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, 7th Floor
Pittsburgh, PA 15219
ATTENTION: Change of Owner Information

OR

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

Sincerely,

Kent elesky
Landlord Outreach and Support Coordinator
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.**

<table>
<thead>
<tr>
<th>Form</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Deed or Settlement Statement</td>
<td></td>
</tr>
<tr>
<td>Names and Addresses of HCVP Tenants</td>
<td></td>
</tr>
<tr>
<td>Criminal Background Check Authorization Form</td>
<td></td>
</tr>
<tr>
<td>Copy of Driver’s License</td>
<td></td>
</tr>
<tr>
<td>Copy of Social Security Card</td>
<td></td>
</tr>
<tr>
<td>W-9 Request for Taxpayer Identification Number and Certification Form</td>
<td></td>
</tr>
<tr>
<td>Direct Deposit Information</td>
<td></td>
</tr>
<tr>
<td>A blank, voided check or bank deposit slip</td>
<td></td>
</tr>
</tbody>
</table>

**Signature:** ___________________________ **Date:** ____________

**Print Name:** ___________________________________________
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 my 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: ____________________________

<table>
<thead>
<tr>
<th>Offenses (All offenses at arrest)</th>
<th>Date (of arrest)</th>
<th>Plead (Judge/sentence)</th>
<th>Disposition (Of offense)</th>
<th>State/County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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</tr>
</tbody>
</table>

Probation Office (County, State or Federal)  
Name: ____________________________  
Agency: ____________________________  
Address: ____________________________  
Telephone No.: ____________________________

Counselor/Social Worker  
Name: ____________________________  
Agency: ____________________________  
Address: ____________________________  
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: ____________________________
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

ACH/DIRECT DEPOSIT AUTHORIZATION

Note: Please type or clearly print all requested information

Part: Transaction Type:

- [ ] New Setup
- [ ] Change Financial Institution
- [ ] Change Account Number
- [ ] 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:

- [ ] Checking
- [ ] Savings

9-Digit Routing Number

Part 4: Authorization

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.

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.

Authorized Signature: ____________________________

Title: ____________________________

Date: ____________________________

NOTE: YOU MUST SUBMIT A VOIED CHECK OR DEPOSIT SLIP FOR ACCOUNT VERIFICATION
W-9
Request for Taxpayer Identification Number and Certification

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

1. Name (as shown 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

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C, S Corporation, limited liability company or partnership)
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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

6. City, state, and ZIP code

7. List account number(s) here (optional)

Requester's name and address (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 generally 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 instructions for line 1 and 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); 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 on page 3.

Sign Here

Signature of U.S. person

Date

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 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)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (miscellaneous 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 (merchants and third party network transactions)

Cat. No. 10231X

Form W-9 (Rev. 12-2014)