

The Housing Authority of the County of Cook 175 West Jackson Boulevard, Suite 350 Chicago, Illinois 60604 (312) 663-5447 www.thehacc.org

Housing Choice Voucher (HCV) Program Change of Ownership Packet

Please complete the attached Declaration of Ownership to show the current ownership and/or agent information.

Required forms and documents

Change of Ownership
Declaration of Ownership
W9 completed with <u>Payee</u> information
Taxpayer Identification Number (TIN) for <u>Payee</u>
Social Security Card (SSN) for an individual
Employer Identification Number (EIN) Notice from IRS for a company
Proof of ownership
Deed
☐ Title Insurance
Management Agreement, if party other than owner will receive payment
Trust Agreement and Beneficiary information, if property is held in trust
☐ Direct Deposit form
Change of Payee
Declaration of Ownership
W9 completed with <u>Payee</u> information
Taxpayer Identification Number (TIN) for <u>Payee</u>
Social Security Card (SSN) for an individual
Employer Identification Number (EIN) Notice from IRS for a company
Management Agreement, if party other than owner will receive payment
Direct Deposit form
Change of Address for owner or agent
Declaration of Ownership showing new address
Beclaration of ownership showing new address
Change of Direct Deposit
Declaration of Ownership
☐ Direct Deposit form
HACC Serving The Cook County Suburbs Since 1946



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Declaration of Ownership																					
Property Information																					
Tenant Name	Client #																				
Building Address																					
City, State, Zip																					
Property Index Number (PIN)																					
Ownership Information																					
Legal Owner Name																					
Owner SSN	-			-					Ov	vner	TIN			-							
Mailing Address															•						
City, State, Zip																					
Contact Phone																					
Email																					
Payment Information																					
Make payments	0:		Owr	ner		Age	nt				ı	ndic	ate S	SN c	r TII	N fo	r pay	/ee b	elow		
Payee SSN	-			-						or ⁻	ΓIN			-							
Agent Name				_										·							
Mailing Address																					
City, State, Zip																					
Contact Phone																					
Email																					
Certification																					
☐ I certify that I am the legal owner or the legally-designated agent for the above referenced unit.																					
☐ I certify that the prospective tenant, including each family member, has no ownership interest in this dwelling unit whatsoever.																					
☐ I certify that the owner, including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HACC has determined (and has notified the owner and the family of such determination) that approving the leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member with disabilities																					
	Sign	atur	e					_							D	ate					
	Print Name								Print Title												

HACC Serving The Cook County Suburbs Since 1946	
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Form W-9
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	Name (as snown on your income tax return)												
ge 2.	Business name/disregarded entity name, if different from above												
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate												
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh	nip) ► 					Exe	empt	paye	е			
돌드	☐ Other (see instructions) ►												
pecific	Address (number, street, and apt. or suite no.)	Request	er's nam	ne and	address	s (optior	nal)						
See S l	City, state, and ZIP code												
	List account number(s) here (optional)												
Pai	Taxpayer Identification Number (TIN)												
	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" I		Social	securi	y numl	ber							
reside	old backup withholding. For individuals, this is your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>				-		-						
	n page 3.	_ (
Note.	. If the account is in more than one name, see the chart on page 4 for guidelines on whose	[Employ	er ide	ntificat	tion nun	nber						
numb	per to enter.			-									
Par	t II Certification				_								
Unde	r penalties of perjury, I certify that:												
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting for a	a numb	er to be	issue	d to m	ie), and	i						
Se	um not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or blonger subject to backup withholding, and												
3. I a	ım a U.S. citizen or other U.S. person (defined below).												
becau	fication instructions. You must cross out item 2 above if you have been notified by the IRS that use you have failed to report all interest and dividends on your tax return. For real estate transact paid, acquisition or abandonment of secured property, cancellation of debt, contributions to	ctions,	item 2 d	does r	ot app	oly. For	· morto	gage	:	g			

generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the

General Instructions

Signature of

U.S. person ▶

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

Purpose of Form

instructions on page 4.

Sign

Here

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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or

Date ▶

• A domestic trust (as defined in Regulations section 301.7701-7).

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.

INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT'SIGN UP FORM

SECTION 1

- 1. Complete part "A" entirely and legibly (please print)
- 2. Complete part "B" with the property owner name entitled to the payments.
- 3. Part "C" is Non-applicable
- 4. Part "D" please check off either "Checking" or "Savings"
- 5. Part "E" please enter the account number for "Checking" or "Savings"
- 6. Part "F" is Non-applicable—already completed with HACC (other)
- 7. Part "G" is Non-applicable

PAYEE/JOINT PAYEE CERTIFICATION - MUST BE SIGNED

JOINT ACCOUNT HOLDERS' CERTIFICATION – **MUST BE SIGNED IF THIS IS A JOINT ACCOUNT**

SECTION 2

Already completed – do not change

SECTION 3

You may attach a voided check or this section may be completed by your "FINANCIAL INSTITUTION"

Please return this DIRECT DEPOSIT SIGN UP FORM once completed to:

HOUSING AUTHORITY OF THE COUNTY OF COOK ATTN: Accounting/ACH Department 175 West Jackson Blvd, Suite 350 Chicago, IL 60604-3042

DEPOSITI SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SEC	ION I (IOBE	COMPLETED BY PAYEE)									
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS									
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUM	VIBER								
CITY STATE TELEPHONE NUMBER AREA CODE B NAME OF PERSON(S) ENTITLED TO PAYMEN C Prefix Si	ZIP CODE	F TYPE OF PAYMENT (Check o □ Social Security □ Supplemental Security Income □ Railroad Retirement □ Civil Service Retirement (OPM) □ VA Compensation or Pension	☐ Fed Salary/Mil. Civilian Pay ☐ Mil. Active ☐ Mil. Retire								
		CONT ACCOUNT HOLDE	TO OFFICIATION (antional)								
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified have read and understood the back of this form. In authorize my payment to be sent to the financial below to be deposited to the designated account.	d above, and that I n signing this form I I institution named	the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.									
SIGNATURE	DATE	SIGNATURE	DATE								
SIGNATURE	DATE	SIGNATURE	DATE								
SECTION 2 (TO BE CO GOVERNMENT AGENCY NAME Housing Authority of the County of Co		PAYEE OR FINANCIAL INS GOVERNMENT AGENCY ADDRE 175 West Jackson Blvd, Su Chicago, IL 60604-3042	ESS								
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)											
NAME AND ADDRESS OF FINANCIAL INSTITUTION	N	ROUTING NUMBER	CHECK								
			DIGIT								
		DEPOSITOR ACCOUNT	TITLE								
	FINANCIAL INSTIT	UTION CERTIFICATION									
I confirm the identity of the above-named payee(s) a tify that the financial institution agrees to receive a											
PRINT OR TYPE REPRESENRATIVE'S NAME S	SIGNATURE OF REP	PRESENTATIVE	TELEPHONE NUMBER DATE								

Financial institutions should refer to the GREEN BOOK for further instructions.

NSN 7540-01-058-0224 1199-207