CHATTANOOGA HOUSING AUTHORITY

Housing Choice Voucher Program

801 N Holtzclaw Avenue, Chattanooga TN 37404

TEL: (423) 752-4893 **FAX:** (423) 752-4814

gford@chahousing.org

chahousing.org

Change of Ownership or Management Guidelines

Change of Ownership:

For a change of ownership for a property that is contracted on the program, the following documents must be submitted:

- Property Ownership Certification Form
- Acceptance of HAP and Lease Form - This states that the current HAP Contract and lease that are in place will be accepted with **NO** changes. If you choose to make changes, you will need to submit a new lease agreement for review AFTER this form is submitted for the change in ownership to be processed. If you would like to request a rent increase, you can submit those forms also AFTER the ownership change forms are submitted and processed.
- W9
- Direct Deposit Authorization Form
- Management agreement unless you will be owner-managing the property.
- Deed information to show the transfer of ownership (if the ownership information has been updated online at **https://assessor.hamiltontn.gov/search.aspx** you do not have to provide the deed information).

Change of Management:

For a change of management only, the following documents must be submitted:

- Property Ownership Certification Form - List the owner and the new management company on the form. Make sure to indicate who the payments will go to.
- Acceptance of HAP and Lease Form - This states that the current HAP Contract and lease that are in place will be accepted with **NO** changes. If you choose to make changes, you will need to submit a new lease agreement for review AFTER this form is submitted for the change in ownership to be processed. If you would like to request a rent increase, you can submit those forms also AFTER the ownership change forms are submitted and processed.
- W9
- Direct Deposit Authorization Form
- Management agreement
- Deed information to show the transfer of ownership **only if** there is also a change in ownership along with the change in management. (if the ownership information has been updated online at https://assessor.hamiltontn.gov/search.aspx. you do not have to provide the deed information)

CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM

Email: gford@chahousing.org
ww.chahousing.org

PROPERTY OWNERSHIP CERTIFICATION

PROPERTY ADDRESS _____

CITY: _____ **ZIP CODE** _____

TYPE OF UNIT (PLEASE CHECK ONE): SINGLE FAMILY ☐ DUPLEX ☐ MANUFACTURED HOME ☐ APARTMENT ☐

 # Bedrooms _____ **# Baths** _____ **# ½ Bath** **Sq Ft** _____ **Central Heat System** YES ☐ NO ☐

OWNER APPLIANCERS: STOVE : YES ☐ NO ☐ REFRIGERATOR: YES ☐ NO ☐

WATER DISTRICT: (CHECK ONE)
TENNESSEE-AMERICAN ☐ EAST SIDE ☐ SAVANNAH VALLEY ☐ SODDY DAISY ☐ HIXSON UTILITY ☐
SEWER DISTRICT: CITY OF CHATTANOOGA ☐ HAMILTON COUNTY ☐ SODDY-DAISY ☐

HAS THIS UNIT EVER BEEN QUARANTINED DUE TO THE MANUFACTURE OF METHAMPHETAMINE? YES ☐ NO ☐

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ CELL #: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

IF THIS IS A NEW PROPERTY TO THE CHA HOUSING CHOICE VOUCHER PROGRAM, PLEASE ATTACH A COPY OF YOUR RECORDED DEED OF TRUST AND W-9

MAKE CHECKS PAYABLE TO: _____
(THE W-9 MUST MATCH THE PAYABLE TO)

MANAGEMENT AGENCY: MUST HAVE W-9 AND MANAGEMENT AGREEMENT ATTACHED.

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PROPERTY MANAGER: _____

OFFICE TELEPHONE: _____ CELL #: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

I CERTIFY THAT THE ABOVE WRITTEN INFORMATION IS TRUE AND ACCURAE

SIGNATURE: _____
(OWNER OR PROPERTY MANAGER)

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HOUSING CHOICE VOUCHER PROGRAM
801 N. HOLTZCLAW AVENUE CHATTANOOGA, TN 37404
PHONE#: (423) 752-4893
Email: gford@chahousing.org

OWNERSHIP CHANGE ACCEPTING HOUSING ASSISTANCE CONTRACT AND LEASE AGREEMENT THAT IS ALREADY IN PLACE WITH TENANT

TO: CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM

RE: ACCEPTANCE OF HOUSING ASSISTANCE CONTRACT AND LEASE AGREEMENT

DATE: _____

I, _____, ACCEPT THE HOUSING
(PRINT NEW OWNERS NAME)

ASSISTANCE PAYMENTS CONTRACT AND LEASE AGREEMENT THAT IS IN PLACE FOR THE PROPERTY AT

_____ FOR TENANT
(ADDRESS)

_____
(PRINT TENANT'S NAME)

OWNER'S SIGNATURE _____
(SIGNATURE)

OWNER'S ADDRESS: _____

_____ _____ _____
CITY STATE ZIP

OWNERS PHONE(S)
Home # _____

OFFICE # _____

MOBILE # _____

FAX # _____

EMAIL ADDRESS _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

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); and
4. 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 for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CHATTANOOGA HOUSING AUTHORITY

Direct Deposit Form

Form Type:

☐ New Set-up ☐ Update Info

Payee Information:

Name of entity/individual.

_____

Business name, if different from above.

_____

Taxpayer Identification Number (TIN) ☐☐☐-☐☐-☐☐☐☐ **or** ☐☐-☐☐☐☐☐☐☐

Social Security Number | Employer Identification Number

Contact Information:

Phone:	Email(s): *Please provide at least two.*	
Address:	City:	
	State:	Zip:

Direct Deposit Setup Information:

Account type: ☐ Checking **OR** ☐ Savings			
Bank Name:	ABA Routing # (9 digits) ☐☐☐☐☐☐☐☐☐	Account #:	
Signature:	Name:		Date:

PLEASE PROVIDE A VOIDED CHECK, DEPOSIT SLIP, OR BANK LETTER THAT MATCHES THE ABOVE BANK ACCOUNT.

I hereby authorize the Chattanooga Housing Authority (CHA), to initiate credit entries to my account indicated below and the depository named above. The authority granted herein shall continue to be in full force and effect until CHA receives written notice of its termination, provided such notice is given in a timely and reasonable manner to allow CHA and the DEPOSITORY to act on it. ***Additionally, for any changes to direct deposits, we will also contact you using the phone number provided on the form as an additional confirmation***. Please note that changes to direct deposits may take up to two check runs, which is approximately one month.

Return to:

Chattanooga Housing Authority 801 North Holtzclaw Ave. Chattanooga, TN 37404	
Procurement procurement@chahousing.org fax: (423) 752-4878	Housing Choice Voucher Program HCVPContact@chahousing.org fax: (423) 752-4833