

CHANGE OF OWNER

Address of Rental Property _____

Name of Current Tenant _____

Previous Owner _____

New Owner _____

Please complete this entire packet and return it along with the following items:

- Settlement Statement
- Voided Check

Once the Housing Authority receives all of the required documents, the change will be processed. No changes will be made retroactively unless payments have been on hold. All changes to the owner on record will take effect with the next payment that is processed after all documents are received.

Printed Name of Person reporting: _____ Date _____

Signature: _____

Email Address: _____ Phone _____

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: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
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.

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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,



Tel 941.361.6210

Fax 941.366.4661

TTY 1.800.955.8771

William O. Russell III Executive Director

269 Osprey Ave., Suite 100 ▪ Sarasota, FL 34236

DIRECT DEPOSIT FORM 2018

The Sarasota Housing Authority requires that all landlords provide banking information to participate in our Housing Choice Voucher program. All Housing Assistance Payments are made via direct deposit to prevent delays due to lost mail or owners who move and forget to notify us timely.

All accounts must be in the United States even if the owner is located outside of the United States.

In order to send payments to your bank electronically we need the following information (**Please write clearly**):

Change Type: New account setup Change Account information

Name of Owner (as listed with SHA) _____

Taxpayer ID (as listed with SHA) _____

Name of Bank _____

Bank **Routing** Number (must be 9 digits) _____

Bank **Account (as written on your check)** _____

What type of bank account is this? ___ Savings ___ Checking

What is your email address for payment notifications? _____

Phone Number _____ Fax Number _____

By signing below, you are confirming that the information you have provided is correct and accurate to the best of your knowledge. You also understand that this change will take effect on the next payment processing date.

Owner/Manager Signature _____ Date _____

You **must** attach a voided check below. If you fail to attach the check, we **will not add you as a vendor to our system**. If you are using a savings account, you **must** attach deposit slip, but you must supply us with the correct ACH routing number if it is not printed on the slip.

(Attach voided check here with tape)



Tel 941.361.6210

Fax 941.366.4661

TTY 1.800.955.8771

William O. Russell III Executive Director

269 Osprey Ave., Suite 100 ▪ Sarasota, FL 34236

IMPORTANT CHANGE: Please be advised that the Sarasota Housing Authority switched software on August 31st 2015. During the software conversion, we did not bring over any landlords/managers that did not have an active client at the time of the conversion. **If you did not have an active client as of August 31st, 2015, then your information did not come over and you will need to complete the attached W-9 and Direct Deposit form.** It is very important that you provide accurate data on all forms that you complete. We will not be able to process any forms that have discrepancies between the forms.

The purpose of this form is to ensure that we set up the unit and tenant under the correct owner/manager. We will not be responsible for errors if you provide incorrect information on this form and the forms to follow: Please complete the information below:

Tenant Name: _____

Unit Address: _____

Name of person or company that SHA will be paying: _____

Taxpayer ID or Social Security # for owner above: _____

Phone Number: _____ Fax Number: _____

Email address for HAP email notices: _____

By signing below, I certify the following:

- | I am not related to the tenant that is leasing this unit
- | I will notify the housing authority immediately if the tenant vacates this unit
- | I will perform all maintenance as required by HQS guidelines
- | I understand that the housing authority does not pay security deposits
- | I understand that I cannot collect any rent payments from the tenant other than the amount that the housing authority instructs them to pay.

Signature of Person completing this form: _____ Date: _____

OWNER INFORMATION AND CERTIFICATION STATEMENT

This form is required to be completed for every packet!

Tenant Name: _____

Unit Address: _____

Name of person or company that SHA will be paying: _____

Taxpayer ID or Social Security # for owner above: _____

Phone Number: _____ Fax Number: _____

Email address for HAP email notices: _____

By signing below, I certify the following:

- I am not related to the tenant that is leasing this unit
- I will notify the housing authority immediately if the tenant vacates this unit
- I will perform all maintenance as required by HQS guidelines
- I understand that the housing authority does not pay security deposits
- I understand that I cannot collect any rent payments from the tenant other than the amount that the Housing Authority has approved
- I understand that I cannot terminate the tenant's lease without cause during the first year
- I understand that I cannot reside in the unit with the tenant

Printed Name of Owner/Manager: _____

Signature: _____ Date: _____

Sarasota Housing Authority Owner/Manager Agreement Sheet

This form needs to be completed only if the Sarasota Housing Authority is going to be making Housing Assistance Payments to someone other than the owner! If this form is completed, then the company that the Housing Authority will be paying MUST have a W-9 and direct deposit form on file.

Owner Section

Assisted Unit Address _____

Legal Owner's Name _____ Phone _____

Legal Owner's Address _____

I hereby agree to allow the company listed below to receive all Housing Assistance Payments for the above listed unit. I also understand that the Sarasota Housing Authority will send the IRS-1099 form to the person or company that is being paid.

Legal Owner Signature

Date

Manager Section

I hereby agree to accept payments on behalf of the above owner and I further understand that I (or my company) will receive the Housing Assistance Payments for the unit listed above. I also understand that I (or my company) will receive an IRS-1099 form in January of each year for all money received during the previous year.

Company Name: _____

Company Address: _____

Company Phone Number: _____

Signature of Manager/Management Company

Date