099-DIV (dividends, -Form 1099-MISC (various t -Form 1099-B (stock or mutu- brokers) -Form 1099-S (proceeds from -Form 1099-K (merchant care -Form 1098 (home mortgage 9tuition) -Form 1099-C (canceled debt -Form 1099-A (acquisition or Use Form W9 only if you are your correct TIN. If you do not return Form W9 to backup withholding. See w	including ypes of all fund a real est d and the interest a dand the case a US poor to the real of the real est	ng those from income, priz sales and ce tate transacti ird party net ), 1098-E (st onment of se- erson (include requester with	es, awards ortain other to the tons) work transacudent loan cured properting a resident a TIN, you	or gross transacti actions) interest; erty) ent alier ou migh	proceed on by	-T ovide	
				)FFIC	E USE ONLY							
	Landlord ID Number:											
			Client Number:									



### LANDLORD ACKNOWLEDGEMENT

- 1. I understand that if there is already a lease in place with a client that has just received a voucher; I must not increase the rent until a year after the client has been on the program. When signing a new lease, the start date of the lease must be the date the unit passed inspection or thereafter. The lease and the Housing Assistance Payment Contract MUST have the same dates. No payment will be made until the dwelling unit passes inspection.
- 2. I understand the lease must be in compliance with the Housing Assistance Payment Contract and I must attach a copy of the HUD Tenancy Addendum to the lease. All provisions in the HUD required tenancy addendum must be added word for word to the owner's standard form lease that is used by the owner for unassisted households. The client shall have the right to enforce the tenancy addendum against the owner and the terms of the tenancy addendum shall prevail over any other provisions of the lease.
- 3. I understand that if the client moves in to the unit before the inspection, the client is responsible for the full rent until the date of the passed inspection.
- 4. I understand that I must collect the same security deposit as unassisted households. When the client moves out of the dwelling unit, I understand I must follow state law regarding the refund of the security deposit. I understand Housing Connect does not pay for any client damages.
- 4. I understand I may only have one lease agreement at a time with the client. The client can only pay the amount specified in the lease agreement and must be approved by Housing Connect. Any other agreement to pay more is considered fraud and will result in termination of the HAP contract, collection of overpayment and possible criminal prosecution for fraudulent activity to a government agency.
- 5. I understand that Housing Assistance Payments shall only be paid to the owner while the client is residing in the contract unit during the term of the HAP contract. Housing Connect shall not pay a Housing Assistance Payment to the owner for any month after the month when the family moves out or if a single adult person should pass away. Collecting HAP payments after the client has moved out or passed away will result in termination of the HAP contract, collection of overpayment and possible criminal prosecution for fraudulent activity to a government agency. I also understand Housing Connect reserves the right to refuse to enter into a HAP contract with an owner.
- 6. I understand the client is required to notify in writing, the owner and Housing Connect, a minimum of 30 days in advance before moving.
- 7. I understand that any client eviction notices must be sent to Housing Connect.
- 8. I understand rent cannot be raised during the first year. I understand I must notify Housing Connect of any changes in the amount of the rent to owner at least sixty (60) days before any such changes go into effect, and the amount of the rent to owner following any such agreed change may not exceed the reasonable rent determined by Housing Connect.
- 9. I understand if I'm considering selling the dwelling unit for business or economic reasons, I am required to give Housing Connect and the client a ninety (90) day notice of such action.
- 10. I certify that I have disclosed the presence of any known lead-based paint and lead-based paint hazards in the dwelling and given the client a federally approved pamphlet on lead poisoning prevention if the rental unit was built before 1978.

Owner/Manager Print Name	Owner/Manager Signature	Date



### HQS INSPECTION CHECKLIST- LANDLORD

\*Rental subsidy can only begin when the dwelling unit passes Housing Quality Standards Inspection\*

**CEILINGS, WALLS, OR FLOORS**- Large cracks or holes, severe bulging or leaning or have loose or falling material. Bubbled or warped floor due to moisture. Carpet coming up or separating at seams. Exposed carpet tacks. Peeling linoleum.

WINDOWS- Badly cracked, broken, or missing panes. All windows easily accessible from the outside (i.e., basement, first floor, fire escape, or deck) and must have locks that work. Sleeping room windows must be operable if they were designed to be opened.

**DOORS-** Broken, missing doorknobs or lock parts, or have large holes.

WATER HEATERS- No discharge pipe on the temperature/pressure release valve or with missing burner cover doors. Discharge pipes must extend to within 12 inches of the floor.

STAIRS- Loose, broken, or missing parts or handrails. A handrail is required where there are four or more consecutive steps and on any porches, balconies or decks which are 30 inches or more above ground. Handrails must be at least 34 inches high.

**SMOKE DETECTORS**- Not working or that are improperly installed. Each unit must have at least one smoke detector on each level including basements but excluding crawl spaces and unfinished attics.

**PAINT-** Peeling or chipping either inside or outside.

**APPLIANCES-** Stove and refrigerator must be in the unit. Any burners that don't work or that are missing knobs or oven handles. Stove-top burner pans must be present. Stove and oven must be clean.

**PLUMBING-** Any type of leaks.

HOUSEKEEPING- Carpets, kitchens (sink, stove/oven, refrigerator, counters, and cabinets), bathrooms, and the rest of your house must be clean. Yards cannot have "heavy accumulation" of trash, discarded furniture, or vehicles. Grass and weeds over 6 inches tall must be cut.

**ELECTRICAL HAZARDS-** Missing or cracked switch and/or outlet cover plate(s). Improper connections, insulation, or grounding of any component of the electrical system. GFCI outlets that aren't working properly. A light fixture hanging from its wiring with no other firm support. If a light fixture is designed to have a cover it must have one.

**BATHROOM VENTILATION**- Exhaust fans must work properly. If there is no fan an openable window or a non- mechanical ventilation shaft vented to the outside, attic, or crawlspace is acceptable.

UTILITIES- All utilities must be turned on. Separate entrances, separate thermostats, and separate utility d in the m re

eters are required on all dwelling until paid by the owner.	nits. If utility meters are not separate,	the utilities must be included
I acknowledge I have read a	and understand the items required t	to pass HQS Inspection.
Owner Name	Owner Signature	Date



### OWNER/LANDLORD INFORMATION & CERTIFICATION

	OWNER INFORMATION				
Owner Name:	Email Address:	;			
Phone Number:	Fax Number:				
Mailing Address:	<b>'</b>				
City, State, Zip:					
	NAGEMENT INFORMATIO				
Manager Name:	Email Address:				
Phone Number:	Fax Number:				
Mailing Address:	·				
City, State, Zip:					
COLDEDUCTO		EDITICIO ATIONI			
	ON/CORRESPONDENCE/CE				
Communication/Correspondence shoul  Is the owner and/or manager related to		☐ Manager			
S the owner and/or manager related to  ☐ Yes	□ No	Tive in the rental unit?			
If yes, what is the relationship to the cl					
Does the client have any ownership of the unit?					
Yes No					
If yes, what is the client's ownership of					
	CLIENT INFORMATION				
Client Name:					
Address of rental unit:					
Property Name (if applicable):					
	BANK INFORMATION				
Financial Institution Name:	1.				
_ · · · · ·	eking				
Routing Number:					
Account Number:	. 1 1 1	', IIAD			
Signature below authorizes the account	<u> </u>				
Please include voided check- No dep	oosit siips accepted as they na	ive incorrect/missing information			
Under penalties of perjury, I certify the information provided on the	nat I am the owner/authorized a is form is true and correct to th				
Print Name	Signature	Date			

Warning: Title 18, Section 1002 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

