



**Housing Choice Voucher Program**  
200 Ross Street, 7<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5090, fax: 412-456-5224  
[www.hacp.org](http://www.hacp.org)

## Change of Owner Request

Enclosed, please find the forms necessary for requesting a Change of Ownership for a property involved with the Housing Authority of the City of Pittsburgh's Housing Choice Voucher Program. Please complete each form *in its entirety* and submit to the Housing Authority of the City Pittsburgh, along with *ALL* required documentation. *Any incomplete Change of Owner packets will be returned to the sender for completion.*

Please return you completed packet to:

Housing Authority of the City of Pittsburgh  
HCVP/Section 8 Department  
200 Ross Street, 7<sup>th</sup> Floor  
Pittsburgh, PA 15219  
**ATTENTION: Change of Owner Information**

OR

Via Fax: 412-456-5224, *ATTN: Change of Owner Information*

Sincerely,

A handwritten signature in black ink that reads 'Kent elesky' with a long, sweeping horizontal stroke extending to the right.

Kent elesky  
Landlord Outreach and Support Coordinator



**Housing Choice Voucher Program**  
200 Ross Street, 7<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5090, fax: 412-456-5224  
www.hacp.org

## Checklist for Change of Owner Request

THE FOLLOWING FORMS ARE *REQUIRED* FOR PROCESSING A REQUEST FROM  
*ANY* ENTITY THAT WISHES TO RECEIVE HAP PAYMENTS IN THEIR NAME

**PACKETS RETURNED WITH INCOMPLETE FORMS OR MISSING  
DOCUMENTATION WILL BE RETURNED TO THE SENDER FOR  
COMPLETION, WHICH MAY RESULT IN DELAYS IN PROCESSING.**

- |   |  |
|---|--|
| <input type="checkbox"/> Deed or Settlement Statement                 | <input type="checkbox"/> Copy of Social Security Card  |
| <input type="checkbox"/> Names and Addresses of HCVP Tenants          | <input type="checkbox"/> W-9 Request for Taxpayer Identification Number and Certification Form |
| <input type="checkbox"/> Criminal Background Check Authorization Form | <input type="checkbox"/> Direct Deposit Information  |
| <input type="checkbox"/> Copy of Driver's License                     | <input type="checkbox"/> A blank, voided check or bank deposit slip                            |

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_



Housing Choice Voucher Program  
 200 Ross Street, 7<sup>th</sup> Floor  
 Pittsburgh, PA 15219  
 412-456-5090, fax: 412-456-5224  
 www.hacp.org

**AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD FOR  
 HOUSING CHOICE VOUCHER PROGRAM LANDLORDS**

I, \_\_\_\_\_, do hereby authorize the Housing Authority of the City of Pittsburgh to access/obtain, from any person, agency or service, regarding my background which may assist in determining whether, I have a criminal history.

I understand that this information will be used to determine my eligibility for participating as a landlord in the Housing Choice Voucher Program.

I understand that signing this authorization in no way guarantees by eligibility for participating as a landlord in the Housing Choice Voucher Program.

My full name is: \_\_\_\_\_  
 Any alias / names used: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Any alias date of birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Any Alias Social Security Number: \_\_\_\_\_  
 Address, City, State, Zip code: \_\_\_\_\_

<b>Offenses</b> (All offenses at arrest)	<b>Date</b> (of arrest)	<b>Plead</b> (Judge/sentence)	<b>Disposition</b> (Of offense)	<b>State/County</b>
1.				
2.				
3.				

<b><u>Probation Office (County, State or Federal)</u></b>		<b><u>Counselor/Social Worker</u></b>	
Name: _____	_____	Name: _____	_____
Agency _____	_____	Agency: _____	_____
Address: _____	_____	Address: _____	_____
Telephone No.: _____	_____	Telephone No: _____	_____

**ARE YOU REQUIRED TO REGISTER UNDER MEGAN'S LAW IN (ANY) STATE?** Yes\_\_\_ No\_\_\_

The information provided is true and correct to the best of my knowledge, information and belief. I understand that any false statements made, therein are subject to the penalties of 18 PA C.S.S. 4904 relating to unsworn falsification to authorities. I understand that I may be required to provide verification of any information requested regarding a criminal history.

Signed: \_\_\_\_\_  
 Printed: \_\_\_\_\_  
 Date: \_\_\_\_\_



**Housing Choice Voucher Program**  
200 Ross Street, 7<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5090, fax: 412-456-5224  
www.hacp.org

**OWNER ADVISORY**  
**DIRECT DEPOSIT OF HOUSING CHOICE VOUCHER PAYMENTS**

**All** Housing Choice Voucher Program payments made by the Housing Authority of the City of Pittsburgh (HACP) are issued via the Automated Clearing House (ACH) process. Payments are made directly to a checking account or savings account designated by you. **If you already have direct deposit with the HACP, you do not need to anything additional.**

Once direct deposit is implemented, checks will no longer be issued. ACH electronic payments benefit recipients by:

- Distributing funds to recipients more quickly than checks.
- Depositing funds directly into a recipient's bank account.
- Eliminating lost or stolen checks.
- Increasing security over funds.
- Improving the tracing of all payments.
- Providing a lower cost alternative than issuing checks.
- Simplifying bank reconciliation.

Please complete the ACH/DIRECT DEPOSIT AUTHORIZATION form included in this packet and return to the HACP. **Please be sure to include your bank routing number, as well as the number associated with the designated account. Additionally, you must submit a copy of a voided check or deposit slip for verification of the routing and account numbers.** Please note: deposit slips may only be submitted for savings account deposits.

All ACH/Direct Deposit information **must be submitted in writing**; no information will be accepted over the telephone or via email. ACH/Direct Deposit activation may take up to 30 days to process.

Should you have any questions, please contact either of the following:

**Diane Jankowski**  
Support Service Specialist  
412-456-5000 x 4017

**Darnell Parker**  
Senior Accounting Technician  
412-456-5000 x 2158



Housing Choice Voucher Program  
 200 Ross Street, 7<sup>th</sup> Floor  
 Pittsburgh, PA 15219  
 412-456-5090, fax: 412-456-5224  
 www.hacp.org

**HOUSING CHOICE VOUCHER PROGRAM  
 ACH/DIRECT DEPOSIT AUTHORIZATION**

*Note: Please type or clearly print all requested information*

**Part: Transaction Type:**

<input type="checkbox"/> New Setup  <input type="checkbox"/> Change Account Number	<input type="checkbox"/> Change Financial Institution  <input type="checkbox"/> Change Account Type
Effective Date:	

**Part 2: Payee Identification:**

Name:		Owner Tax ID: (Social Security Number or Employer Identification Number):	
Street Address:	Work Phone:	Home Phone:	
Email Address:	City:	State:	Zip Code:

**Part 3: Financial Institution Information**

Financial Institution Name:	Account Number:
Account Name:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
9-Digit Routing Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**Part 4: Authorization**

<p>I hereby request and authorize the Housing Authority of the City of Pittsburgh to deposit payments by electronic funds transfer into the account specified above and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.</p>		
<p>This authorization will remain in effect until written notice is received. The undersigned must allow a reasonable amount of time for initiating or termination of Direct Deposit and is responsible for notification of any change in financial institution information.</p>		
Authorized Signature:	Title:	Date:

**NOTE: YOU MUST SUBMIT A VOIDED CHECK OR DEPOSIT SLIP  
 FOR ACCOUNT VERIFICATION**

