

¡ESTE DOCUMENTO ES IMPORTANTE, TRADÚZCALO INMEDIATAMENTE!

CHANGE OF 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 of 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 Application – DIRECT DEPOSIT IS REQUIRED**
- └ **W-9 Form**

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

- └ **Copy of Recorded Deed**
- └ **Tax Bill (taxes must be paid up-to-date)**
- └ **Current Insurance Policy (Declaration page(s) only)**
- └ **Current Water Bill**
- └ **Social Security Card or Tax Identification Number**
- └ **Photo Identification (must be valid)**
- └ **Copy of Management Agreement, if property is managed by a management agent**
- └ **Certificate of Formation**

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.*



Jersey City Housing Authority
Housing Choice Voucher (Section 8) Program
400 US Highway #1 (Marion Gardens)
Jersey City, NJ 07306
PHONE: 201-706-4677/4678
FAX: 551-256-7736/7737
www.jcha-gov.us

Change of 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





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**AMENDMENT TO LEASE AGREEMENT AND HOUSING ASSISTANCE
PAYMENT 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/Former Owner) and JCHA Housing Choice Voucher Program, and the lease agreement between _____

(Seller/Former 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 remains in effect.

If you have questions or need assistance to translate this document, please contact 201.706.4678/4677 between 8:30 am and 4:30 pm, Monday through Friday.

Owner Name/Nombre _____

Business Address/Dirección de la propiedad _____

City/Cuidad _____ State/Estado _____ Zip Code/Código Postal _____

Phone# _____ Fax # _____ E-Mail _____

Owner Signature _____ Date _____

Co-Owner Signature _____ Date _____

Tenant/Participant Signature _____ Date _____





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OWNER/AGENT DATA FORM HOUSING CHOICE VOUCHER PROGRAM

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



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**HOUSING CHOICE VOUCHER PROGRAM 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 referenced 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





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Caseworker's Initials: _____

DIRECT DEPOSIT AUTHORIZATION

Name of Owner: _____ 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: _____

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