



MONTGOMERY HOUSING AUTHORITY

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.

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



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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

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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: \$ _____



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LANDLORD INFORMATION FORM

If you have a management agreement with a property manager or agent you will be required to submit a copy of the executed Property Management Agreement.

OWNER INFORMATION:

_____ (Owner Name)		_____ (Social Security Number)	
_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)
_____ (E-mail Address)	_____ (Telephone Number)	_____ (Mobile Number)	
_____ (Owner's signature)		_____ (Date)	

AGENT INFORMATION:

_____ (Agent Name)		_____ (EIN or Social Security Number)	
_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)
_____ (E-mail Address)	_____ (Telephone Number)	_____ (Mobile Number)	
_____ (Agent/ Property Manager's signature)		_____ (Date)	

Please check who will receive the following items:

Direct Deposit	___ Owner	___ Agent
1099	___ Owner	___ Agent
Unit Correspondence	___ Owner	___ Agent



525 SOUTH LAWRENCE STREET
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ASSISTED HOUSING PROGRAMS- LANDLORD CERTIFICATION

Unit Address:

Street Address

City

State

Zip

Ownership of Unit:

I certify that I am the legal owner of the above referenced unit. Yes No

I certify that I am joint legal owner of the above referenced unit. Yes No

If you are joint owner, MHA requires authorization from all legal owners of the above unit to proceed with determining the prospective tenant's eligibility to lease the unit.

Joint Owner(s) Name, Address, and Telephone Number:

1) _____

2) _____

I certify that I am the registered and/or contracted agent of the legal owner of the unit and that the prospective tenant has no ownership interest in the above unit. Yes No

Approved Residents of Assisted Unit:

I understand that the family members listed on the lease agreement are the only members approved by the MHA to reside in the unit. I also understand that I am not permitted to rent the unit to any relative(s) receiving rental assistance. Furthermore, I understand I am not permitted to reside in the unit while I am receiving housing assistance payments.

Housing Quality Standards:

I understand that I am to maintain the unit to meet the Housing Quality Standards. In the event the unit does not meet Housing Quality Standards, I understand that my Housing Assistance Payments will be abated if deficiencies are not corrected within 28 days and passes Housing Quality Standards. I further understand, that if deficiencies are not corrected after 28 days, I will not receive retroactive payments from the MHA.

Security Deposit and Tenant Rent Payments:

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

Reporting Vacancies to MHA:

I understand that should the unit become vacant, I am responsible to immediately notify MHA in writing the date the tenant vacated the unit. Should I not report this vacancy and receive housing assistance payments, I acknowledge and understand I am required to return any monies owed. Failure to repay the money owed may be subject to legal action taken against me.

Administrative and Criminal Actions for Intentional Violation:

I understand that failure to comply with the terms and responsibilities of the HAP Contract is grounds for termination from the rental assistance program. I further understand that knowingly supplying false information, incomplete or inaccurate information is punishable under Federal and State criminal law.

Signature: _____

Date: _____



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E-VERIFY ACKNOWLEDGEMENT

Date:

Owner Name: _____ SSN: _____

Business Name: _____ EIN: _____

I hereby certify that based on the requirements of the State of Alabama and E-Verify system I am not required to register.

I hereby certify that all of the information I have provided on this form is true and complete.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature

Date

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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: _____

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Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p> <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: 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. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

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 for Part II, later.

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. 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 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, later.



MONTGOMERY

HOUSING AUTHORITY

Glynis Tanner
Acting President / CEO

John F. Knight, Jr.
Chairman

Updated Inspection Listing for Change of Ownership:

Tenant Name:	Street Address	City/ State/ Zip

New Property Owner/ Manager Information:

Contact Name: _____

Company Name: _____

Address: _____
Street Address

Address #2 _____
City State Zip

Telephone Number: _____

Email Address: _____