**CHANGE OF OWNERSHIP/MANAGEMENT PACKET**

**INSTRUCTIONS**

* All forms and documents must be received prior to the execution of change.
* Change of Ownership/Management Packets not containing ALL required forms/documents will be returned to you.

Please complete this packet if you are the NEW owner or management of a property with a tenant who is a participant in the Housing Choice Voucher (Section 8) program. You MUST submit all forms and supporting documents to the RHA to process your request. The process will be delayed if the forms are incomplete and/or if all the supporting documentation is not included with your packet. The Housing Assistance Payment (HAP) will be placed on hold until the process is complete. Please return all forms/documents to RHA, 1455 Butte House Road, Yuba City, CA 95993.

**REQUIRED DOCUMENTS FOR OWNERSHIP CHANGE**

Proof of Ownership (Copy of Deed/Tax Bill/Mortgage Statement)

Change of Ownership Form

Amendment to Lease Agreement and HAP Contract

Owner/Management Data Form

Section 8 Landlord Certification

Direct Deposit Form

W-9 Form

**REQUIRED DOCUMENTS TO ADD/CHANGE MANAGEMENT**

Documentation of Management Responsibilities (Copy of Management Agreement)

Owner/Management Data Form

Section 8 Landlord Certification

Direct Deposit Form

W-9 Form

To REMOVE a management company the owner must provide a letter.

This is to advise the Regional Housing Authority (RHA) that effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I and/or WE are now owner (s) of the property located at:

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Unit/Apt: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

|  |  |
| --- | --- |
| Name of Tenant(s) Currently Occupying Unit: |  |

**PLEASE MAIL ALL FUTURE HOUSING ASSISTANCE PAYMENTS (HAP) TO THE FOLLOWING:**

|  |  |
| --- | --- |
| Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Unit/Apt: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: |  | Mobile: |  | Work Telephone: |  |

|  |  |
| --- | --- |
| E-Mail: |  |

|  |  |
| --- | --- |
| Social Security Number or Tax ID: |  |

|  |  |
| --- | --- |
|  | |
| Owner or Agent Signature | Date |

|  |  |
| --- | --- |
|  | |
| Owner or Agent Signature | Date |

**AMENDMENT TO LEASE AGREEMENT AND HOUSING ASSISTANCE PAYMENT CONTRACT**

I, , have purchased the assisted property at

. A transfer of interest was completed on

. The legal ownership of the property has been transferred from

to .

The Purchaser/New Owner, by his/her signature below acknowledges and accepts all the obligations, terms and conditions of the HAP contract for the remaining of the contract and lease agreement. The Purchaser/New Owner also accepts all obligations, terms and conditions of the lease agreement between (former owner) and (lessee/program participant) for the remaining term of the contract and lease agreement. The lessee, by his/her signature below, likewise acknowledges and accepts the same.

I am aware that the RHA may deny approval to assign the HAP contract to a new owner if the owner is debarred, suspended, or subject to a limited denial of participation.

|  |  |
| --- | --- |
|  | |
| Owner or Agent Signature | Date |

|  |  |
| --- | --- |
|  | |
| Owner or Agent Signature | Date |

|  |  |
| --- | --- |
|  | |
| Tenant/Participant Signature | Date |

|  |  |
| --- | --- |
|  | |
| Tenant/Participant Signature | Date |

**OWNER/AGENT DATA FORM**

The following information is required of all Property Owners:

**PROPERTY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Unit/Apt: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

**OWNER:**

|  |  |
| --- | --- |
| Owner Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Unit/Apt: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: |  | Mobile: |  | Work Telephone: |  |

|  |  |
| --- | --- |
| E-Mail: |  |

**AGENT (IF DIFFERENT THAN OWNER):**

|  |  |
| --- | --- |
| Agent (if different than Owner) Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Unit/Apt: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Agent Telephone Number: |  | Mobile: |  |

|  |  |
| --- | --- |
| E-Mail: |  |

**Section 8 Landlord Certification**

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address of Assisted Unit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town State Zip

**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 Assisted Unit**

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority 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 Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards

**Tenant Rent Payments**

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

**Reporting Vacancies to the Housing Authority**

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately in writing.

**Computer Matching Consent**

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Section 8 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 Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_

Signature of Landlord/Agent

**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.**

Reference: Direct Deposit

Dear Landlord:

***This letter is to inform you that effective April 1, 2013 the Housing Authority has gone completely green and is only doing direct deposit for the monthly Housing Assistance Payments you receive on behalf of participants in the Housing Choice Voucher Program.***

The advantages of direct deposit:

* No more waiting for the check to be delivered by mail.
* Access to funds by midnight on the first business day of the month (please check with your bank for actual availability).
* No more lost checks.
* No more excess paper since nothing will be mailed to you.
* Payment detail e-mailed directly to your computer.

***A Direct Deposit Sign-up Form will be required prior to the issuance of any payment.***

We look forward and appreciate your participation in the Housing Choice Voucher Program.

**DIRECT DEPOSIT AUTHORIZATION FORM**

Initial Enrollment Change Checking Account Savings Account

I hereby authorize the Regional Housing Authority (RHA) to initiate credit entries and, only if necessary, debit entries and adjustments for any credit entries made in error to my checking or savings account indicated below (Debit entries will ONLY be initiated in the event that a credit was erroneously made into your account by RHA AND after it was verified that you received or will receive proper notification that said credit was not due to you).

Persons / Business Bank Account name (Name/s on Bank Account)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution (Bank name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 Digit Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN/TIN of persons/business on Bank Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Each owner or authorized person MUST complete the authorization form. Name on account and Tax ID must match RHA recorded ownership documents.***

Please note: The persons/business’ name and SSN/TIN to which the direct deposit is made will receive a 1099 from the RHA at year end. Therefore, before a direct deposit can be made, RHA must have a W-9 on file for the persons/business’ for which the direct deposit will be made

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select and attach **only one** of the following:

* **Checking:** Attach a voided blank check from the account where the direct deposit will be made. Your name must appear on the account.
* **Savings:** Attach a deposit ticket with your name, address, bank routing number and account number.

**RETURN TO:**

**Regional Housing Authority**

**1455 Butte House Road**

**Yuba City, CA 95993**

**Phone (530) 671-0220 x111**

**Fax (530) 674-8505**

**Or email m.lundgren@regionalha.org**

**Please allow ten business days for processing**

**IRS FORM W-9**

To obtain a W-9 form, please follow this link to the Internal Revenue Service website:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>