CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM

PROPERTY OWNERSHIP CERTIFICATION

PROPERTY ADDRESS _____

CITY: _____ ZIP CODE _____

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

Bedrooms _____ # Baths _____ # ½ Bath _____ 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)

CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
801 N. HOLTZCLAW AVENUE
CHATTANOOGA, TN 37404
TELEPHONE (423) 752-4473 FAX (423) 668-2330

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 CONTRACCT 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 _____

CHATTANOOGA HOUSING AUTHORITY

Return form to: 801 North Holtzclaw Ave. Chattanooga, TN 37404
Fax: (423) 752-4833 Email: tcarpenter@chahousing.org

Substitute W9 & Direct Deposit Form

Transaction Type: ☐ New Set-up ☐ Update Info ☐ Add ACH/Bank Info ☐ Update ACH/Bank Info

Payee Information:

Individual/Company/Entity Legal Name:_____

Taxpayer ID: ☐☐☐♦☐☐♦☐☐☐☐ **OR** ☐☐♦☐☐☐☐☐☐☐

Social Security Number — Employer ID Number

DBA Name (If applicable)_____

Tax Classification: (check only one of the seven boxes)

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate or single-member LLC

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership _____ ☐ Other

Note. 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.

Exempt payee code_____

Contact Information:

Phone:	Email:	
Address:	City:	
	State:	Zip:

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.

Signature of U.S. Person:	Date:

Direct Deposit Setup Information-Please fill out all fields to receive direct deposit:

I hereby authorize CHATTANOOGA HOUSING AUTHORITY (CHA), to initiate credit entries to my account indicated below and the depository named below:

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

This authority 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 CHA and DEPOSITORY a reasonable opportunity to act on it. Changes to direct deposits take 2 checks runs (approximately one month).