

# CHANGE.

CHICAGO HOUSING AUTHORITY  
Housing Choice Voucher Program

## Request for Replacement Check

Return to: CHA HCV Finance Department  
60 E Van Buren ST 11<sup>th</sup> FL • Chicago, Illinois 60605-1207 • Fax: 312.786.3661

Date: \_\_\_\_\_

**A. Please place a stop payment on the following check:**

Owner's Tax ID or Social Security #: \_\_\_\_\_ Vendor/Account #: \_\_\_\_\_

Check #: \_\_\_\_\_ Dated: \_\_\_\_\_

Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

**B. The reason for requesting a stop-payment is:** \_\_\_\_\_

\_\_\_\_\_

**C. Endorsement was as follows (if not endorsed, so state):** \_\_\_\_\_

\_\_\_\_\_

In consideration of the issuance of a new check in replacement of the above-described check, the undersigned shall indemnify CHA from any and all loss and expense which said CHA may incur or sustain because of the issuance of said new check without the surrender and cancellation of the check as described in item A above.

**D. Each Payee, or an authorized person, must sign this request.**

Signature(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

FOR OFFICE USE ONLY:

[ ] Please replace this check upon receipt of confirmation from the bank that it has not cleared.

COMPLETED BY : \_\_\_\_\_

## 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.

<b>Sign Here</b>	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,

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## 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 completed W-9 and a voided check or savings account deposit slip to: the Chicago Housing Choice Voucher Program, Landlord Direct Deposit Program, 60 East Van Buren St. 11<sup>th</sup> Floor, Chicago, IL 60605-1207 or fax it to 312 786-3661.

Date: \_\_\_\_\_ AGENT OWNER# (from HAP Check Stub): \_\_\_\_\_

NEW ENROLLMENT       CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Choice Voucher Program 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 the Chicago Housing Choice Voucher Program 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. The Chicago Housing Choice Voucher Program may also terminate the direct deposit if the 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 contract terms.**

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

Payee Name: \_\_\_\_\_ E-Mail Address (Required): \_\_\_\_\_  
(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.