

LEGAL OWNER & PAYMENT INFORMATION



Instructions: Each owner of a unit receiving Section 8 rental assistance must complete the Owner Information section below. The owner will receive all Housing Authority correspondence and Housing Assistance Payments (HAP) unless a different agent/payee is designated below.

A. Legal Owner Information	
Owner Name: _____ Email: _____ (as listed on the property grant deed)	
Primary Phone Number: _____ Circle one: Home Work Cell	Alternate Phone Number: _____ Circle one: Home Work Cell
Owner Address: _____ City _____ State _____ Zip Code _____	
Enter Owner's Taxpayer Identification Number (TIN) issued by the Internal Revenue Service (IRS) or Social Security Number (SSN) in the below box. The TIN/SSN must match the name given on the 'Legal Owner Name' line. The Housing Authority may request a copy of the TIN letter or Social Security card, if necessary.	
TIN: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Is the legal owner of this property a trust or a trustee? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>If YES, a copy of the executed trust document or other documentation confirming the person listed in Section A. is the trustee must be provided to the Housing Authority with this form</u>	
B. Payee Information (Leave Blank if Owner is Also the Payee)	
Payee Name: _____ Email: _____ (must match completed W-9 form)	
Primary Phone Number: _____ Circle one: Home Work Cell	Alternate Phone Number: _____ Circle one: Home Work Cell
Payee Address: _____ City _____ State _____ Zip Code _____	
If Payee will be receiving payment on Owner's behalf, enter Payee Taxpayer Identification Number (TIN) issued by the IRS in the below box. TIN must match the name given on the "Payee Name" line. For individuals, enter the social security number (SSN). The Housing Authority may request a copy of the TIN letter or Social Security card, if necessary.	
TIN: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C. Agent or Manager Information	
Is there a Manager or Agent for this property that is <u>not the Owner or Payee</u> that may act on the Owner's behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>If Yes, please follow the instructions on the back of this form.</u>	

Owner and Agent Certification:

I certify that I am the legal owner for the unit referenced on this form and all the information on this form is true and correct. I understand that if I name a Payee other than myself, the Payee will receive in their name all Housing Assistance Payments and owner correspondence and will act on my behalf regarding all housing matters for the rental property. If Payee is a real estate agent, the agent must use Form 1099-MISC to report the rent paid to the property owner per IRS regulation section 1.6041-1(e)(5)]. I understand that naming a Payee other than myself does not relieve me of any contractual requirements and responsibilities under the HUD-52641 HAP Contract. I understand that SCCHA will issue IRS Form-1099 to the Payee.

Owner Signature: _____ Date: _____

Payee Signature: _____ Date: _____

AGENT AUTHORIZATION

If there is an Agent/Manager for this property that is not the Owner or Payee that may act on the Owner's behalf provide the following information:

Agent/Company Name: _____

Agent Phone Number: _____

Agent Email: _____

A copy of the agent or management agreement between the Owner and the Agent must be provided to SCCHA. If the Owner has provided the management agreement to SCCHA previously, it does not need to be resubmitted.

If an Agent or Management Agreement is not available. The legal Owner must complete the form below:

I, _____ (owner name)

hereby authorize _____ (agent name),
known hereafter as my Agent, to conduct business and enter into contractual agreements with the Santa Clara County Housing Authority on my behalf as is required for the leasing of my property.

Legal Owner Signature: _____

Date: _____

LEGAL OWNER & PAYMENT INFORMATION

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Legal Owner Name: _____

Payee Name: _____
 (Leave blank if Owner is Payee)

List all units receiving HAP payment from SCCHA for which you want to update the owner and payment information. Provide the complete property address for each unit below or you may provide a separate document which lists all the requested information.

	Unit/Property Address (Street Address, City, and Zip)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one 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) ▶ _____ Note. 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) ▶ _____	4 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>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

Social security number									
				-			-		
or									
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); 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.

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.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at 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.

OWNER & CO-OWNER CERTIFICATIONS

Tenant Name: _____ Entity ID #: _____

Unit Address: _____ State: _____ Zip Code: _____

OWNERSHIP OF ASSISTED UNIT/LIABILITY INSURANCE

I certify that I am the legal owner or the legally designated agent for the above referenced unit. I further certify that the above referenced unit is a named location on a current insurance policy for both liability and real property damage coverage.

COMPARABLE RENT

I understand the program regulation requires the Housing Authority to certify that the total contract rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units at the same site.

Does this property owned by you have more than 4 housing units? Yes No

If yes, please complete the section below with the information for the most recently leased comparable unassisted units within the premises:

Address and Unit Number	Date Rented	Rental Amount
1.		
2.		
3.		

APPROVED RESIDENTS OF ASSISTED UNIT

I understand that any person residing in the assisted unit must be approved by the Housing Authority.

I understand that a live-in aide is not considered a family member and is not entitled to the subsidized rental assistance. I understand that I am not permitted to live in the unit while I am receiving Housing Assistance Payments (HAP) unless the Housing Authority has approved participation in the Shared Housing Program.

I understand that the lease may not be reassigned and subletting is not permitted.

I certify that I am not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the Housing Authority has determined (and has notified me (the owner) and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with a disability

Are any of the tenants related by blood or marriage to any of the owners of this property? Yes No

If yes, what is the owner's relationship to the tenant family? _____

HOUSING QUALITY STANDARDS (HQS)

I understand it is my obligation to perform any and all necessary repairs and maintenance so the assisted unit continues to comply with HQS as stated in the HAP contract.

UNIT STORAGE

I understand that I am not allowed to store my belongings in the assisted unit.

FOR SHARED HOUSING UNITS ONLY

I understand that it is my obligation to comply with the following additional requirements if the Housing Authority has approved participation of the assisted unit and assisted family(ies) in the Shared Housing Program:

- The entire unit must meet Housing Quality Standards (HQS);
- The unit or house selected must not be a studio or a one bedroom unit;
- The facilities available for the use of the assisted family under the lease must include a living room, sanitary facilities, food preparation facilities and refuse disposal facilities in accordance with HQS;
- The entire unit must provide adequate space and security for all assisted and unassisted residents;
- The unit must contain a private space for each assisted family, plus common space for shared use by the residents of the unit;
- The private space for each assisted family must contain at least one bedroom for each two persons in the family;
- The number of bedrooms in the private space of an assisted family must be equal to the family’s subsidy size;
- The living room cannot be used as a sleeping room since it is a required common facility and not a private space per 24 CFR 982.618; and
- The unit cannot be leased to an assisted family who is a relative by blood or marriage to a resident owner under any circumstances.

TENANT RENT PAYMENT

I understand that the tenant’s portion of the contract rent is determined by the Housing Authority and it is illegal to charge any additional amounts. I understand that knowingly collecting additional monies over and above the tenant’s portion of the contract rent is a violation of State and Federal Criminal and Civil Law.

REPORTING VACANCIES TO THE HOUSING AUTHORITY

I understand that should the assisted unit become vacant, including if the sole family member becomes deceased, it is my legal obligation to notify the Housing Authority immediately. I understand that not notifying the Housing Authority when the assisted unit becomes vacant is a violation of the State and Federal Criminal and Civil Law.

ADMINISTRATIVE AND CRIMINAL ACTIONS FOR INTENTIONAL VIOLATIONS

I understand that failure to comply with the terms and responsibilities of the HAP contract is grounds for termination of participation as an owner in the Housing Choice Voucher Program. I understand that knowingly falsifying information or material facts is a violation of State and Federal Criminal and Civil Law. I understand that I will be responsible for returning or re-paying any overpayment of Housing Assistance Payment (HAP) made by the Housing Authority. I understand that if I fail to do so, the amount may be deducted from future HAP checks for other properties under contract of that I may be subject to other rights and remedies of the Housing Authority as described in the Housing Choice Voucher Administrative Plan.

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand the Housing Authority is entitled to enforce the terms of the HAP contract to ensure my compliance with all program rules and regulations. I hereby authorize the Housing Authority to obtain necessary information and documentation from third party sources which includes public records and accessing computer-matching programs.

Owner/Authorized Agent

Print Name	Signature of Owner/Authorized Agent	Date
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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 of Agency of the United States. State law may also provide penalties for false or fraudulent statements.

CHANGE OF OWNERSHIP AGREEMENT

I, _____, understand that as new owner of the property(ies) receiving Section 8 assistance that I have listed on the Legal Owner and Payment Information form, the Housing Assistance Payment (HAP) contract for this/these property(ies) is assigned to me effective: _____ (date ownership transferred)*.

I have received a copy of the HAP contract and the Tenancy Addendum. I agree that as the new owner of the contracted properties, I am subject to all terms and conditions as stated in the HAP contract.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT:

- 1) I have not been debarred, suspended or subject to a limited denial of participation under HUD regulations (see 24 Code of Federal Regulations Part 24);
- 2) The Federal government has not instituted an administrative or judicial action against me for violation of the Fair Housing Act or other Federal equal opportunity requirements, and such action is not pending and no court or administrative agency has determined that I have violated the Fair Housing Act or other Federal equal opportunity requirements;
- 3) I have not violated obligations under a Housing Assistance Payments contract under Section 8;
- 4) I have not committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program and I have not engaged in any drug-related criminal activity or any violent criminal activity;
- 5) I do not have a history or practice of non-compliance with the Housing Quality Standards for units leased under the Section 8 tenant-based programs, or non-compliance with applicable housing standards for units leased with project-based Section 8 assistance or for units leased under any other Federal housing program;
- 6) I do not have a history or practice of renting units that fail to meet State or local housing codes;
- 7) I do not have a history or practice of failing to terminate tenancy of tenants assisted under any Federally assisted housing program for any drug-related criminal activity or violent criminal activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household ;
- 8) I have no history of failing to pay State or local real estate taxes, fines or assessments.

Owner's Signature

Date

** New owner will begin receiving HAP payments the month following notification to the Housing Authority of the change of ownership. HACSC will not be responsible for re-capturing any HAP payments made in error to the previous owner because of delay in notification of sale.*