



Housing Authority of the City of Meriden
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CHANGE OF OWNERSHIP/MANAGEMENT

This document is to inform the Housing Choice Voucher Program of the Housing Authority of the City of Meriden that a Change in Ownership/Management has taken place.

The previous owner(s)/management information:

Name: _____ Phone Number: _____
 Address: _____

 City, State & Zip Code Email: _____

Please forward all future rental assistance payments to the new owner(s) effective: _____

Signature of previous owner(s)/management: _____ Date: _____

The new owner(s) information:

Name: _____ Phone Number: _____
 Address: _____ Social Security or Tax ID Number _____

 City, State & Zip Code Email: _____

Signature of new owner(s)/management: _____ Date: _____

New owner(s)/management; please provide the following documents with this form

- W-9 Form (attached)
- Direct deposit form (attached)
- Copy of the Property Deed
- Copy of Trust/Management Agreement (if needed)

Change of ownership/management for the following tenants:

Tenant Name: _____ Property Address _____
 Tenant Name: _____ Property Address _____
 Tenant Name: _____ Property Address _____
 Tenant Name: _____ Property Address _____

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: <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"/> 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 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 ▶ _____
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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.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT MERIDEN HOUSING AUTHORITY

A. PLEASE CHECK ONE

- NEW ACCOUNT
 CHANGE OF NEW ACCOUNT

Landlord Name: _____

Tenant(s) Name(s): _____

B. BANK INFORMATION

Bank name _____

Bank Address _____

City	State	Zip Code
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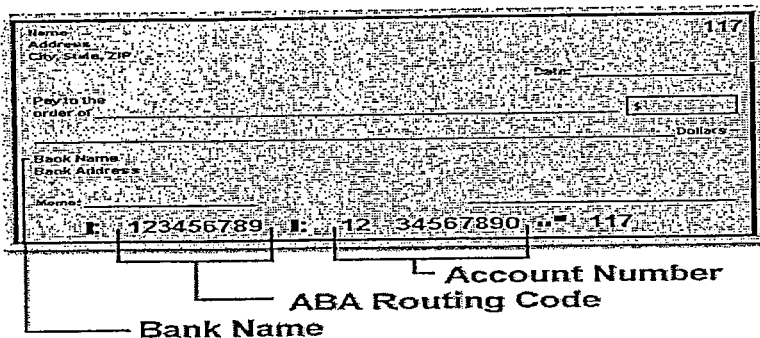
C. TYPE OF ACCOUNT

- Saving Checking

Bank TBA/Routing Number

Bank Account Number

Example



PLEASE ATTACHED A VOIDED CHECK WITH THIS FORM

D. AUTHORIZATION

I/We authorized the MHA to deposit the HAP payments at the above account
 I/We authorized the MHA to reverse payments that I/we are not entitle
 I/We understand that is My/Our responsibility to ensure that HAP payments are deposited
 correctly each month and to notify any changes in my account number to the MHA.

Landlord/Agent Print _____ Phone _____

Landlord/Agent Signature _____ Date _____

SECTION 8 LANDLORD CERTIFICATION

Landlord Name _____

Landlord's Residence Address _____

Telephone # _____ Cell _____ E-mail _____

Unit Address _____, Meriden, CT _____

Please read carefully and initial each statement

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.

Landlord/tenant Relative Certification

_____ I certify that I am not related to the proposed tenant; unless authorized by the MHA as a reasonable accommodation for a person or family with disabilities.

Approved Residents of Assisted Unit

_____ I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

_____ 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.

Security Deposit and Tenant Rent Payments

_____ I understand that the tenant's portion of rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which have not been specifically approved by the Housing Authority.

Reporting Vacancies or change of ownership to the Housing Authority

_____ I understand that should the assisted unit become vacant, sold, or repossessed, I am responsible to notify the Housing Authority immediately in writing.

Computer Matching Consent

_____ I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority and HUD to release and exchange information regarding my participation in the Section 8 program with other Federal and State Agencies.

Administrative and Criminal Actions for Intentional Violations

_____ I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law.

I certify that the information contained herein is true and correct

Landlord/Agent Name (Print) _____

Landlord/Agent Signature _____

Date _____

WARNING:

TITLE 18 SECTION 1001 OF THE UNITED STATES CODES STATES THAT A PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES IS GUILTY OF A FELONY. STATE LAW MAY ALSO PROVIDE PENALTIES FOR FALSE OR FRAUDULENT STATEMENTS.

Do You Realize...

If you commit fraud, you could be:

- Fined up to \$10,000.
- Imprisoned for up to five years.
- Subject to State and local government penalties, also.

Do You know...

You are committing fraud if you sign a form knowing that you provided false or misleading information. Certifying false information is fraud, SO BE CAREFUL!

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410