



SAMPLE Forms (Completed)

- Signature Authorization
- Owner/Agent Information Form
- Direct Deposit Sign-Up Form
- W-9 Form



SIGNATURE AUTHORIZATION FORM

Property Happy Gardens, LLP Contract Number GA111111111

This is my official notice that the following employees/individuals are authorized to sign official Section 8 business documents on behalf of the property indicated above, such as Certifications (form HUD 50059), Exigent Health & Safety Certification (EH&S), FHEO documentation, Contracts, Rent Schedules, and other HUD forms, contracts and agreements.

HUD will accept the signature of an individual who has been granted authority on behalf of the owner and whose signature legally binds the owner entity and controlling individuals to the terms and conditions specified in the aforementioned documents.

After each employee name, list the types of document(s) each person is authorized to sign. For anyone authorized to sign all documents, you may state "All."

The employees/individuals listed below will continue to have such signature authorization until I, as the owner, have notified NHC, in writing, of any changes.

Employee Name	Title	These Documents
Jane Doe	Site Manager	50059
Sue Person	Administrative Asst	50059, Rent Schedules
Bob Person	Regional Manager	ALL

Signed (*Property Owner only*)  Date 1/1/11

Print Name Jane Owner Phone No. 773-123-1234

Title Owner

Owner Company Name Happy Gardens, LLP

Address 1234 Main Street

City, State Zip Code

NHC will cross reference this authorization form and will not accept (or process) documents if signed by any other party not listed above on this form.

**** Please refer to the NHC Mandatory checklist for delivery Instructions.**

NHC Owner Agent Information

Please Select:

New Owner/Agent Information For New Property Assignment

Changes to Owner/Agent Information
For Existing Property

Effective Date

1/1/11

Note: If you select *Changes to Owner/Agent Information* above, there is no need to fill in all sections. Only fill the section where there are changes.

Property Contact Information

Property Name

Happy Family Community

Contract Number

GA111111111

Street

1234 Main Street

City

Atlanta

State

GA

Zip Code

30345

Emergency Telephone

404-123-1222

Onsite Manager

Jane Doe

Manager Telephone

404-123-1234

Manager Fax

404-123-7654

Manager Email

sitemanager@aol.com

Owner Contact Information

Company Name

Owner Company, LLC

Owner Contact Name

James Owner

Company Telephone:

404-555-1234 Ext. 2255

Company Fax:

404-555-1111

Owner Contact Telephone

404-555-1234

Owner Contact Email

owner@aol.com

Street

1234 Nowhere Road

City

Atlanta

State

GA

Zip Code

30345

Management Contact Information

Management Company Name

Management Company, Inc.

Management Contact Name

John Doe

Contact Telephone

404-555-0000

Contact Fax:

404-555-1111

Management Contact Email

johndoe@aol.com

Street

1234 Nowhere Road

City

Atlanta

State

GA

Zip Code

30345

MOR Contact

 Use This Contact Use On-Site Manager Contact Use Owner Contact Use Rent Adjustments Contact Use Management Contact Use Voucher Contact

Name

John Doe

Email

johndoe@aol.com

Telephone

404-555-0000

Fax

404-555-1111

Street

1234 Nowhere Road

City

Atlanta

State

GA

Zip Code

30345

Rent Adjustments / Contract Renewals Contact

 Use This Contact Use On-Site Manager Contact Use Owner Contact Use MOR Contact Use Management Contact Use Voucher Contact

Name:

John Doe

Email:

Telephone:

404-555-0000

Fax

404-555-1111

Street

1234 Nowhere Road

City

Atlanta

State

GA

Zip Code

30345

Voucher/ Special Claims Contact

 Use This Contact Use On-Site Manager Contact Use Owner Contact Use MOR Contact Use Management Contact Use Rent Adjustments Contact

Name

Dee Doe

Email

deedoe@aol.com

Telephone

404-555-0000

Fax

404-555-1111

Street

1234 Nowhere Road

City

Atlanta

State

GA

Zip Code

30345

Notes

Signature



Date

Print Name

John Doe

Telephone

404-555-2221

Title

Regional Manager

Company

Management Company, Inc.

Email

johndoe@aol.com

DIRECT DEPOSIT 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 form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- 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.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	<input style="width: 100%; height: 20px;" type="text"/>
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
Prefix	Suffix	TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

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

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Form **W-9**
 (Rev. October 2007)
 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.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 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.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

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

Purpose of Form

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
- 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,