



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

Change of HAP Payee Request

Enclosed, please find the forms necessary for requesting a reassignment of HAP payments. 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 HAP Payee 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 HAP Payee

OR

Via Fax: 412-456-5224, *ATTN: Change of HAP Payee*

Sincerely,

A handwritten signature in cursive script that reads 'Tommie Thomas'.

Tommie Thomas
Landlord Support Representative



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Checklist for Change of HAP Payee 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 <i>or</i>
<i>other state issued ID</i> |
| <input type="checkbox"/> Management Agreement | <input type="checkbox"/> W-9 Request for Taxpayer
Identification Number and
Certification Form |
| <input type="checkbox"/> Names and Addresses of HCVP
Tenants | <input type="checkbox"/> Direct Deposit Information |
| <input type="checkbox"/> Criminal Background Check
Authorization Form | <input type="checkbox"/> A blank, voided check or bank
deposit slip |
| <input type="checkbox"/> Copy of Driver's License | |

SIGNATURE: _____ **DATE:** _____

**PRINT
NAME:** _____



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Please list the names and addresses of all tenants associated with the Change of HAP Payee Request:



**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: _____

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

Probation Office (County, State or Federal)

Counselor/Social Worker

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: _____



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**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



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**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 Financial Institution
<input type="checkbox"/> Change Account Number	<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

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.	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: <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. 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 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 ▶
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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 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? on page 2.

By signing the filled-out form, you:

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.