HACC
HOUSING AUTHORITY OF
THE COUNTY OF COOK

The Housing Authority of the County of Cook
175 West Jackson Boulevard, Suite 350
Chicago, Illinois 60604
(312) 663-5447
www.thehacc.org

Housing Choice Voucher (HCV) Program Ownership Packet

Owner's Guide to new Housing Assistance Payments (HAP) Contracts

1. Complete and submit the prospective tenant's Request for Tenancy Approval (RFTA). Make sure you and the tenant both sign the RFTA.
2. Complete and submit the Declaration of Ownership, W9 and Direct Deposit forms in this packet.
3. The HACC will verify ownership of the unit and ensure that forms are complete and accurate.
4. The HACC will review the rent requested to ensure it is within the tenant's price range.
5. The HACC will schedule an inspection of the unit. Be sure to have your occupancy permit if it is required by the municipality.
6. When the unit passes inspection, the HACC will conduct a Rent Reasonableness review of similar, unassisted units in the area to make a rent offer.
7. You will inform the HACC of the tenant's proposed lease start date and move in date. The HACC will only start the contract on or after a passed inspection. If the tenant resided in the unit prior to the passed inspection, the tenant is responsible for the full contract rent for that period.
8. The HACC will send you the HAP Contracts to be signed and returned with a copy of the executed lease. Make sure the rent, start date and utility responsibilities match the HAP Contracts. An executed copy will be returned to you.
9. Your first HAP may include a prorated amount for the first month if the tenant moved in after the first of the month. Thereafter, HAP will be paid on the first of each month as long as the tenant and unit are in good standing with the Program.

Owner's Checklist of required forms and documents

- ☐ Request for Tenancy Approval (RFTA)
- ☐ Declaration of Ownership
- ☐ W9 completed with Payee information
- ☐ Taxpayer Identification Number (TIN) for Payee
  - ☐ Social Security Card (SSN) for an individual
  - ☐ Employer Identification Number (EIN) Notice from IRS for a company
- ☐ Proof of ownership
  - ☐ Deed
  - ☐ Title Insurance
- ☐ Management Agreement, if party other than owner will receive payment
- ☐ Trust Agreement and Beneficiary information, if property is held in trust
- ☐ Direct Deposit form
- ☐ Sample (blank) of lease you will use

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Declaration of Ownership

Property Information

Tenant Name		Client #	
Building Address			
City, State, Zip			
Property Index Number (PIN)			

Ownership Information

Legal Owner Name	
Owner SSN	- - Owner TIN -
Mailing Address	
City, State, Zip	
Contact Phone	
Email	

Payment Information

Make payments to: ☐ Owner ☐ Agent Indicate SSN or TIN for payee below

Payee SSN	- - or TIN -
Agent Name	
Mailing Address	
City, State, Zip	
Contact Phone	
Email	

Certification

☐ I certify that I am the legal owner or the legally-designated agent for the above referenced unit.

☐ I certify that the prospective tenant, including each family member, has no ownership interest in this dwelling unit whatsoever.

☐ I certify that the owner, including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HACC has determined (and has notified the owner and the family of such determination) that approving the leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member with disabilities

Signature	Date
Print Name	Print Title

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

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

☐ Other (see instructions) ►

☐ Exempt payee

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 the "Name" line 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.

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

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

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).

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.

Sign Here Signature of U.S. person ► Date ►

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.

INSTRUCTIONS FOR COMPLETING THE DIRECT DEPOSIT'SIGN UP FORM

SECTION 1

1. Complete part **"A"** entirely and legibly (please print)
2. Complete part "**B**" with the property owner name entitled to the payments.
3. Part **"C"** is Non-applicable
4. Part **"D"** please check off either "Checking" or "Savings"
5. Part **"E"** please enter the account number for "Checking" or "Savings"
6. Part **"F"** is Non-applicable– already completed with HACC (other)
7. Part **"G"** is Non-applicable

PAYEE/JOINT PAYEE CERTIFICATION – **MUST BE SIGNED**

JOINT ACCOUNT HOLDERS' CERTIFICATION – **MUST BE SIGNED IF THIS IS A JOINT ACCOUNT**

SECTION 2

Already completed – do not change

SECTION 3

You may attach a voided check or this section may be completed by your "FINANCIAL INSTITUTION"

Please return this DIRECT DEPOSIT SIGN UP FORM once completed to:

HOUSING AUTHORITY OF THE COUNTY OF COOK
ATTN: Accounting/ACH Department
175 West Jackson Blvd, Suite 350
Chicago, IL 60604-3042

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C

Prefix Sufffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ■ Other HACC *(specify)*

G *(if applicable)*

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
Housing Authority of the County of Cook	175 West Jackson Blvd, Suite 350 Chicago, IL 60604-3042

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENRATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.