

LANDLORD TRANSFER OF OWNERSHIP

WE WILL NEED PROOF OF OWNERSHIP. PLEASE SUPPLY THE FALL RIVER HOUSING AUTHORITY WITH A COPY OF YOUR DEED, WATER BILL, TAXES OR BANK SETTLEMENT STATEMENT.

DATE: _____

This will serve to advise the Fall River Housing Authority that I, _____

(Name)

am the new owner of the property/properties located at the following address:

(Street) _____

(City, State & Zip Code) _____

The above property(ies) were transferred into my name effective _____

(Date)

All Housing Assistance Payments (HAP) should be forwarded to me as the new owner. I agree to be bound by and comply with the HAP Contract that is in place for the tenant/tenants that reside in this property and any changes I would like to make to these documents will necessitate a new lease and HAP Contract to be completed.

(New Landlord Signature)

(Date)

(Address)

(City, State & Zip Code)

(Social Security Number)

(Phone Number)

(Name of previous landlord)

Cc: Landlord & Tenant File

INFORMATION FOR FALL RIVER HOUSING AUTHORITY PARTICIPATING LANDLORDS

Please read the following in its entirety to familiarize yourself with our program.

1. The Housing Authority has up to the 1st **five business days** of each month to deposit funds into the account on file with our office. It is your responsibility as the landlord to keep the office updated on any banking information changes.
 2. It can take up to **two weeks** to get a unit inspected after receipt of all required paperwork. Once the apartment has passed inspection, the clerk assigned to the tenant will receive a phone call from their worker and give them an appointment to come in and have their share of the rent calculated. Once that is complete the landlord will be notified that their signature is needed for the HAP contract.
 3. Should your tenant vacate the premises it is up to you whether or not you would like to rent to another Section 8 tenant or rent privately.
 4. You can evict a Section 8 tenant as you would a private tenant.
 5. Inspections of the apartment are done on a biennial basis (besides "special" inspections at the tenant's request for issues in the unit). ***It is crucial that violations are corrected within the time frame.** If violations are not corrected by the deadline, payment is **abated** and you will not recoup those funds. It is illegal to charge a tenant for any abated rent the Housing Authority does not pay due to a failed inspection.
 6. If for any reason you should have to send a notice to the tenant please forward that notice to the Fall River Housing Authority Leased Housing office as well. You as the landlord have a lease with the tenant, we as the Housing Authority have a HAP contract with you. Tenants have rules and regulations to abide by while being on our program. If tenants are violating the rules, it could be grounds for termination. If you see fraud being committed please contact our fraud department.
 7. Rent increases can be requested **yearly** as long as the rent is "**reasonable**" you will receive the increase. We have forms you can access in our lobby using our Kiosk, via email or in person at our office. The forms must be submitted 60 days prior to when you want the increase to be in effect. ***Please be advised all rent increases are determined by comparable units in the area, amenities, square footage, whether utilities are included, etc.**
 8. Utilities **cannot** be changed until the tenant's lease is up for renewal. We have a form that needs to be filled out and signed by both parties prior to submission. A new lease is required to reflect the changes.
 9. Always screen your tenant well when choosing a new tenant for your unit. We advise landlords to run credit checks, call housing court for evictions, and contact present and prior landlords.
 10. **If you have purchased a property from an existing Section 8 landlord please be advised it is their responsibility to provide you with the lease and the HAP contract.**
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A Transfer of Ownership packet is required to be completed and you can access this packet online, via email, in our lobby using our Kiosk or in person at our office.

11. If the building was built prior to 1978 and there are children 5 years of age and under you have to provide the Housing Authority with a lead certificate. Should someone in the household become pregnant, adopt a child, or gain custody of a child 5 years of age and under we will require that you provide the Housing Authority with a lead certificate.
12. The lease must be for one year on the first year of occupancy.
13. The landlord **cannot** be an immediate family member of the tenant.
14. Tenants **cannot** pay more rent to you than the agreed upon amounts given by the Housing Authority. It is **illegal** for families to pay extra as a tenant on this program and illegal for you as a landlord to accept or expect any extra payment. It is against federal government rules and regulations and both parties could be terminated from the program.
15. Should your tenant decide to move they must notify you in writing then they will receive a voucher to move. You will be notified when their voucher will be going into effect. They family has **60 days** from the date of issuance and they can request an additional **60 day** extension if needed. So long as they remain in your apartment the housing authority will continue to pay you the HAP payment each month until they vacate the unit. When your tenant receives their voucher they will also receive a **key form** which is to be signed and dated by you **the day you receive the keys**. We encourage all landlords to meet the tenant to make sure all of their belongings are removed from the apartment. The day you sign and date the key receipt form will be the last day of payment from the Housing Authority.
16. If you are aware that the tenant has vacated the unit you must notify the Housing Authority **immediately**. If a tenant should pass away and is the sole member of the household then you are only entitled to payment for that month. Should a tenant pass away the last day of the month regardless of furniture and belongings in the unit, **per HUD regulation**, payment stops that day.
17. Should you terminate the lease with your tenant the HAP contract terminates as well and you will no longer receive HAP payments from the Housing Authority.

Should you have any questions or concerns regarding any of the above please feel free to contact our office at 508-675-3595. Thank you for your participation with the Fall River Housing Authority's Section 8 HCVP Program.

**Fall River Housing Authority
Leased Housing Department
508-675-3595**

IMPORTANT

PLEASE PROVIDE A BLANK VOIDED CHECK

PLEASE PROVIDE PROOF OF OWNERSHIP (Deed, Tax Bill or Settlement Agreement)

LANDLORD NAME or BUSINESS ENTITY

TELEPHONE #

SSN # OR FEDERAL TAX ID

LANDLORD HOME ADDRESS

CITY, STATE, ZIP CODE

CONTACT NAME

EMAIL ADDRESS

ADDRESS OF PROPERTY TO BE LEASED

BANKING INFORMATION

BANK NAME

CITY/STATE/ZIP CODE

CHECKING ACCOUNT

ROUTING #:

SAVINGS ACCOUNT

ACCOUNT #

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.

| | |
|---|---|
| 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 of the person whose name is entered on line 1. 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: 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) ▶ _____ | 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.) See instructions. | 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 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 | | | | | |
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| | - | | - | | |
| 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: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | - | | | |
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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 ▶

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.

FALL RIVER HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722
Telephone 508-675-3595
Fax 508-675-3435

HOUSING CHOICE VOUCHER LANDLORD CERTIFICATION

ADDRESS OF ASSISTED UNIT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Ownership of Assisted Unit: I certify that I am the legal or the legally designated agent for the above referenced unit and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Approved Residents or Assisted Unit: I understand that the family members listed on the dwelling lease agreement as approved by the FRHA are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards: I understand my obligation in compliance with the Housing Assistance Payment Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards (HQS).

Tenant Rent Payments: I understand that the tenant's portion of the contract rent is determined by the FRHA, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the FRHA.

RESTRICTIONS ON LEASING TO FAMILY: I understand as the owner of the unit that I am not the parent, child, grandparent, grandchild, sister or brother of any of the family unless the FRHA has determined that approving the tenancy would provide reasonable accommodation for a family member who is a person with a disability.

Reporting Vacancies to the Fall River Housing Authority: I understand that should the assisted unit become vacant, I am responsible for notifying the FRHA immediately in writing.

Administrative and Criminal Actions for Intentional Violations: I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the HCV Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law.

Signature of Landlord/Agent

Date

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.