



www.tallha.org

**Tallahassee Housing Authority
Housing Choice Voucher Program**

2940 Grady Road
Tallahassee, FL 32312
TTD/TTY Florida Relay Service
1-800-955-8771

Customer Service Number: 850-385-6126/Fax: 850-385-0390

REQUEST FOR TRANSFER OF HOUSING ASSISTANCE PAYMENT CONTRACT

Date: _____

Dear Property Owner or Manager:

In order for the Tallahassee Housing Authority (THA) to process your Change of Ownership/Payee request, the legal Owner(s) of the property must complete and submit the documentation listed below. Failure to do so may result in the termination of the Housing Assistance Payment (HAP) Contract.

Change of Ownership/Payee form (pages 2-3)

Affidavit of Ownership (page 4-6)

Management Authorization, if applicable (page 7)

Tax identification (page 8) for an *individual*, a copy of your Social Security card and a matching, valid driver's license or state identification card; for a *company*, a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)

Property Owner Certification Form (page 9-10)

Make sure to complete the packet in full and submit in person or via fax to 850-386-5534.

HAP Contract Assignment (page 11) must be completed in addition to the list of tenants on page 3

Direct Deposit Authorization Agreement and voided check {must match the W9} (page 12)

W-9 form (*NOT IN PACKET*) signed and dated by the entity or individual responsible for tax liabilities (Form 1099-MISC) relevant to the referenced property or properties. The name and tax ID number listed on the W-9 form must match the information listed on the verification letter or Social Security card.

Please note the following:

- Late requests forfeit any past payments and THA does not prorate HAPs between two Owners (e.g., if the property was purchased on the 5th of the month, THA will pay the entire month to the previous Owner and the following month to the new Owner).



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Complete the list below to include all of the voucher assisted tenants currently residing at the property. If you have more than 10 voucher-assisted tenants at the property, please make copies of this page. You may also print and attach your own list of tenants.

List of Tenants at the Property

#	Voucher #	Name	Property Address	Unit	Relation*?
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	_____				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No
11.					<input type="checkbox"/> Yes <input type="checkbox"/> No
12.					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Relation is defined as the owner (including a principal or other interested party) being the spouse, domestic partner, parent (mother/father), child, grandparent, grandchild, sister, or brother of any member of the household, unless THA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

AFFIDAVIT OF OWNERSHIP

Date: _____

Dear Property Owner or Manager:

The Tallahassee Housing Authority (THA) conducts an owner screening for all Request for Transfer of Housing Assistance Payments (HAP) Contracts and Requests for Tenancy Approvals (RTAs) submitted. The legal Owner(s) must complete the appropriate sections of the attached forms. Failure to do so may result in the denial of the request. If the property will be managed by an entity other than the owner please have the managing agent complete the Management Authorization form.

Please complete the appropriate section for your Ownership Type in full and submit the completed documents to the Tallahassee Housing Authority Housing Choice Voucher program office. If we are unable to substantiate any items indicated, the owner will be contacted and asked to provide verification of their selections on the affidavit.

PROPERTY INFORMATION

Permanent Index Number (PIN): - - - -

Property Street Address

Property City, State ZIP Code

PROPERTY STATUS

<i>Please check correct response below:</i>	YES	NO
All real estate taxes and assessments are paid in full.		
This Property is free of State and Federal tax liens. (Taxes must be in the owner's name.)		
This Property is free of judgments, liens, claims, and litigation.		
Does this Property have a homeownership exemption?		

Types of Ownership:

- **Individual/Sole Proprietor Ownership:** Complete Only Section A
 - **Business Ownership:** Complete Only Section B
 - **Court Appointed Receiver Ownership:** Complete Only Section C
 - **Trust Ownership** Complete Only Section D
-



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Section A: INDIVIDUAL/SOLE PROPRIETOR OWNERSHIP

Social Security Number (SSN) must match the owner name on file with the Social Security Administration.

Property Owner Name (to be used for tax purposes)

Phone Number

Property Owner Mailing Address

City, State ZIP Code

Email

Owner SSN: -- (must match Part 1 of IRS W-9 Form if receiving HAP)

Section B: BUSINESS OWNERSHIP (Select the type of Business Ownership in accordance with tax status)

- PARTNERSHIP CORPORATION LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
- SINGLE MEMBER LLC TRUST / ESTATE

Business Tax ID#/EIN issued by the IRS:
(Must match Part 1 of IRS W-9 Form if receiving HAP)

Business Name

Street Address

City, State ZIP Code

Email

Business Phone Number

Names and Titles of Partners, Shareholders or Members

Name Title

Name Title

Name Title

Name Title

I certify that the company listed above is active and in good standing with the state of incorporation.

Authorized Agent Name Title

Section C: COURT APPOINTED RECEIVER WITH AUTHORITY TO CONTRACT, LEASE AND ACCEPT RENT

Receiver Name (to be used for tax purposes)

Phone Number

Mailing Address

City, State ZIP Code

Is this a foreclosure? Yes ___ No ___

Email

Receiver SSN: -- (must match Part 1 of IRS W-9 Form if receiving HAP)

Or

Business Tax ID#/EIN issued by the IRS: - (must match Part 1 of IRS W-9 if receiving HAP)

Case Number _____ Date Entered _____

Section D: TRUST AGREEMENTS - AFFIANT MUST HAVE POWER OF DIRECTION TO CONTRACT, LEASE AND ACCEPT RENT FOR PROPERTY HELD IN TRUST.

Name (to be used for tax purposes)

Phone Number

Mailing Address

City, State ZIP Code

Email

SSN: -- (must match Part 1 of IRS W-9 Form if receiving HAP)

Or

Business Tax ID#/EIN issued by the IRS - (must match Part 1 of IRS W-9 Form if receiving HAP)

Trust Agreement Number _____

Name of Trustee with Power of Direction _____

AFFIANT'S (PROPERTY OWNER) SIGNATURE

Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and Management Agents who violate this law may also be debarred from future participation in the Tallahassee Housing Authority (THA) Housing Choice Voucher Program.

Affiant's (Property Owner) Signature

Affiant's (Property Owner) Name

Date



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MANAGEMENT AUTHORIZATION

I _____,

Owner of the property located at: _____ authorize

_____ to manage the above property. I authorize the manager/management company to conduct the following business with the Tallahassee Housing Authority (THA), effective _____:

Please check all those that apply (Please include):

- Authorization to receive Housing Assistance Payment**
(Social Security Number or Business Tax ID#/EIN issued by the IRS is required and must match Part 1 of IRS W9 form for the party that will receive payment.)
- Authorization to execute Housing Assistance Payment Contract, Request for Tenancy Approval (RTA) and all other required documentation requested by Tallahassee Housing Authority (THA)**
- Act as an Owner Representative to conduct – business with THA which may include, but is no limited to submitting Rent Increase requests, present for inspections and attend meetings.**

Owner certifies legal ownership of the property or legal entity which owns the property and has assigned the above responsibilities to the managing party listed below.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

Owner/Signer Name (print)	Manager Name (print) Management Company
Owner/Signer (signature)	Date - Manager (signature) (Date)
Owner/Signer Address	Manager Address
Owner/Signer City, State, Zip	Manager City, State, Zip
Owner/Signer Home Phone	Owner/Signer Cell Phone
	Manager Office Phone Manager Cell Phone

NOTE: This form must be completed for each property under management

TAX IDENTIFICATION

Please submit the following:

Please note:

- Be sure to sign and date the form
- Don't forget to select your tax classification

For an individual, please include both:

- A copy of your **Social Security card** AND
- A copy of your **state-issued photo ID**

For a company or business providing an EIN, please include:

- A copy of an **IRS Employer Identification Number (EIN) verification letter** (Letter 147C)
 - If needed, please call the IRS at 800-829-0115 to request an additional copy of the letter
-



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PROPERTY OWNER CERTIFICATION FORM

Property Owner Name: _____

Unit Address: _____

Property Index Number (PIN): _____

Please initial to the right of each item below, certifying that you have read, understand, and agree to the terms of participation in the Housing Choice Voucher (HCV) Program.

OWNERSHIP OF ASSISTED UNIT _____

I certify that I am the legal owner and/or authorized agent for the above-referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

PROOF OF OWNERSHIP _____

I understand that prior to approval of the HAP Contract by THA; I must submit and/or update the HCV Program's Affidavit of Ownership, listing the names and current addresses of all individuals having an ownership interest in the property, regardless of the legal entity that may hold title. I further understand that any changes to the list of owners and/or authorized agents must be reported to THA in writing prior to the change.

UNIT PROPERTY TAXES _____

I understand the status of a unit's property taxes will be checked against public records. A unit found to be delinquent in the payment of property taxes will not be eligible for lease under the HCV Program until the taxes have been paid in full. Proof of payment will be required.

PROHIBITION ON LEASING TO RELATIVES _____

I certify that no member of the tenant family is the spouse, domestic partner, parent, child, grandparent, grandchild, sister or brother of the property owner, any principal, or the authorized agent without THA's prior approval of a Reasonable Accommodation.

HOUSING QUALITY STANDARDS (HQS) COMPLIANCE _____

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with HQS. I understand that I (or my representative) am solely responsible for the coordination of, and must be present for, initial inspection(s). I also understand that I have an equal responsibility with the HCV participant for ensuring that all subsequent THA inspections of the unit under contract take place.

INSPECTION FAIL RATE _____

I understand that the goal is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk-through and an owner accompanying the THA inspector on inspection day. Non-compliance could lead to denial of the RTA, suspension of the owner from the Program and/or HAP Contract termination.

LEAD-BASED PAINT VIOLATIONS _____

I understand that lead orders issued by the Department of Public Health are a violation of HQS. Units with outstanding lead orders will not be eligible for lease under the HCV Program, and units are subject to cross-referencing during the term of the assisted tenancy. Proof of closed orders must be submitted.

TERMS OF THE LEASE_____

I certify that the terms of the lease that I use for voucher holders, including the length of the lease, which shall not exceed one year, adhere to the normal standards for market rate leases in Tallahassee.

RENT REASONABLENESS_____

I understand that any tenant transfers, new tenant move-ins or rental increases may not exceed the reasonable rent as most recently determined or re-determined by THA.

DIRECT DEPOSIT_____

I understand that all property owners will be required to utilize direct deposit of Housing Assistance Payments.

TENANT RENT COLLECTION REQUIREMENT_____

I understand that it is my responsibility to collect the tenant's portion of the rent and that failure to collect the tenant's portion of the rent on a timely basis will be considered a program violation.

PROHIBITION OF SIDE PAYMENTS_____

I understand that the tenant's portion of the Contract Rent and any other agreements must be approved by THA and that the property owner is not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by THA.

UNAUTHORIZED PERSONS_____

I understand it is a Program violation to allow anyone not approved by THA and listed as a tenant on the HAP Contract to reside in the assisted unit or to be listed on the Lease Agreement.

VACANCIES_____

I understand that should the assisted unit become vacant, I am responsible for notifying THA immediately. I understand that relocating tenants to other units requires THA's prior consent. Death of an assisted tenant who is the sole household member immediately terminates the HAP Contract.

VAWA REQUIREMENTS_____

I understand that under HUD's mandated Violence Against Women Act, THA may terminate my HAP Contract and allow a family to transfer. THA would provide me with 30 days' notice of contract termination.

CODE OF CONDUCT_____

I understand that it is a Program violation to threaten or engage in, or allow staff to threaten or engage in, abusive or violent behavior or criminal activity toward THA staff or its contractor. Abusive or violent behavior includes verbal as well as physical actions. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may also be considered abusive or violent behavior. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.

Property Owner/Affiant Signature: _____ *Date:* _____

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



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HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT ASSIGNMENT

I (We), _____
(Name listed on IRS Form W-9)

am (are) the new Property Owner(s)/Manager(s) of the housing unit(s) located at:

(Address Range) (Street) (City, State) (ZIP Code)

The following are the HCV Program Participants who reside at the property:

Voucher #	Name	Property Address	Unit #	ZIP Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I (We) intend to carry out the terms and conditions listed in the current lease and HAP Contract. I (We) have attached all required documentation.

Signature of New Property Owner Date

THA Office Use Only:

THA Signature Date

Previous Owner #: _____

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize the Tallahassee Housing Authority and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error. This authorization is to remain in effect unless revoked in writing to the Tallahassee Housing Authority Finance Department. Account changes must be reported to the Tallahassee Housing Authority Finance Department at least thirty (30) days prior to the actual change.

TYPE OF TRANSACTION (Check One): NEW CHANGE CANCEL
LANDLORD/OWNER TYPE (Check One): NEW EXISTING

PAYEES NAME: _____

PAYEES MAILING ADDRESS: _____

PHONE NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION MAILING ADDRESS: _____

FINANCIAL INSTITUTION PHONE: _____

ACCOUNT TYPE: CHECKING SAVINGS

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION ACCOUNT NUMBER: _____

PAYEE SIGNATURE: _____ **DATE:** _____

SUBMIT A DIRECT DEPOSIT FORM FROM FINANCIAL INSTITUTION OR ATTACH A VOIDED BLANK CHECK and W9 FORM TO:

TALLAHASSEE HOUSING AUTHORITY
ATTN: FINANCE DEPARTMENT (FOR HCV)
2940 GRADY ROAD
TALLAHASSEE FL 32312

Attachments Included (CHECK ALL THAT APPLY):

W9 BLANK CHECK FINANCIAL INSTITUTION DIRECT DEPOSIT FORM