



## PROCEDURES TO ADD A PROPERTY TO MHA'S SECTION 8 PROGRAM

Please follow the steps listed below to add a property to MHA's Section 8 Program. This form is to be used for properties that are not in MHA's database. A Property Listing form should be used to advertise vacant units that are already in MHA's database.

### 1. The current owner must provide:

- a. Declaration of Ownership (attached)
- b. W9 completed with Payee information (attached)
- c. Taxpayer Identification Number (TIN) for Payee
  - Social Security Card (SSN) for an individual
  - Employer Identification Number (EIN) Notice from IRS
- d. Proof of Ownership
  - Deed
  - Title Insurance
- e. Management Agreement, if party other than owner will receive payment
- f. Trust Agreement and Beneficiary information, if property is held in trust
- g. Direct Deposit form (attached)
- h. Ethics Disclosure form (attached)
- i. Property Information form (attached)
- j. Certification of Responsibility (attached)
- k. MHA Landlord Certification (for new owners) This certification is provided after completion of a Landlord Briefing. Please visit us online at [www.lrhousing.org](http://www.lrhousing.org) for briefing dates.

Upon receipt of all the above items, the property will be added to MHA's database. Notice will be sent of transfer approval. Fax all items to (501) 340-4708 or email to [jowens@mhapha.org](mailto:jowens@mhapha.org).

**NO SUBSIDY PAYMENTS WILL BE MADE PRIOR TO OUR RECEIVING ALL ITEMS LISTED.**

Please visit us online at [www.lrhousing.org](http://www.lrhousing.org) for more information or contact us directly at [jowens@mhapha.org](mailto:jowens@mhapha.org).

Thank you!



**Declaration of Ownership**  
**Property Information**

Tenant Name	
Building Address	
City, State, Zip	

**Ownership Information**

Legal Owner Name																			
Owner SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Owner TIN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address																			
City, State, Zip																			
Contact Phone																			
Email																			

**Agent Information**

Agent SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Agent TIN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address																				
City, State, Zip																				
Contact Phone																				
Email																				

Send Payment to:	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Agent
Send Correspondence to:	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Agent

**Certification**

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

Signature	_____	Date	_____
Print Name	_____		

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<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 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.

Social security number									

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

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.

<b>Sign Here</b>	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,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

**Disregarded entity.** Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

The Direct Deposit will be sent to your banking and a detailed statement emailed on the first business day of each month. Your deposit will be available no later than the 5<sup>th</sup> business day of each month.

**To Sign up for direct deposit:**

- 1. Please complete the information below and return this form along with a "Void" Check to 100 S. Arch, Little Rock 72201 or email to [jowens@mhapha.org](mailto:jowens@mhapha.org) or send by fax to (501)340-4708. Make and keep a copy of the completed form for your records
- 2. There may be a **30 day processing period** before actual dollars can be transmitted into a new or changed account. MHA is committed to change or update your account data as rapidly as possible.

**To make changes for direct deposit:**

- 1. Follow the instructions above
- 2. The payment will continue to be deposited into the old account until the new account has been set up and tested.

**Direct Deposit Sign-up/ Change Form**

New Account     Change  
 Owner             Agent

**Company/Agent Name** \_\_\_\_\_

**Employer Identification Number (EIN)** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Owner/Agent Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Owner/Agent Phone Number (     ) \_\_\_\_\_**

**Management Company Name (if applicable):** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Please check only one of the choices below:**

Deposit my housing assistance payment into my **Checking Account**

Deposit my housing assistance payment into my **Savings Account**

**Bank Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Bank Routing (ABA) Number:** \_\_\_\_\_

I, \_\_\_\_\_, authorize Little Rock Housing Authority to deposit my Housing Assistant Payment (HAP) into the above bank account and initiate, if necessary, debit entries in case of an error.

\_\_\_\_\_  
**Signature of Authorized Owner/Agent**

\_\_\_\_\_  
**Date**

Please list address(es) for leased HCV units.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**METROPOLITAN HOUSING ALLIANCE**  
 Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201  
 Phone (501) 340-4708 FAX (501) 340-4708  
 jowens@mhapha.org



**Ethics Disclosure**

The MHA Conflict of Interest and Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees and their immediate family members to apply for direct housing assistance programs from the County’s Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met. Check if any of the following applies to you:

1.  **I/we do not** currently work for MHA

**IF YOU MARKED BOX 1, SKIP #2-4.**

2.  **I/we am/are a MHA employee.**  
 Please provide the department and division you are working for:

\_\_\_\_\_

3.  **I/we am/are an appointed or elected official.**

4.  **I/we am/are \*immediate family to a MHA employee, appointed or elected official.**

*(\* ) Immediate family is defined as spouse, domestic partner, parents, stepparents, children and stepchildren.*

Please provide the following information regarding the MHA employee, appointed or elected official:

Name of employee, appointed or elected official: \_\_\_\_\_

Department, Division, or Board: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Property Information Form

UNIT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RENT PER MONTH: \$ \_\_\_\_\_

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### PROPERTY INFORMATION

**DWELLING TYPE: (Check one)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Single Family<br>Detached | <input type="checkbox"/> Duplex, Row House,<br>Town House | <input type="checkbox"/> Manufactured<br>Home |
| <input type="checkbox"/> Apartment                 | <input type="checkbox"/> Multiple Family                  |   |

**CONSTRUCTION TYPE:** \_\_\_\_Brick \_\_\_\_Frame \_\_\_\_Siding \_\_\_\_Other

**EXTERIOR CONDITION:** \_\_\_\_Excellent \_\_\_\_Good \_\_\_\_Fair \_\_\_\_Poor

**SIZE:** \_\_\_\_ Bedrooms \_\_\_\_Bathrooms \_\_\_\_Year Built \_\_\_\_SQ Ft

**AMENITIES:**

**PLEASE CHECK THE AMENITIES THAT ARE PROVIDED IN THE HOUSE**

- |  |  |
|--|--|
| <input type="checkbox"/> Dishwasher                | <input type="checkbox"/> <b><u>Refrigerator</u></b>    |
| <input type="checkbox"/> Ceiling Fans              | <input type="checkbox"/> <b><u>Range</u></b>           |
| <input type="checkbox"/> Central Air               | <input type="checkbox"/> Unit is Cable Ready           |
| <input type="checkbox"/> Garbage Disposal          | <input type="checkbox"/> Security System               |
| <input type="checkbox"/> Covered / Off Street      | <input type="checkbox"/> Modern Appliances             |
| <input type="checkbox"/> Window Air                | <input type="checkbox"/> Energy Efficient Cert<br>Unit |
| <input type="checkbox"/> Washer / Dryer<br>Hookups | <input type="checkbox"/> Handicap Accessible           |
| <input type="checkbox"/> Laundry Facilities        | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Working Fireplace         | If Other:<br><input type="text"/>                      |

Carpeting

**ARE ANY OF THE FOLLOWING UTILITIES INCLUDED IN THE RENT?  
(OWNER FURNISHES)**

- Heating
- Cooking
- Other Electric
- Air Conditioning
- Water Heating
- Water
- Sewer
- Trash Collection

**Maintenance:**

- Owner provides onsite maintenance
- Owner Provides offsite maintenance

**Quality Rating: Please rate the quality of the unit. (Check only one.)**

- A/High**-Newly constructed or completely renovated within the past 12 months
- B/Medium**-Well Maintained and/or partially renovated within the past 12 months
- C/Low**-Adequate, but some repairs may be needed soon

**CERTIFICATION: I hereby certify that the foregoing information is correct and no changes will be made without written approval of MHA.**

**Date:** \_\_\_\_\_

**Owner/Manager (print name):** \_\_\_\_\_



## Certification of Responsibility

1. \_\_\_\_\_ I certify that I am the owner or the legally designated agent for the above referenced unit, and that the tenant and any future tenant have no ownership interest in this dwelling unit.
2. \_\_\_\_\_ I understand that I must comply with equal opportunity requirements.
3. \_\_\_\_\_ I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.
4. \_\_\_\_\_ I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
5. \_\_\_\_\_ I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants. I understand that it is my responsibility to ensure that my lease complies with state and local law. MHA Housing Choice Voucher Program will only review my lease to ensure that the United States Department of Housing and Urban Development ("HUD") required items are addressed.
6. \_\_\_\_\_ I understand that the family members listed on the Housing Assistance Payments Contract are the only individuals permitted to reside in the unit. I understand that MDHCV and I must grant prior written approval for other persons to be added to the household (except for the birth, adoption, or court-awarded custody of a child). I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
7. \_\_\_\_\_ I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B, and the Lease Special Stipulations. I understand that it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum, Lease Special Stipulations and the HAP Contract.
8. \_\_\_\_\_ I certify that I (including a principal or other interested party) am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family. If I am related, I have received written notification from MHA that it will approve rental of the unit, notwithstanding such relationship, to provide reasonable accommodation for a family member who is a person with disabilities.
9. \_\_\_\_\_ I understand that I will not receive HAP payments until the HAP contract and/or other required documents are received. If I fail to execute the HAP contract and/or other required documents within 60 days of the lease start date, the approval of the tenant's authorization to move-in may be voided. Should the transaction be voided by MHA, I understand that I will not receive HAPs, or late payments. The tenant should not move in the unit until the HAP contract is executed by me and MHA.
10. \_\_\_\_\_ I understand that MHA is not responsible for tenant damages and unpaid tenant-portion rent.
11. \_\_\_\_\_ I understand that documents received by MHA after the 15<sup>th</sup> may not be processed until after the first of the following month.
12. \_\_\_\_\_ I acknowledge that HAPs are considered paid on the date the check is issued or electronic payments are transmitted.



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13. \_\_\_\_\_ I understand that MHA has the right to recoup HAPs paid erroneously by withholding payment owed to me, including HAPs for other tenants or through other assisted housing programs administered by MHA. Should there be no other valid Section 8 contracts; I must repay MHA upon receipt of an overpayment notice.
14. \_\_\_\_\_ I understand that I must submit to the tenant for their consideration and to MHA for their review any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease/revision.
15. \_\_\_\_\_ I understand that I must provide MHA with a written request for any rent increase a minimum of sixty (60) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.
16. \_\_\_\_\_ I understand that the tenant's portion of the contract rent is determined by MHA and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by MHA.
17. \_\_\_\_\_ I understand that MHA may deny or terminate participation, if I have a history of being abusive towards MHA staff or program participants.
18. \_\_\_\_\_ 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.
19. \_\_\_\_\_ I understand that should the assisted unit become vacant, I am responsible for notifying MHA immediately in writing. I also understand that the HAP Contract and payment will terminate immediately.
20. \_\_\_\_\_ I understand that I should attempt to resolve disputes between the tenant and me and contact MHA, in writing, only in serious disputes that we are unable to resolve.
21. \_\_\_\_\_ I acknowledge that I have been briefed on the Housing Choice Voucher Program. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in MHA's housing programs.
22. \_\_\_\_\_ I understand that I must notify MHA immediately in writing of a change in my mailing address. Failure to do so may interrupt correspondence such as deficiency repair letters and may delay mail delivery or electronic transfer of rental assistance payments.
23. \_\_\_\_\_ I understand that if one or any of the previous certifications is found to be false, MHA will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary and legal steps to collect these funds, including but not limited to filing a legal action against the owner.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_