



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 – FAX: (334)-206-7222 – WEBSITE: MHA TODAY.ORG

CHANGE OF OWNERSHIP/MANAGEMENT FORM

Date: _____

Dear Property Owner or Manager:

In order for the Montgomery Housing Authority (MHA) Housing Choice Voucher (HCV) Program office to process your Change of Ownership/Management request, the following documentation is required from the legal Owner(s):

- ☐ A completed Request for Taxpayer Identification Number and Certification (W-9) form signed and dated by the legal Owner(s) of the referenced property or properties.
Note: the name and tax ID number (Employee Identification Number (EIN) or Social Security number (SSN)) listed on the W-9 form **must** match the information listed on the verification letter or Social Security card.
- ☐ A completed Housing Assistance Payment (HAP) Contract Assignment form
- ☐ A valid driver's license or state identification card
- ☐ A completed Change of Ownership/Management form
- ☐ A complete list of tenants at the referenced property or properties
- ☐ Proof of ownership (see acceptable forms of proof inside packet)
- ☐ Tax identification (for an *individual* – a copy of your Social Security card; for a company or business – a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C))
- ☐ If you have yet to sign up for MHA's direct deposit program, a completed Direct Deposit Authorization Agreement and voided check
- ☐ Management Agreement (between Owner and Management Company)

This packet contains three pages and each page requires information from you that is imperative to expedient processing of your Change of Ownership/Management request. Therefore, please make sure to complete the packet in full and send it to:

Montgomery Housing Authority
Attn: Director Assisted Housing Programs
525 S. Lawrence Street
Montgomery, AL 36104

In addition, you may submit via fax at 334-206-7204 or drop it off at the Central Office location as listed above.

Note: For your Change of Ownership/Management request to take effect by a particular check issuance date, MHA must receive your completed packet before the final day for check processing that falls prior to that check issuance date. Please reference the Payment Processing Schedule for more information.



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This document serves as notice of a Change of Ownership/Management (**circle one**) for the following property or properties that participate in MHA's HCV Program:

Street Address	City, State	ZIP Code
Street Address	City, State	ZIP Code
Street Address	City, State	ZIP Code

Reason for Change: ☐ Sale of Property ☐ Quit Claim ☐ Inheritance ☐ New Management Company
☐ Other (specify): _____

New Property Owner/Manger Information:

Contact Name: _____

Company Name: _____

Address: _____
Street City, State ZIP Code

Telephone: () _____ () _____
Primary – Work/Home/Cell (circle one) Secondary – Work/Home/Cell (circle one)

E-mail Address (**required**): _____

Social Security Number or Employer Identification Number (**MUST match W-9 form**): _____

Individual that will receive 1099 for filing (**MUST match W-9 form**): _____

Property Owner(s) or Manager(s) Signature(s) _____ Date _____

Office Use Only:

Date Entered _____ Initials _____ Owner #: _____
New Previous Settlement Rcv'd

Hearing impaired assistance is available in Alabama by dialing 711
Crime and Fraud hotline – Call: 334-206-7711



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**TRANSFER REQUEST FOR
THE HOUSING ASSISTANCE PAYMENT CONTRACT (HAPC)**

(A) Original Owner/Property Management:

In accordance with the provisions of the Housing Assistance Payment Contract (HAPC), the owner of the property located at:

_____, hereby requests the Montgomery Housing Authority (MHA), Housing Choice Voucher (HCV) Program to approve the transfer of the contract(s) to _____ effective the first day of _____, 20____.

Owner Name: _____ Owner Signature: _____
Print Name, Title Signature, Date

(B) New Owner/Property Management:

I hereby certify that I have the legal right to execute the HAPC identified in Section C and agree to comply with all the terms and conditions of the contract(s).

Owner/Property Manager _____ Owner Signature: _____
Print Name, Title Signature, Date

FEDERAL ID# _____ or Social Security # _____

Your email address and mobile number are required for official business notification that will be transmitted electronically in an effort to serve you more efficiently.

Email address: _____ Mobile number: _____

Tenant's Name(s)

Unit Address

DO NOT WRITE BELOW THIS LINE.

MHA OFFICE USE ONLY!

Change in Ownership received on: _____

Current Owner Debt: ___ Y or ___ N

Signature of HCV Director: _____

Submission Date: _____

Submitted to Finance Dept. on: _____

Debt Amount: \$ _____

Last payment received on: _____

Balance of Debt: \$ _____

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 (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 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 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).

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 ▶

General Instructions

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

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.

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. 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.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

SSN: _____ TAX ID #: _____

VENDOR/PAYEE NAME: _____

VENDOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VENDOR CONTACT NAME: _____ PHONE #: () _____

FAX #: () _____ EMAIL ADDRESS: _____

PAYMENT NOTIFICATION: You must choose all applicable options listed below:

- ☐ Agent ☐ Landlord
☐ Changing any portion of this form from the original submission ☐ New Housing Choice Voucher Landlord

Please attach a voided check for each account here.

(Please contact your financial institution if you need assistance in completing this section on banking information)

Please check one of the following:

- ☐ Start depositing the monthly housing assistance payment(s) to my account, as indicated below.
☐ Change the account information for my direct deposit, as indicated below.

NAME OF FINANCIAL INSTITUTION: _____

BRANCH LOCATION (Street, City, State, Zip): _____

BANK BRANCH PHONE #: () _____ - _____ BANK ACCOUNT NUMBER: _____

ABA ROUTING NUMBER: _____

ACCOUNT TYPE: ☐ SAVINGS ☐ CHECKING

(Failure to provide all documentation will result in delay of processing your request.)

I (We) hereby authorize the Montgomery Housing Authority to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): (Select one) ☐ Checking or ☐ Savings account indicated above. By signing below, I attest that to the best of my (our) knowledge the dwelling unit is in decent, safe and sanitary condition; the contracting family is in the unit and is expected to be there the entire month(s); the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP contract; all other facts and data on which this amount is based are true and correct; and that I (we) am (are) authorized to make such a request.

LANDLORD SIGNATURE: _____ **DATE:** _____

*****FOR OFFICIAL USE ONLY*****

AUTHORIZED SIGNATURE FOR EFT SET UP: _____ APPLICATION RECEIVE DATE: _____
DATE EFT MADE ACTIVE: _____ EXPIRATION DATE: (FOR STOPS ONLY): _____
DATE E-MAIL TESTED: _____ DATE BANK INFO TESTED: _____