



Payment and Ownership Declaration Form

This form is required to establish or change ownership and agent information for the HACC Housing Choice Voucher Program Housing Assistance Payments.

Tenant's Name: _____ Rental Property Address: _____
(Please print)

I. Ownership of Assisted Unit

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

Owner _____ Management Agent _____ Apt. Mgr. _____

Proof of Ownership

Proof of ownership must be provided:

- 1. Copy of the deed,
2. If you are the management agent/property manager, a copy of the management agreement/contract

II. Legal Owner Information

Legal Owner's Name(s): _____
(as it appears on the Grant Deed)

Social Security Number or Tax I.D. Number of Legal Owner: _____

Owner's Business or Residence Address: _____
(No. P.O. Box or Work Address)

Owner's Mailing Address:

Primary Phone: () _____
(A P.O. Box can be used as a mailing address)
Secondary Phone: () _____
Fax: () _____
E-mail: _____

III. Agent/Manager Information (Copy of Agent/ Management Agreement must be provided to HACC)

Agent's Name(s): _____ Primary Phone: () _____
Secondary Phone: () _____

Address: _____ Fax: () _____
(A P.O. Box may be used as a mailing address)

E-mail: _____
Social Security Number or Taxpayer I.D. Number of Agent: _____

IV. Payment and Correspondence Designation

Send Payments to (check one): [] Owner [] Agent
Send correspondence to (check one): [] Owner [] Agent

V. SSN/TIN Certification and Authorization

The Name and Social Security /Tax I.D Number of the person or entity receiving payments must match the information on the IRS W-9 form and the HACC's Direct Deposit sign up form to prevent a delay in payment. IRS 1099 statements will be mailed at the end of the year in the name of the person receiving payments. W-9 Forms are required by the HACC and can be found in the Owner page of the HACC's website, www.thehacc.org. ** PLEASE PROVIDE A COPY OF YOUR SS CARD OR EIN # ASSIGNMENT NOTIFICATION FROM IRS

Print Name: _____

Authorized Signature: _____ Date _____

This form is required for every new HCV HAP Contract. The HAP Contract cannot be approved until all required documents have been received.

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 form 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)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
CITY	STATE	F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER AREA CODE	ZIP CODE	<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension Other <u> </u> <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G <i>(if applicable)</i>	
C Prefix _____ Suffix _____		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.	
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.		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
SIGNATURE	DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME Housing Authority of the County of Cook	GOVERNMENT AGENCY ADDRESS 175 West Jackson Blvd, Suite 350 Chicago, IL 60604-3042
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		CHECK DIGIT <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 80%; height: 80%;"></div> </div>
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.		DEPOSITOR ACCOUNT TITLE <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

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

HOUSING AUTHORITY OF THE COUNTY OF COOK

Section 8 - Housing Assistance Payments Program

175 W. JACKSON SUITE 350, CHICAGO, IL 60604-4204

TELEPHONE: (312) 663-5447 TTY: (312) 922-3788

PAYMENT VOUCHER

Client # _____

Vendor # _____

Tenant Name _____ Unit # _____

Unit Address _____ City _____ Zip Code _____

As Owner for the above property, I certify that above tenant does not own, wholly or in part, said property. I further certify that the payee endorsement on each monthly Housing Assistance Payments check from the Housing Authority of the County of Cook on behalf of the above tenant:

1. Shall be conclusive proof that full payment has been received from the Housing Authority.
2. Shall constitute certification that:
 - a. The dwelling unit is occupied by the tenant
 - b. The dwelling unit is safe, decent, and sanitary condition.
 - c. The amount of the payment is the correct amount due under the contract.
 - d. The payment meets all other requirements of the contract.
 - e. The dwelling complies with the Illinois Smoke Detector Act.

I agree to notify the Housing Authority should the tenant family intend to vacate the unit. The only amount payable by the tenant to the owner or agent is the amount designated by the Housing Authority as the tenant's contribution. I also certify that the rent for this unit will not exceed the rent charged by the owner for comparable unassisted units.

IMPORTANT!

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION

PLEASE PRINT

Please print clearly and note that "c/o" is not acceptable.

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION- Make checks payable to:

PAYEE NAME _____

ADDRESS _____ APT _____

CITY, STATE _____ ZIP CODE _____

AGENT OR CONTACT PERSON: NONE SAME AS ABOVE AS NOTED BELOW

Name _____ Telephone # (____) _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Agent's Signature _____ Date _____

IMPORTANT: THE IRS FORM W-9 - ON THE REVERSE SIDE - MUST BE COMPLETED PRIOR TO PAYMENT

Is the Owner related to the tenant? YES NO If yes, the tenant is my _____

I certify under penalties of perjury, that the Social Security Number or Tax ID number is the correct taxpayer identification number for the Owner of the above noted property.

Signature of Owner (if Sole Proprietor) _____ Date _____

Signature of Authorized Officer _____ Date _____

NOTE: FORM MUST BE SIGNED PRIOR TO PAYMENTS BEING RELEASED.

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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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 Line 1 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.

Social security number
or
Employer identification number

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

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 ▶
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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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.