

Dear Agent or Owner:
Estimado Agente o Dueño:

In order for this office to complete the CHANGE OF MANAGEMENT to the new management company, we require the following:

Para completar el CAMBIO DE GERENCIA a nombre de la nueva compañía, esta oficina requiere lo siguiente:

- A copy of the Management Agreement between the Management Company and the Agent/Owner stating that the here said Management Company is authorized to accept payments for the referenced property.
- IRS Letter Employer Identification Number (EIN)
- The enclosed W-9 completed, signed and dated by the actual owner(s) of the referenced property(-ies)
- *Una copia del contrato de administración entre la compañía administrativa y el agente o dueño que estipule que la compañía mencionada está autorizada a aceptar pagos por la propiedad referenciada*
- *Número de identidad en la carta del IRS para el empleador (EIN)*
- *El Formulario W-9 adjunto llenado, firmado y fechado por el dueño actual de la propiedad referenciada*

Please mail or hand-deliver to the Reception Desk or fax all documents with attachments to:

Favor de enviar por correo, entregar personalmente a la recepción, o mandar por fax todos los documentos con sus anejos a:

Chicago Housing Authority
Attn: Change of Management
60 East Van Buren – 8th Floor
Chicago, Illinois 60605-1207
312.935.2600
312.786.6966 (fax)

Note: Your request must be received before the 15th of the current month in order for the change to be reflected in the next month's check run. Changes received after the 15th of the current month will not be reflected for two months. Example: A request for a Change of Management received on May 22 will not be reflected until the July HAP check.

Nota: Su solicitud debe recibirse antes del día 15 del corriente mes para que el cambio se ponga en vigor para los cheques del próximo mes. Los cambios que se reciban después del día 15 del corriente mes no tendrán lugar hasta pasados dos meses. Por ejemplo: Una solicitud para un Cambio de Administración que se reciba el 22 de mayo no estará vigente hasta el cheque de HAP de julio.

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 ▶
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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,



CHANGE OF MANAGEMENT
CAMBIO DE GERENCIA

THIS IS TO ADVISE the Chicago Housing Choice Voucher Program THAT EFFECTIVE...
Con este escrito informo a El Programa de Vales para Elección de Vivienda de Chicago que efectivo al día

I AND/OR WE NOW MANAGE THE PROPERTY LOCATED AT:
Yo soy quien administra (o nosotros somos quienes administramos) la propiedad ubicada en:

Street City, State Zip

Street City, State Zip

PLEASE MAIL ALL FUTURE RENTAL PAYMENTS TO THE FOLLOWING:
Favor de enviar todos los futuros pagos de subsidio de alquiler a:

NAME:
Nombre:

ADDRESS:
Dirección:

CITY: STATE & ZIP CODE:
Ciudad: Estado y código postal:

TELEPHONE: WORK CELL/PAGER
Teléfonos: Del trabajo Celular/Buscapersona
HOME OTHER
Del hogar Otro

SOCIAL SECURITY # OR IRS TAX ID #:
Núm. de seguro social o núm. de identidad del IRS:

WHO WILL RECEIVE THE 1099 FOR FILING:
¿Quién recibirá y hará la declaración del formulario 1099?

OWNER OR AGENT SIGNATURE (S) DATE
Firma(s) del agente o dueño Fecha

Complete data sheet attached by listing all voucher-assisted tenants. Use extra copies of this form if changing ownership or management of more than 13 tenants.

Complete la hoja de datos adjunta anotando a todos los inquilinos con vales de subsidio. Use copias adicionales de esta hoja si hay cambios de propietario o gerencia para más de 13 inquilinos.

Office use only:

Date entered Initials Vendor No new previous agreement rcv'd

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Tenant Acct No. <i>Cuenta de inquilino</i>	Name <i>Nombre</i>	Property Address <i>Dirección de la propiedad</i>	Unit No. <i>Apto.</i>	Zip Code <i>Código Postal</i>
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CHANGE.

CHICAGO HOUSING AUTHORITY
Housing Choice Voucher Program

DIRECT DEPOSIT PROGRAM

As a property owner receiving Housing Assistance Payments (HAP), you are required to enroll in CHA's direct deposit program in which HAP payments will be deposited electronically into your bank account. CHA offers direct deposit of monthly Housing Assistance Payments (HAP) as a way to increase efficiency and improve service to participating landlords.

Some of the benefits of direct deposit include:

- Timely electronic deposit of your monthly HAP check;
- Immediate availability of funds from your HAP check on the payment date;
- Reduced risk of check fraud and lost or stolen checks;
- Saves time—no need to go to the bank or ATM to deposit;
- You will continue to receive a written statement similar to your current check stub that lists the detailed line item transactions that make up your deposit; and
- Enrollment is free.

You will need to complete and submit two documents to initiate the direct deposit of your HAP Payments:

- The Direct Deposit Authorization Form and
- A Voided Check from your checking account **OR**
- Savings Deposit Slip or Letter from your financial institution indicating the Savings Account Number and routing number

Fax all of the documents to 312.786.6966 or Mail all of the documents in a single envelope to:

**Chicago Housing Authority
HCV Finance Direct Deposit Program
60 East Van Buren • 8th Floor
Chicago, Illinois 60605-1207**

Your direct deposit request will be processed as soon as an approval is granted by your financial institution. This process can take up to thirty (30) business days upon receipt of your completed forms, at which we will electronically transfer one cent (\$0.01) into your account sent to you from Harris Bank, as a test transaction. Receipt of the one-cent credit directly deposited into your account will indicate that the process is complete and that your next HAP will automatically be deposited. Each month thereafter, a deposit of your HAP sent to you from Harris Bank will appear in your account as long as your unit is in compliance with the HCV Program. In addition to the benefits outlined above, you will receive a written statement detailing your account through the mail each month. You must notify us by completing another set of the aforementioned forms when you close an account or change financial institutions.

We appreciate your participation in the Chicago Housing Choice Voucher Program and look forward to a seamless transition to direct deposit. If you have any questions or comments, please do not hesitate to contact us at **312.935.2600** and select the prompt for **Direct Deposit**.

CHANGE.

CHICAGO HOUSING AUTHORITY
Housing Choice Voucher Program

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments (HAP), return this completed form, along with a voided check OR savings account deposit slip to: the Chicago Housing Authority, HCV Finance Direct Deposit Program, 60 East Van Buren St. 8th Floor, Chicago, IL 60605-1207 or fax it to 312 786-6966.

Date: _____ AGENT OWNER# (from HAP Check Stub): _____

NEW ENROLLMENT CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) to deposit my Housing Assistance Payments 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: _____

City: _____ State: _____ Zip: _____

Bank Transit Routing Number: _____ Type of Account (check one): Checking Savings

This authorization is to remain in full force and effect until CHA has received written notification from me of its termination in such time and in such manner as to afford the voucher program and the financial institution a reasonable opportunity to act upon it. CHA 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 the CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to the CHA by the financial institution. **The payee certifies compliance with the Housing Assistance Payment Contract by accepting direct deposit. The payee also certifies that the unit(s) assisted under the Housing Assistance Payment Contract are in full compliance with the terms of the contract.**

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

Payee Name: _____ E-Mail Address: _____
(Please Print Legibly)

Name of Authorized Person: _____ (Please Print Legibly)

Title: _____ SSN or Federal Tax I.D. # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Office (_____) _____ Cell (_____) _____

Signature of Authorized Person: _____

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/or Management Agents who violate this law may also be debarred from future participation in the Housing Choice Voucher 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 Chicago Housing Choice Voucher 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 or Management Agents or any law by employee and/or agent of the CHA will result in penalties and fines.