

## TRANSFER OF OWNERSHIP OR MANAGEMENT

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Enclosed are documents needed by the Housing Authority of the City of Vallejo to transfer the ownership or management of the property identified below into your name. Please review and complete the required documents and return as soon as possible.

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

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



- Owner Data Sheet
- Direct Deposit Form
- Landlord Certification
- IRS W-9
- Copy of the Grant Deed (only the page showing the property description and your name)



Please be advised that we will not release any Housing Authority Payments (HAP) to you until all these documents are on file in our office. If you have any questions about the information requested, please call (707) 648-4507.

HOUSING AUTHORITY OF THE CITY OF VALLEJO

*It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests. The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD. Melinda Nestlerode is the Section 504 Coordinator. Please contact Ms. Nestlerode, Acting HCD Manager, at 707/648-4507 for further information.*

HOUSING CHOICE VOUCHER LANDLORD CERTIFICATION

RE: \_\_\_\_\_  
Tenant Name Address

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.

Ownership of Assisted Unit

I certify that I am the legal owner or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever. (Please provide the Housing Authority proof of ownership or a copy of a Management Agreement if property is being managed by an agent.)

Lead Based Paint

I certify that I will comply with all federal, and State of California, requirements regarding lead based paint. I understand that these requirements may include an obligation for the Owner to provide information to the Tenant about lead based paint, and may also require the abatement of lead based paint.

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.

Security Deposit and Tenant Rent Payments

I understand that I determine the amount of security deposit, which must be in compliance with State and local law. The tenants' portion of the contract rent is determined by the Housing Authority. It is illegal to for the Owner to charge any additional amounts for rent, or any other item, not specified in the lease and which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand should the assisted unit become vacant, I am responsible to notify 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 law.

Tenant/Landlord Relationship Disclosure

CFR, Section 982.306(d) states "The Housing Authority must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of the Voucher holder." Exception: The Housing Authority determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. This exception does not apply to an elderly person unless he/she is disabled.

Smoke Detector Certification

The dwelling unit is protected by at least one battery-operated or hard-wired smoke detector, in proper working condition, on each level of the unit. Each bedroom occupied by a person known to me to be hearing-impaired has a visual alarm system connected to the smoke detector installed in the hallway; and a properly functioning smoke detector is located in the hallway near all bedrooms.

Financial Solvency

I certify that I am not in jeopardy of losing this property due to default or foreclosure. My property taxes and mortgage payments are current.

I certify that I am in compliance with all of the above and I am not related to the tenant.

\_\_\_\_\_  
Signature of Landlord/Agent Date \_\_\_\_\_ 20\_\_\_\_

## OWNER DATA FORM

TENANT'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

### OWNER INFORMATION (The "Owner" name as shown on the deed of trust)

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

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**IMPORTANT!!!** The 1099 will be mailed to the party receiving payment, and will be posted to the account whose SSN or Tax ID number was submitted on the W-9 Form.

The following information is optional, and will be used for HUD reporting purposes only.

**Owner Ethnicity:** Hispanic/Latino \_\_\_\_ Non Hispanic/Latino \_\_\_\_

**Owner Race:** Black/African American \_\_\_\_ American Indian/Alaska Native \_\_\_\_ Asian \_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_ White \_\_\_\_

### PROPERTY MANAGER INFORMATION (Management Agreement Must be Attached)

Company: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**MAIL ALL HOUSING CORRESPONDENCE TO:** [  ] Owner [  ] Property Management

If using a P.O. Box for correspondence, you must provide your actual street address to complete your file:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

The information provided is true and correct. \_\_\_\_\_

Owner or Property Manager Signature

Date

HOUSING AUTHORITY OF THE CITY OF VALLEJO  
200 GEORGIA ST., VALLEJO, CA 94590  
PHONE (707) 648-4507 FAX (707) 648-5249

**DIRECT DEPOSIT OF MONTHLY  
HOUSING ASSISTANCE PAYMENT**

DEAR LANDLORD:

UNLESS YOU CURRENTLY HAVE AN EXISTING ACCOUNT WITH US, ALL NEW CONTRACTS WILL BE SET UP WITH DIRECT DEPOSIT (ACH TRANSMISSION).

**BENEFITS OF DIRECT DEPOSIT**

1. ALL CURRENT AND PAST HOUSING ASSISTANCE PAYMENTS (HAP) ARE AVAILABLE ON THE WWW.HAPCHECK.COM WEBSITE! ENTER YOUR SSN OR TAX ID WHERE PROMPTED. INITIALLY, YOUR PASSWORD IS THE SAME AS YOUR SSN OR TAX ID.
2. YOUR MONEY IS AVAILABLE TO YOU SOONER (USUALLY BY THE 1<sup>ST</sup> OF THE MONTH) VERSUS CHECKS, WHICH ARE MAILED BY THE 1<sup>ST</sup> OF THE MONTH.
3. FUNDS ARE DEPOSITED DIRECTLY INTO YOUR ACCOUNT – NO MORE TRIPS TO THE BANK
4. MORE SECURE AND LESS LIKELY TO BE LOST OR STOLEN. LOST CHECKS CAN ONLY BE REPORTED AFTER THE 10<sup>TH</sup> OF THE MONTH, AND WILL BE REISSUED ON THE FOLLOWING CHECK RUN (MID-MONTH). THERE IS A \$25 FEE TO REISSUE A LOST CHECK.

I AUTHORIZE MY HOUSING ASSISTANCE PAYMENT (HAP) TO BE DEPOSITED DIRECTLY TO MY ACCOUNT:

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PLEASE DEPOSIT TO THE FOLLOWING ACCOUNT:

**CHECKING ACCOUNT** – ATTACH A VOIDED CHECK – DEPOSIT SLIPS CANNOT BE USED FOR THIS PURPOSE.

**SAVINGS ACCOUNT** – PROVIDE THE FOLLOWING INFORMATION AFTER YOU VERIFY THE NUMBERS WITH YOUR BANK (PLEASE PRINT CLEARLY AND ACCURATELY)

SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

TENANTS NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

RETURN THIS FORM AND VOIDED CHECK TO:

HOUSING AUTHORITY OF THE CITY OF VALLEJO  
200 GEORGIA STREET/P.O. BOX 1432  
VALLEJO, CA 94590

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## 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	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	Requester's name and address (optional)
List account number(s) here (optional)		<input type="checkbox"/> Exempt from backup withholding

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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.

Social security number

OR

Employer identification number

Note: If the account is in more than one name, see 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. person (including a U.S. resident alien).

**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 ▶

### 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.

**U.S. person.** 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.

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.