



# Landlord Owner Form

## Housing Choice Voucher Program (Individual Property Owner)

Please complete and submit these forms with the Prospective Tenant's RFTA packet to the HACL HCV Department at 145 Railroad Avenue, Peckville, PA 18452. All owners will be checked through the System for Award Management (SAM) and Government Denial of Participation List to determine their eligibility to participate in the program. FALSE RESPONSES OR MISREPRESENTATIONS made by the owner in the completion of this form will constitute an automatic denial of termination from participation.

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\_\_\_\_\_  
Tenant's Name (Please Print)

\_\_\_\_\_  
Unit Address (Include City, State, & Zip Code)

\_\_\_\_\_  
Owner's Name (Please Print)

\_\_\_\_\_  
Owner's Date of Birth

\_\_\_\_\_  
Owner's Social Security Number

\_\_\_\_\_  
Owner's Phone Number

\_\_\_\_\_  
CO-Owner's Name (If Applicable) (Please Print)

\_\_\_\_\_  
CO-Owner's Date of Birth

\_\_\_\_\_  
CO-Owner's Social Security Number

\_\_\_\_\_  
CO-Owner's Phone Number

Owner's Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Mailing Address: (IF APPLICABLE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's E-Mail: \_\_\_\_\_

Owner's Racial/Ethnicity Code (Please circle all that apply)\*\*FOR HUD REPORTING PURPOSE ONLY\*\*

- 1- White American
- 2- Black American
- 3- Native American

- 4- Hispanic American
- 5- Asian/Pacific American
- 6- Hasidic Jew

- 7- Other
- 8- Minority Owned Business
- 9- Non-Minority Owned Business

1. Has the owner/landlord of the property ever been debarred, suspended, or subjected to a Limited Denial of Participation under any HUD or another Governmental program?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has the owner/landlord ever been convicted of fraud, bribery, or any other corrupt or criminal acts in connection with any federal housing assistance program?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If the property pending a foreclosure or tax lien status?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the owner/landlord have full or partial ownership of the property listed for participation in the Housing Choice Voucher Program?

Full \_\_\_\_\_ Partial \_\_\_\_\_

5. Is the owner/landlord or anyone with partial ownership related to the prospective tenants?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**IMPORTANT!:** Direct deposit is MANDATORY for participation in the Housing Choice Voucher Program.

By signing this document, I assure that all information is accurate and true.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CO-Owner's Signature (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(FOR USE BY THE HOUSING AUTHORITY OF THE COUNTY OF LACKAWANNA)

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial (if applicable): \_\_\_\_\_

HACL Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HOUSING CHOICE VOUCHER PROGRAM LANDLORD CERTIFICATION

Tenant's Name: \_\_\_\_\_

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 the County of Lackawanna, 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 the County of Lackawanna, 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 the County of Lackawanna.

**Reporting Vacancies to the Housing Authority of the County of Lackawanna:**

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

**Computer Matching Consent:**

I understand the Housing Assistance Payment Contract permits the Housing Authority the County of Lackawanna 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 Landlord**

\_\_\_\_\_  
**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.**



## Automatic Deposit (ACH CREDIT) Agreement

PROPERTY OWNER/ AGENT INFORMATION/ AUTHORIZATION

\_\_\_\_\_  
Owner's Full Name (please print)

\_\_\_\_\_  
Federal Employer Identification Number (FEIN) OR  
Social Security Number of Owner

\_\_\_\_\_  
Management/Agency's Full Name (please print)

\_\_\_\_\_  
Federal Employer Identification Number (FEIN) OR  
Social Security Number of Management/Agency

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

**NOTE: Regular Housing Assistance Payments will be posted to accounts on the 1<sup>st</sup> of each month.**

**\*\*PLEASE ATTACH A VOIDED CHECK OR A COPY OF A VOIDED CHECK\*\***

### Checking Account Information

or

### Savings Account Information

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
City, State Zip Code of Financial Institution

\_\_\_\_\_  
City, State, Zip Code of Financial Institution

\_\_\_\_\_  
Bank ROUTING Number

\_\_\_\_\_  
Bank ROUTING Number

\_\_\_\_\_  
Bank ACCOUNT Number

\_\_\_\_\_  
Bank ACCOUNT Number

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Tenant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.