



Housing Choice Voucher Program: 145 Railroad Avenue, Peckville, Pennsylvania 18452  
(570) 489-3972 FAX: (570) 382-8906 E-Mail: contact@hacl.org

## Transfer of Ownership

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

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

New Owner/Manager:

The following required documents need to be completed and returned to our office at 145 Railroad Avenue, Peckville, PA 18452. 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
2. Authorization for Direct Deposit forms with VOIDED check for checking account or deposit slip for savings account
3. IRS W-9 Form for new owner
4. (If applicable) Additional IRS W-9 Form for payee who will receive payments on behalf of the owner
5. Copy of the recorded deed to the property
6. (If applicable) Management Agreement Documentation
7. Statement of Property Ownership Authorization

**Note: All information must be complete and consistent. All incomplete and inconsistent documents will not be accepted!**

A copy of the assignment form, the current contract, and lease agreement will be given to you upon approval of the ownership transfer. If you should have any questions regarding this matter, please contact Frank Scalzo, HCV Coordinator, at 570-489-3972 ext. 326.



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## LANDLORD REQUEST FOR HAP CONTRACT ASSIGNMENT

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

Tax ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

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

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

Date of Proposed Property Sale: \_\_\_\_\_

Name of Proposed New Owner: \_\_\_\_\_

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### CONSENT TO ASSIGN HAP CONTRACT

I, \_\_\_\_\_,  
(Landlord/Former Owner)  
do hereby give my expressed consent to assign the benefits,  
conditions, and obligations of the HAP Contract between the Housing Authority of the County of  
Lackawanna (HA CL) and me, entered the \_\_\_\_ day of \_\_\_\_\_. If approved, this will  
result in me no longer receiving rental subsidy for the subjected property.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Landlord/Former Owner

\_\_\_\_\_  
Witness



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## ACCEPTANCE OF ASSIGNMENT AND ACKNOWLEDGMENT OF PROPOSED NEW OWNER

I, \_\_\_\_\_, being first duly sworn under penalty of perjury, do  
(Name of Proposed New Owner)

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 subjected 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 the IRS Form W9

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

**Signature of New Owner:** \_\_\_\_\_

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**THIS REQUEST FOR HAP CONTRACT ASSIGNMENT IS:**

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

**Dated this \_\_\_\_\_ day of \_\_\_\_\_.**

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HACL Coordinator



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## Statement of Company Property Ownership/Authorization

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

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

**The recorded owners of this property are: (PLEASE ATTACH A COPY OF THE DEED)**

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Owner's Authorized Agent:** The following individual(s)/agency(s) is/are designated as my/our representative and is authorized to act on my/our behalf. **PLEASE ALSO fill out the management agreement on the next page and/or provide power of attorney paperwork.**

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

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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**1099 Payment Instructions:** The Housing Assistance Payment (HAP) is to be sent as follows:  
(Please also fill out the W9 form in this packet)

Payee: \_\_\_\_\_

Legal Owner's Tax ID Number *OR* Social Security Number: \_\_\_\_\_

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Signatures:

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_



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## Management Agreement Documentation

If there is an existing Agent Authorization of Management Agreement in place for this unit, please attach to the Request for Tenancy Approval (RFTA) Packet. If there is not an Agent Authorization or Management Agreement in place, this authorization is to be completed by the legal owner of the designated property when an individual or entity, other than the owner, will be managing the property. Please keep a copy of this authorization on file.

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Unit/Property Address (please print, and include City, State, and Zip Code):

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Prospective Tenant's Name (please print):

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### Authorization:

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_,  
Owner's Name Agent's Name

known as my Agent, to conduct the following business with the Housing Authority of the County of Lackawanna on behalf for the above captioned unit.

#### Please indicate the agent's authorized responsibilities:

Contract with HACL and applicant (i.e. negotiate rent, execute applicant lease and HAP contract)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Receive Housing Assistance Payments (HAP) and applicant rental payments	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grant access to the rental unit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Access contract and payment information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintain the unit and is responsible for repairs and inspections	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inform owner of obligations under 42 U.S.C 4852d and is responsible for ensuring compliance	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Agent Contact Information:

Agent Name:

Phone Number:

Company Address (include City, State, and Zip Code)

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\*\*If the Agent's responsibilities are described in a separate agreement, I will provide a copy of that document and any amendments thereto to HACL. I acknowledge that the appointment of the Agent does not in any way abridge, negate, modify, or otherwise eliminate my/our responsibilities and requirements under the Housing Assistance Payment (HAP) Contract with HACL. I am responsible for ensuring that the Agent and Property comply in all respects with such responsibilities and requirements.

Signature of Legal Owner

Date

Signature of Agent

Date



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## 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.

**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.**

\_\_\_\_\_  
**Signature of Landlord**

\_\_\_\_\_  
**Date**



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## 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.

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

**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.

## 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.