

CHANGE OF OWNERSHIP/MANAGEMENT FORM

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

Dear Property Owner or Manager:

In order for the Chicago Housing Authority (CHA) Housing Choice Voucher (HCV) Program office to process your Change of Ownership/Management request, the following documentation is required from the legal Owner(s) of the property. Failure to do so may result in the termination of your Housing Assistance Payment (HAP) Contract.

- A completed Request for Taxpayer Identification Number and Certification (W-9) form signed and dated by the legal Owner(s) of the referenced property or properties.
Note: the name and tax ID number (Employee Identification Number (EIN) or Social Security number (SSN)) listed on the W-9 form **must** match the information listed on the verification letter or Social Security card.
- A completed Change of Ownership/Management form
- A complete list of tenants at the referenced property or properties
- Proof of ownership (see acceptable forms of proof inside packet)
- Tax identification (for an *individual* — a copy of your Social Security card; for a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C))
- A valid driver's license or state identification card
- A completed HAP Contract Assignment form
Note: this is a requirement and must be completed in its entirety (different from the list of tenants on page 3)
- If you have yet to sign up for CHA's direct deposit program, a completed Direct Deposit Authorization Agreement and voided check
Note: in receivership situations, please DO NOT fill in the SSN or EIN (CHA will populate this information)

This packet contains six pages and each page requires information from you that is imperative to the expedient processing of your Change of Ownership/Management request. Therefore, please make sure to complete the packet in full and submit it via fax to 312-786-6966 or drop it off at the Central Office location as listed below.

Please note the following:

- For your request to take effect by a particular check issuance date, CHA must receive your completed packet before the final day for check processing that falls prior to that check issuance date. For more information, reference the Payment Processing Schedule. In addition, late requests forfeit any past payments.
- CHA does not prorate HAPs between two Owners. For example, if the property was purchased on the 5th of the month, CHA will pay the entire month to the previous Owner and the following month to the new Owner.
- If you want to add a contact person to your account only and no other changes are being made, you can omit pages 5 and 6 of this packet.

If you have any questions, please call the CHA Customer Call Center at 312-935-2600.

*rev. 9/11, barcode: Change of Ownership

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

[] **Central Office**
60 E. Van Buren Street, Chicago, IL 60605

[] **Southwest Office**
10 W. 35th Street, Chicago, IL 60616

CHA Customer Call Center / TTY
312-935-2600 / 312-461-0079

[] **South Office**
1749 E. 75th Street, Chicago, IL 60649

[] **West Office**
2750 W. Roosevelt Road, Chicago, IL 60608

Web
www.thecha.org/hcv

Complete the list below to include all of the voucher-assisted tenants currently residing at the property. If you have more than 10 voucher-assisted tenants at the property, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

List of Tenants at the Property

Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
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MANAGEMENT AGREEMENT AND/OR TERMINATION LETTER

[If applicable, insert management agreement and/or termination letter here]

Please ensure the following:

- That the Owner(s) listed in the management agreement is the same individual or entity listed on the proof of ownership documents
- That the Property Manager(s) listed in the management agreement is the same individual or entity listed on the W-9 form and the EIN verification letter or Social Security card

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PROOF OF OWNERSHIP

[Insert proof of ownership here]

Please note the following acceptable forms of proof of ownership:

- Property Title
- Mortgage or Deed of Trust
- Mortgage Note or Promissory Note
- Settlement Statement

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TAX IDENTIFICATION

[Insert proof of tax identification here]

Please note:

For an individual, please include both:

- A copy of your Social Security card AND
- A copy of your state-issued photo ID

For a company or business, please include:

- A copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
- If needed, please call the IRS at 800-829-0115 to request an additional copy of the letter

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¡Este documento es importante, tradúzcalo inmediatamente!

HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT ASSIGNMENT

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Date: _____

I (We), _____
 (Name listed on IRS Form W-9)

am (are) the new Property Owner(s)/Manager(s) of the housing unit(s) located at:

 (Address Range) (Street) (Ave. /St. /etc.) (City, State) (ZIP Code)

The following are the HCV Program Participants who reside at the property:

Voucher #	Name	Property Address	Unit #	ZIP Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I (We) intend to carry out the terms and conditions listed in the current lease and HAP Contract, effective

_____ and signed by _____
 (Effective Date) (Previous Property Owner/Manager)

I (We) have attached all required documentation.

 Signature of **New** Property Owner/Manager Date

Office Use Only:

 Administrator Signature Date

*rev. 11/10, barcode: HAP Contract

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DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

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As a Property Owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP).

Please visit our website at www.thecha.org/forms to download the direct deposit registration form. Once completed, please mail, e-mail or fax the form along with a copy of your voided check or savings account deposit slip. If you have any questions regarding direct deposit of your HAP, please call the CHA Customer Call Center at 312-935-2600 or e-mail directdeposit@thecha.org.

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program. There are three ways to submit your direct deposit form:

- 1. Mail:** CHA Housing Choice Voucher Program
 Attn: Direct Deposit
 60 E. Van Buren Street, 9th Floor
 Chicago, IL 60605
- 2. Email:** directdeposit@thecha.org
- 3. Fax:** 312-786-6966

Direct Deposit Form Key
Register Correctly the First Time by Following These Guidelines

A	Date – Date of form being filled for submission and on Form W-9 must match
B	Owner # - From HAP check stub, if known
C	Voucher # for Participant
D	Name of Financial Institution/Account #/ Routing # and Transit #/Type of Account – Whatever is listed on the verification document see checking account/savings deposit slip sample attachment
E	The name indicated as the Payee Name and on Form W-9 must match
F	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
G	Authorized Person - E-mail, Address, City, State, Zip, Phone, Signature

*rev. 9/11, barcode: ACH Docs

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DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: **CHA Housing Choice Voucher Program, Owner Direct Deposit Program, 60 E. Van Buren, 8th Floor, Chicago, IL 60605-1207**, e-mail it to **directdeposit@thecha.org** or fax it to **312-786-6966**.

Date: _____ **A** Owner# (from HAP check stub): _____ **B** Voucher #: _____ **C**

NEW ENROLLMENT CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAPs) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____
Account Number: _____ Routing and Transit Number: _____
Type of Account (check one): Checking Savings **D**

City: _____ State: _____ ZIP Code: _____

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if CHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that I may incur fees and/or other penalties payable to CHA. **The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.**

Payee or an authorized person must complete the following and sign this request.

Payee Name: _____ **E** SSN or Federal Tax I.D. #: _____ **F**
(Please Print Legibly)

Name of Authorized Person: _____ Title: _____
(Please Print Legibly)

E-Mail Address: _____ (Required)
Address: _____ City: _____ State: _____ ZIP Code: _____
Telephone: Office (____) _____ Cell (____) _____ **G**
Signature of Owner or Authorized Person: **X** _____

Failure to answer all questions and provide all documentation will result in delay of processing your request.
Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent of CHA will result in penalties and fines. *rev. 9/11, barcode: ACH Docs

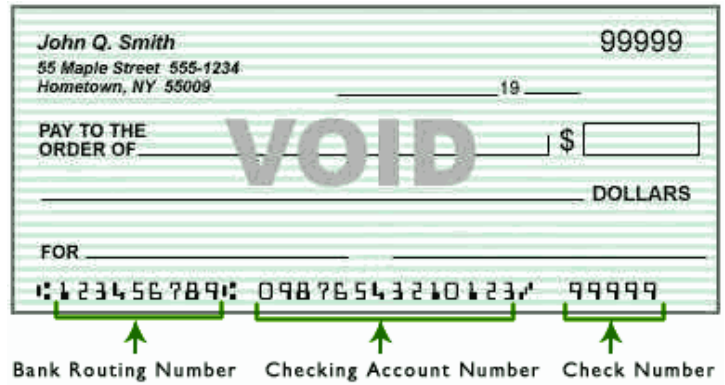
CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

- | | | |
|---|--|--|
| <input type="checkbox"/> Central Office
60 E. Van Buren Street, Chicago, IL 60605 | <input type="checkbox"/> Southwest Office
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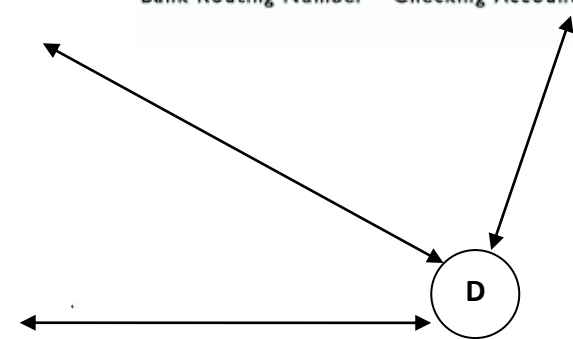
CHICAGO HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM

DIRECT DEPOSIT AUTHORIZATION
Attach Voided Check
or
Savings Account Deposit Slip



↑ check #
↑ routing and transit #
↑ checking account #

↑ Bank Routing Number ↑ Checking Account Number ↑ Check Number



CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

DEPOSIT TICKET

71-7403/2719
25
CASH

C
H
E
C
K
S

CHECKS OR TOTAL FROM OTHER SIDE

TOTAL ITEMS

SUB TOTAL

LESS CASH

NET DEPOSIT \$

First/Last Name
Address
City, State Zip

DATE
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE IF CASH RECEIVED FROM DEPOSIT

First Bank of You

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

!0150 ||| 3034 !: 0015075100 || " 909

Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
 - Encoding (the numbers on the bottom of your check/savings deposit slip)
 - Entity/Person must be the same as printed on the Direct Deposit Form
 - If starter checks, please hand write entity/person name

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution

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