



NATIONAL HOUSING COMPLIANCE

Mandatory Checklist for Reporting Owner/Agent Changes for Properties Currently Assigned to NHC

Please complete this checklist and attach it to the completed forms so that we can process your changes timely.

Please email forms to: owneragentinformation@nhcinc.org.

Property Name	
Contract Number	
Has HUD Been Notified of Changes?	<p>Yes, HUD has been notified</p> <p>No, HUD has not been notified. I will contact my AE.</p>

Owner Change	Management Change
<ul style="list-style-type: none"> <input type="checkbox"/> Owner Letter announcing owner principal change written on letterhead and signed by owner <input type="checkbox"/> Mandatory Checklist <input type="checkbox"/> Owner/Agent Information Form <input type="checkbox"/> Signature Authorization Form <input type="checkbox"/> HAP Assumption Agreement <input type="checkbox"/> Direct Deposit (see bank account change) <input type="checkbox"/> W9 (see bank account change) <input type="checkbox"/> Voided Check or Letter from Bank (see bank account change) 	<ul style="list-style-type: none"> <input type="checkbox"/> Mandatory Checklist <input type="checkbox"/> Owner/Agent Information Form <input type="checkbox"/> Signature Authorization Form If Applicable: <input type="checkbox"/> Direct Deposit (see bank account change) <input type="checkbox"/> W9 (see bank account change) <input type="checkbox"/> Voided Check or Letter from Bank (see bank account change)

Bank Account Changes

*A change in bank account must be received by the 20th of the month to be effective for the next month's voucher payment

<ul style="list-style-type: none"> <input type="checkbox"/> Owner Letter announcing banking changes on letterhead (include routing and bank account numbers) signed by owner <input type="checkbox"/> Mandatory Checklist <input type="checkbox"/> Direct Deposit enter TIN, UEI and TRACS number in Section 1 Box C <input type="checkbox"/> W-9 enter name as it appears on the Federal Tax return, check box for type of business, enter the address where the 1099 is to be mailed, and add National Housing Compliance 1975 Lakeside Pkwy., Suite 310, Tucker GA 30084 under Requestor's Name and Address <input type="checkbox"/> Voided Check or Letter from Bank

Any questions, contact NHC at 770.939.3939 x2000 or
OwnerAgentInformation@nhcinc.org



National Housing Compliance

Signature Authorization Form

Property: _____ **Contract Number:** _____

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

Employee Name	These Documents

Signed
(Property Owner Only): _____ **Date:** _____

Print Name: _____ **Phone:** _____

Title: _____

Owner Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

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

***Please refer to the Transition to PBCA Checklist for Delivery Instructions.**



National Housing Compliance

Owner/Agent Property Information

Please complete this checklist and submit with completed forms.

Property Contact Information

Property Name:

Contract Number:

Street Address:

City:

State:

Zip:

Property Manager Name:

Phone:

Email:

Owner Contact Information

Owner Company Name:

Owner Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

UEI Number:

TRACS Number:

Management Contact Information

Management Company Name:

Management Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Notes:

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National Housing Compliance

Management and Occupancy Review (MOR) Contact Information			
<input type="checkbox"/>	Use Property Contact	<input type="checkbox"/>	Use Owner Contact
<input type="checkbox"/>	Use Management Contact		
<input type="checkbox"/>	Use Voucher/Special Claims Contact	<input type="checkbox"/>	Use Rent Adjustment/Contract Renewals Contact

MOR Contact Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Rent Adjustments/Contract Renewals Contact Information			
<input type="checkbox"/>	Use Property Contact	<input type="checkbox"/>	Use Owner Contact
<input type="checkbox"/>	Use Management Contact		
<input type="checkbox"/>	Use MOR	<input type="checkbox"/>	Use Voucher/Special Claims Contact

Rent Adjustment/Contract Renewal Contact:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Voucher/Special Claims Contact Information			
<input type="checkbox"/>	Use Property Contact	<input type="checkbox"/>	Use Owner Contact
<input type="checkbox"/>	Use Management Contact		
<input type="checkbox"/>	Use MOR	<input type="checkbox"/>	Use Rent Adjustment/Contract Renewals Contact

Voucher/Special Claims Contact:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Printed Name: _____ **Date:** _____

Signature: _____ **Title:** _____



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"/> 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	
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 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.*

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 <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																					
CITY	STATE	ZIP CODE																					
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 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.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) 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											
		<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> </tr> </table>												<table border="1" style="width: 25px; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 40px;"></td> </tr> </table>	
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.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

PRIVACY ACT NOTICE

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury		15-51 000	Check No. 0000 415785
	Month Day Year 08 31 84	KANSAS CITY, MO	
Pay to the order of	JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543	28 28 VA COMP	DOLLARS CTS \$****100 00
	(A)	(F)	
			NOT NEGOTIABLE
:00000518: 041571926"			

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.