

## CHANGE IN OWNERSHIP – PACKET INSTRUCTIONS

- **This Change of Ownership packet must be returned to the JCHA by the property owner/agent ONLY.**
- All forms **must** be completed & returned to the JCHA **Housing Choice Voucher Program (HCVP)**.
- Change of Ownership packets not containing ALL required forms/documents will be RETURNED to you.
- Pages 1 - 4 of this packet must be completed for **each HCVP Participant Head of Household** (e.g., if you own a multi-family property with three assisted tenants, you must fill out three (3) packets – one for each unit).

### YOU **MUST** COMPLETE AND RETURN THE FOLLOWING FORMS CONTAINED IN THIS PACKET:

- ☐ Change in Ownership Form
- ☐ Amendment to Lease Agreement and HAP Contract Due to Owner's Transfer of Interest
- ☐ Owner/Agent Data Form
- ☐ Property Owner Certification
- ☐ Direct Deposit Enrollment Form and Voided Bank Check/Bank Letter **mandatory – required**
- ☐ W-9 Form
- ☐ Photo ID (must be valid)

### TO VERIFY PROPERTY OWNERSHIP, YOU **MUST** SUBMIT THE FOLLOWING DOCUMENTS/FORMS:

- ☐ W-9 Form
- ☐ Social Security Card (if Recorded Property Deed lists an Individual Owner)
- ☐ IRS EIN letter with Tax Identification Number for Corporation, Partnership and/or LLC
- ☐ Certificate of Formation for Corporation, Partnership and/or LLC
- ☐ If you wish to appoint a PAYEE, you must provide:
- ☐ Copy of Management Agreement, if property is managed by a management agent
- ☐ W-9 form including supporting documentation
- ☐ Copy of Recorded Deed
- ☐ Tax Bill (*JCHA will verify that the Taxes have been transferred into the New Owner's name & be paid up-to-date*)

Please complete this packet if you are the **NEW** owner of a property with a tenant who is a participant in the Jersey City Housing Choice Voucher (Section 8) Program. You must submit ALL forms and supporting documents to the JCHA to process your request. **Forms returned via fax will not be accepted.** The process will be delayed if the forms are incomplete and/or if all of the supplementary documents are not included with your packet. The Housing Assistance Payment (HAP) contract will be placed on hold until the process is complete. Please return all documents to Jersey City Housing Authority, Housing Choice Voucher Program, 400 US Highway #1 (Marion Gardens), Jersey City, NJ 07306. *Thank you for your cooperation.*

## Change in Ownership Form CAMBIO DE PROPIETARIO

This is to advise the Jersey City Housing Choice Voucher Program THAT EFFECTIVE \_\_\_\_\_  
*Con este escrito informo El Programa de Vales para Elección de Vivienda de Jersey City que efectivo al día*

I AND/OR WE ARE NOW OWNER(S) OF PROPERTY LOCATED AT:

*Yo soy (o nosotros somos) dueño(s) de la propiedad ubicada en:*

Address/Dirección de la propiedad \_\_\_\_\_ Unit/Apto. \_\_\_\_\_

City, State and ZIP/Ciudad, Estado y código postal \_\_\_\_\_

Name of Tenant Currently Occupying Unit: \_\_\_\_\_

*Nombre del inquilino que esta ocupando la unidad*

### PLEASE MAIL ALL FUTURE HOUSING ASSISTANCE PAYMENTS (HAP) TO THE FOLLOWING:

*Favor de enviar todos los futuros pagos de subsidio de alquiler a:*

Name/Nombre \_\_\_\_\_

Address/Dirección \_\_\_\_\_

City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_

Home Telephone/Del hogar# \_\_\_\_\_ Mobile#/Celular# \_\_\_\_\_

Work Telephone/Del Trabajo# \_\_\_\_\_ e-mail: \_\_\_\_\_

Social Security# or Tax ID# \_\_\_\_\_

*Número de seguro social o número de identidad del IRS*

Who will receive the Form 1099 for filing? \_\_\_\_\_

*Quién recibirá y hará la declaración de el formulario 1099?*

OWNER OR AGENTS SIGNATURE(S)

*Firma(s) del agente o dueño*

DATE

*Fecha*

OWNER OR AGENTS SIGNATURE(S)

*Firma(s) del agente o dueño*

DATE

*Fecha*

**AMENDMENT TO LEASE AGREEMENT AND HOUSING ASSISTANCE  
PAYMENT (HAP) CONTRACT DUE TO OWNER'S TRANSFER OF INTEREST**

**Unit Information:**

Address \_\_\_\_\_ Tenant Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A transfer of interest was completed for the above captioned address on \_\_\_\_\_ (date).  
The legal ownership of the property has been transferred from \_\_\_\_\_ (former owner)  
to \_\_\_\_\_ (Purchaser or New Owner).

The Purchaser/New Owner, by his/her signature below acknowledges and accepts all the obligations, terms and conditions of the Section 8 Housing Assistance Payments Contract between \_\_\_\_\_  
(Seller/Formal Owner) and JCHA Housing Choice Voucher Program, and the lease agreement between \_\_\_\_\_  
(Seller/Formal Owner) and \_\_\_\_\_ (Lessee/Program Participant), for the remaining term of the contract and lease agreement. The lessee, by his/her signature below, likewise acknowledges and accepts the same.

Purchaser/New Owner and Lessee mutually acknowledge that his/her amendment to the signatory aspect of the Section 8 agreements is the sole amendment to the agreements and all other terms and conditions in these agreements remain in effect.

**If you have questions or need assistance to translate this document, please contact (201)-706-4654 between 8:30 am and 4:30 pm, Monday through Friday.**

Owner Name/Nombre \_\_\_\_\_

Business Address/Dirección de la propiedad \_\_\_\_\_

City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## OWNER/AGENT DATA HOUSING CHOICE VOUCHER PROGRAM (HCVP) FORM

Property:

Street Address (Include Apt. # or floor)

City and State

Zip Code

The following information is required of all Property Owners:

1. Owner Name: \_\_\_\_\_

2. Owner Home Address: (Note: The NHA cannot accept a Post Office Box as home address)

No. Street Apt. City Zip

3. Owner Telephone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

4. Agent (if different than Owner) Name: \_\_\_\_\_

5. Agent Address:

No. Street Apt. City Zip

6. Agent Telephone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

The Owner requests that all payments under this contract be prepared and sent to:

7. Payee Name: \_\_\_\_\_

8. Payee Address: \_\_\_\_\_

### CERTIFICATION OF OWNERSHIP AND INSURANCE

I, \_\_\_\_\_ certify that I am the present owner of the property identified above. I have enclosed a registered deed with the book and page number listed by the Hudson County Registry of Deeds. If the Deed is more than ten (10) years old, please provide a copy of your deed plus a copy of your current Property Tax Bill. (Note: If your deed has not yet been registered, please enclose a copy of the deed you received at the closing and a letter from your attorney certifying that the property was transferred to you and the date and time of recording at the Hudson County Registry of Deeds. If the property is not owned in the name of individual persons, also include a copy of the organizational document establishing your relationship to the owning entity. The Articles of Incorporation, declaration of trust, or partnership agreement is sufficient).

I/We certify that I/We have read this "Owner/Agent Data Form" and certify that all of the above information is true to the best of my/our knowledge.

LEGAL OWNER(S) SIGNATURE(S)

TITLE(S)

DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOUSING CHOICE VOUCHER PROGRAM (HCVP)**  
**PROPERTY OWNER CERTIFICATION**

RE: \_\_\_\_\_  
(Street Address of Assisted Unit)

\_\_\_\_\_  
(City / Town)

**Owner of Assisted Unit**

I certify that I am the legal owner or legally designated agent for the above-mentioned unit, and that the prospective tenant(s) has no ownership interest in this dwelling unit.

**Approved Residents of Assisted Unit**

I understand that the family members listed on the dwelling lease agreement as approved by the Jersey City Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

**Housing Quality Standards**

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

**Security Deposit and Tenant Rent Payments**

I understand the tenants' portion of the contract rent is determined by the Housing Authority and that it is illegal to charge any additional amounts for rent which have not been specifically approved by the Jersey City Housing Authority.

**Reporting vacancies to the Housing Authority**

I understand that should the assisted unit become vacant, I am responsible to notify the Jersey City Housing Authority immediately, in writing.

**Computer Matching Consent**

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority and HUD to release and exchange information regarding my participation in the Housing Choice Voucher Program with other Federal and State agencies.

**Administrative and criminal Actions for Intentional Violations**

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments Contract is grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

\_\_\_\_\_  
Signature of Landlord/Agent

\_\_\_\_\_  
Date

*Building Communities...Creating Opportunities...Transforming Lives*



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type<br>See Specific Instructions on page 2. | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                |
|                                                       | <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                |
|                                                       | <b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><i>(Applies to accounts maintained outside the U.S.)</i> |
|                                                       | <b>5</b> Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Requester's name and address (optional)                                                                                                                                                                                                                        |
|                                                       | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                |
| <b>7</b> 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 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.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|                                       |  |  |  |   |   |  |  |   |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

|                  |                                   |               |
|------------------|-----------------------------------|---------------|
| <b>Sign Here</b> | <b>Signature of U.S. person ▶</b> | <b>Date ▶</b> |
|------------------|-----------------------------------|---------------|

## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## 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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## Direct Deposit Authorization

CASEWORKER'S INITIALS:

Name of PAYEE: \_\_\_\_\_ SS #/ TAX ID: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

☐ Check this box if changing existing account

☐ Check this box if new Owner

Account Information \_\_\_\_\_

Account type: ☐ Checking ☐ Savings

Bank routing number (ABA number)\*: \_\_\_\_\_

Account number\*\*: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Attach a voided check here

**Authorization:** I hereby authorize the Housing Authority of the City of Jersey City, hereinafter referred to as JCHA, to deposit the Housing Assistance payment (HAP) that is due to me into my checking/savings account with the financial institution indicated below, and to initiate credit/debit entries and adjustments to the same account in the event of any errors in the credit/debit entries effected by the JCHA.

This authorization is to be in effect until the JCHA receives written notification from me of its termination in such time and manner to afford the JCHA and the financial institution reasonable time to act on it.

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

*\*This information can be found at the bottom of your check. /deposit slip. It is required that you attach a "VOIDED" check for Checking Account, or a Deposit Slip for a Savings Account to confirm the account and routing numbers.*

*\*\*In case of change in account number, please inform the JCHA immediately, so as to ensure payment into the proper account.*

FOR JCHA HCVP USE ONLY

Inputted By: \_\_\_\_\_ Date: \_\_\_\_\_