



TRANSFER OF OWNERSHIP

Re: Tenant Name: _____

Property Address: _____

Dear New Owner/Manager:

The following required documents should be completed and returned to our office. These documents must be received before SNRHA can approve the reassignment of the Housing Assistance Payments (HAP) Contract on behalf of our Housing Choice Voucher (HCV) participant(s):

1. HAP Assignment form (pages 1 and 2);
2. Authorization for direct deposit form with voided check for checking account or deposit slip for savings account;
3. IRS Form W-9 for new owner; or IRS W-8ECI form if new owner does not have U.S. Citizenship;
4. Additional IRS Form W-9 for payee who will receive payments on behalf of owner and receive the Tax Form 1099 (if applicable).
5. Please provide a copy of the **recorded deed** to the property;
6. Statement of Property Ownership/Authorization; and
7. Copy of management agreement (if applicable).
8. Current business license for owner and property management, if applicable.

All information must be complete and consistent. All incomplete and inconsistent documents will be returned to the sender.

A copy of the assignment form, the current contract, and lease agreement will be forwarded to you upon approval of the ownership transfer. If you should have any questions regarding this matter, please contact the case worker at (570) 489-3972.

Thank you for your interest in our HCV Program.

Sincerely,
Johnnie Jackson
Section 8 Coordinator



LANDLORD REQUEST FOR HAP CONTRACT ASSIGNMENT

[Pursuant to Part B, Paragraph 14 of HAP Contract]

Landlord #: _____ Tax ID #: _____

Current Owner: _____

Name of Resident: _____

Unit Address: _____

Date of Proposed Property Sale: _____

Name of Proposed New Owner: _____

CONSENT TO ASSIGN HAP CONTRACT

I, _____, do hereby give my express consent to assign
(Landlord/FormerOwner)

the benefits, conditions and obligations of the HAP Contract, between Housing Authority of Lackawanna County and me, entered the _____ day of _____, _____, to assignment, if approved, will result in me no longer receiving rental subsidy for the subject property.

DATED this _____ day of _____, _____.

Landlord/Former Owner

Witness



**ACCEPTANCE OF ASSIGNMENT AND ACKNOWLEDGMENT
OF PROPOSED NEW OWNER**

I, _____, being first duly sworn under penalty of
(Name of Proposed New Owner)
perjury do warrant and represent the following:

1. That I hereby accept all of the conditions, obligations and benefits of this Contract Assignment.
2. That I/we have not been debarred, suspended or subject to a limited denial of participation under HUD regulations, 24 CFR, Part 24.
3. That the federal government has not instituted legal action against me/us for violation of the Fair Housing Act or other federal equal opportunity requirements.
4. That I/we am/are not the parent, child, grandparent, grandchild, sister or brother of any member of the resident family.
5. That I/we agree to be bound by and comply with the terms and conditions of the HAP Contract dated _____.
6. That my/our tax identification number is _____
and I have attached IRS Form W9 hereto.

DATED this _____ day of _____, _____.

Signature of New Owner

THIS REQUEST FOR HAP CONTRACT ASSIGNMENT IS: [] Approved [] Denied

DATED this _____ day of _____, _____, effective

Section 8 Coordinator

SECTION 8 LANDLORD CERTIFICATION

Tenant: _____

Address: _____

Ownership of Assisted Unit:

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

Approved Residents of the Assisted Unit:

I understand that the family members listed on the dwelling lease agreement, as approved by the Housing Authority of Lackawanna County, are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards:

I understand my obligations in compliance with the Housing Assistance Payment Contract, related to performing the necessary maintenance to ensure the unit continues to comply with the Housing Quality Standards.

Security Deposit and Tenant Rent Payments:

I understand that the amount of security deposit and the tenant's portion of the contract rent are determined by the Housing Authority of Lackawanna County, and that it is illegal to charge any additional amounts for any other item not specified in the lease which have not been specifically approved by the Housing Authority of Lackawanna County.

Reporting Vacancies to the Housing Authority of Lackawanna County:

I understand that should the assisted unit become vacant, I am responsible to notify the Housing Authority of Lackawanna County immediately in writing.

Computer Matching Consent:

I understand the Housing Assistance Payment Contract permits the Housing Authority of Lackawanna County or HUD to conduct computer matches to verify my compliance, as they deem necessary. The Housing Authority of Lackawanna County and HUD may release and exchange information regarding my participation in the Housing Choice Voucher Program with other Federal and State agencies.

Administrative and Criminal Actions for Intentional Violations:

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

Signature of Owner/Landlord/Agent

Date

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



Housing Authority of Lackawanna County
Housing Choice Voucher Program
145 Railroad Avenue
Peckville, Pennsylvania 18452
Telephone (570) 489-3972
Fax (570) 382-8906

STATEMENT OF PROPERTY OWNERSHIP/AUTHORIZATION

Prospective Tenant Name: _____

Rental Unit Address: _____

I/we declare that the recorded property owners are: PLEASE ATTACH A COPY OF THE DEED.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

OWNER'S AUTHORIZED AGENT: (Manager, Realtor, Power of Attorney)

The following individual/agency is designated as my/our representative and is authorized to act on my/our behalf. PLEASE ATTACH A COPY OF THE MANAGEMENT AGREEMENT OR POWER OF ATTORNEY.

Name: _____

Title: _____

Address: _____

Telephone: _____

email: _____

1099 PAYMENT INSTRUCTIONS:

The housing assistance payment (ach payment) is to be sent as follows:

Payee: _____

Legal Owner's Social Security or Tax ID Number: _____

SIGNATURES:

Owner: _____

Date: _____

Owner: _____

Date: _____

Authorized Agent: _____

Date: _____



AUTOMATIC DEPOSIT (ACH CREDIT) AGREEMENT

PROPERTY OWNER/AGENT INFORMATION/AUTHORIZATION

(Please attach a voided check or copy of a voided check)

Owner's Full Name (Please Print)

Federal Employer Identification Number (FEIN)

Social Security Number of owner

Management/Agency's Full Name (Please Print)

Federal Employer Identification Number (FEIN)

Social Security Number of (Management /Agency)

I authorize and request the Housing Authority of Lackawanna County to deposit my Housing Assistance Payments automatically to my account identified below each month. This authorization will remain in effect until I cancel it in writing.

Purpose of Authorization (Check One)

New Authorization

Change to Authorization

Cancellation

Checking Account Information **or**

Savings Account Information

Name of Financial Institution

Name of Financial Institution

Address

Address

City, State, Zip

City, State, Zip

Bank Routing Number

Bank Routing Number

Account Number

Account Number

Signature

Signature

Telephone Number

Telephone Number

Tenant Name

Tenant Name

Unit Address

Unit Address

NOTE: Regular Housing Assistance Payments deposit will be posted to accounts on the 1st of each month. Please contact HALC at (570) 489-3972 or fax (570) 382-8906 for additional forms or questions.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.