

525 S O U T H L A W R E N C E S T R E E T M O N T G O M E R Y, A L A B A M A 3 6 1 0 4 – 4 6 1 1 PHONE: (334)-206-7200 – FAX: (334)-206-7222 – WEBSITE: M H A T O D A Y.O R G

CHANGE OF OWNERSHIP/MANAGEMENT FORM

Date: _	
Dear Pr	operty Owner or Manager:
	for the Montgomery Housing Authority (MHA) Housing Choice Voucher (HCV) Program office to process ange 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 <i>individual</i> – 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 na	cket contains three pages and each page requires information from you that is imperative to expedient

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			ZIP Code			
Reason for Cha		Quit Claim Inheri		lanagement Company		
New Property Ov	vner/Manger Information:					
Contact Name:	N					
Company Name:	(Complete of the Complete of 					
Address:	Street	City, State		ZIP Code		
Telephone: Primary – Work/Home/Cell (circle one)			() Secondary – Wo	() Secondary – Work/Home/Cell (circle one)		
E-mail Address (r o	equired):					
social Security Nu	mber or Employer Identification	on Number (MUST match	W-9 form):			
ndividual that wil	l receive 1099 for filing (MUS)	T match W-9 form):				
	or Manager(s) Signature(s)			Date		
Office Use Only:						
Date Entered	Initals Owner #:	New Previous	Settlement	Rcv'd		



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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 Coat:	ontract (HAPC), the owner of the property located
		, 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
		, 20
Owner Name:	Owner Signs	ature:
Owner Name: Print Name, T	Title	ature:Signature, Date
	(B) New Owner/Property Ma	anagement:
I hereby certify that I have the legal rig	ght to execute the HAPC identified i and conditions of the contract	n Section C and agree to comply with all the terms et(s).
Owner/Property Manager	Own	er Signature:
Print Name,	Title	er Signature:Signature, Date
FEDERAL ID#	or Social S	Security #
		•
electro	onically in an effort to serve you	more efficiently. Imber:
Lilian address.		
Tenant's Nam	ne(s)	Unit Address
	DO NOT WRITE BELOW T	THIS LINE.
	MHA OFFICE USE ONLY	
ange in Ownership received on:	MHA OFFICE USE ONLY	Y!
ange in Ownership received on:	MHA OFFICE USE ONLY	Y! Current Owner Debt:Y orN

Last payment received on:

Balance of Debt: \$



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as snown 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							
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	single-member LLC			Exempt payee code (if any)				
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶							
Print or type	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				Exemption from FATCA reporting code (if any)			
eci	☐ Other (see instructions) ▶		(Арр	lies to accounts	: mainta	ined outside	e the U.S.)	
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's na	me and a	address (op	tional)		
See								
•,	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
В.	The second to differ the New York (TIM)							
Par		Social	Leogurita	v numbor				
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, to	U.U.	T	ecurity number				
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			-	-			
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>								
TIN, later.				tification				
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emple	J L	r identification number				
7 407776	or re and the requester for guidelines on whose hamber to onton		-					
Dou	t II Certification				Ш			
Par								
	r penalties of perjury, I certify that:							
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have not bee	en notifi	ed by the	Inter			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and							
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na 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,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 taxpaver 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,



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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 Agent Landlord Changing any portion of this form from the original submission	
Discount of the state of the st	6
Please attach a voided check	t for each account here.
Please check one of the following: Start depositing the monthly housing assistance payment(s) t Change the account information for my direct deposit, as ind NAME OF FINANCIAL INSTITUTION:	o my account, as indicated below. icated below.
BRANCH LOCATION (Street, City, State, Zip):	
BANK BRANCH PHONE #: () BAI	NK ACCOUNT NUMBER:
ABA ROUTING NUMBER:	
ACCOUNT TYPE: SAVINGS CHECKING	which delevers are accessed to the control of the c
I (We) hereby authorize the Montgomery Housing Authority to initiate concredit entries in error to my (our): (Select one) Checking or Savi	redit and, if necessary, debit entries and adjustments for any ngs account indicated above. By signing below, I attest that to
the best of my (our) knowledge the dwelling unit is in decent, safe and sa expected to be there the entire month(s); the deposited amount is in accor (HAP) Contract and is payable under the HAP contract; all other facts an that I (we) am (are) authorized to make such a request.	dance with the provisions of the Housing Assistance Payment
LANDLORD SIGNATURE:	DATE:
*******FOR OFFICIAL U AUTHORIZED SIGNATURE FOR EFT SET UP: DATE EFT MADE ACTIVE: DATE E-MAIL TESTED:	APPLICATION RECEIVE DATE:EXPIRATION DATE: (FOR STOPS ONLY):