

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.



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

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	
on page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	single-member LLC	Exempt payee code (if any)
Print or type. Specific Instructions	 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) ▶ 	Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name a	nd address (optional)
57	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	Taxpayer Identification Number (TIN)	

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number				
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 TIN</i> , later.	or -				
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer identification number				
Number To Give the Requester for guidelines on whose number to enter.	-				
Part II Certification					

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Iere	Signature of U.S. person►	Date ►		
	eral Instructions tion references are to the Internal Revenue Code unless otherwise	-Form 1099-INT (interest earned or paid) -Form 1099-DIV (dividends, including those from stocks or mutual funds		
	Future developments. For the latest information about -Form 1099-MISC (various types of income, prizes, awards or gross proceed			
	elopments related to Form W-9 and its instructions, such as	-Form 1099-B (stock or mutual fund sales and certain other transactions by		
legislation enacted after they were published, go to		brokers)		
www.irs.gov/FormW9.		-Form 1099-S (proceeds from real estate transactions)		

www.irs.gov/FormW9. Purpose of Form

An individual or entity (Form W9 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-K (merchant card and third party network transactions) -Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T 9tuition) -Form 1099-C (canceled debt)

	n or abandonment of secured prop	

Use Form W9 only	y if yo	u are a	US pers	on (includi	ng a resid	ent alien) to	o provide
your correct TIN.							

If you do not return Form w9 to the requester with a TIN, you might be subject	сt
to backup withholding. See what is backup withholding later.	

OFFICE 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.

5. 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.

6. 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.

7. I understand the client is required to notify in writing, the owner and Housing Connect, a minimum of 30 days in advance before moving.

8. I understand that any client eviction notices must be sent to Housing Connect.

9. 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.

10. 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.

11. 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.



HQS INSPECTION CHECKLIST- LANDLORD

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

<u>CEILINGS, WALLS, OR FLOORS</u>- 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.

<u>WATER HEATERS-</u> 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.

<u>STAIRS-</u> 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.

<u>SMOKE DETECTORS-</u> 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.

<u>PAINT-</u> Peeling or chipping either inside or outside.

<u>APPLIANCES-</u> 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.

<u>BATHROOM VENTILATION-</u> 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.

<u>UTILITIES-</u> All utilities must be turned on. Separate entrances, separate thermostats, and separate utility meters are required on all dwelling units. If utility meters are not separate, the utilities must be included in the rent paid by the owner.

I acknowledge I have read and understand the items required to pass HQS Inspection.

Owner Name

Owner Signature



OWNER INFORMATION			
Owner Name:	Email Address:		
Phone Number:	Fax Number:		
Mailing Address:			
City, State, Zip:			

MANAGEMENT INFORMATION			
Manager Name:	Email Address:		
Phone Number:	Fax Number:		
Mailing Address:			
City, State, Zip:			

COMMUNICATION/CORRESPONDENCE/CERTIFICATION			
Communication/Correspondence should go to:			
Is the owner and/or manager related to the client currently applying to live in the rental unit?			
\Box Yes \Box No			
If yes, what is the relationship to the client?			
Does the client have any ownership of the unit?			
\Box Yes \Box No			
If yes, what is the client's ownership of the unit?			

CLIENT INFORMATION
Client Name:
Address of rental unit:
Property Name (if applicable):

BANK INFORMATION				
Financial Institution Name:				
Specify type of account:	\Box Checking	\Box Savings		
Routing Number:				
Account Number:				
Signature below authorizes the accounting department to direct deposit HAP				
Please include voided check- No deposit slips accepted as they have incorrect/missing information				

Under penalties of perjury, I certify that I am the owner/authorized agent of the subsidized unit and the information provided on this form is true and correct to the best of my knowledge.

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.

