



Johnny Isbell, Mayor

City of Pasadena Housing Program
1114 Davis St. Pasadena, TX 77506
Office: 713-475-5544
Fax: 713-477-3819
TTY: 1-800-735-2989



New Owner/Landlord:

Thank you for your interest in participating in the Housing Choice Voucher Program as a Landlord. In order for us to provide an accurate 1099 we will be requiring you to provide an SS4 form or Social Security card with the W-9. You will also be required to submit the attached forms.

We currently are enrolled in mandatory Direct Deposit, therefore we **MUST** have an original voided check or letter from your bank with your name, account number and the routing number and it must match your SS4 form or Social Security number.

In filling out the attached forms **PLEASE NOTE** that they **MUST MATCH** the information on file with the IRS. The forms, signature and printed names on checks must all match your SS4 and must be **ON FILE** with the IRS stated the same way. IRS will send the Pasadena Housing Office a letter requiring backup withholding on your funds if the information does not match.

It is your responsibility to notify the City of Pasadena Housing of any changes of address and/or account information.

Please review the items marked below and provide the documents with the attached forms for approval of participation in the Pasadena Housing Program.

<input type="checkbox"/> Picture ID	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> SS4 (tax ID number)
<input type="checkbox"/> Original Voided Check	<input type="checkbox"/> Deed or Purchasers Agreement	<input type="checkbox"/> Management Agreement

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"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> 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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>	Social security number																			
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>	Employer identification 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.

PASADENA HOUSING OFFICE
1114 DAVIS / P.O.BOX 672
PASADENA TX. 77501

HCV/Section 8 Landlord Certification and Responsibilities

RE: _____
Street Address of Assisted Unit

City/Town

State

Zip

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. I understand I am responsible for performing all management and rental functions for the assisted unit, including selecting a certificate or voucher holder to lease the unit, and checking if the family is suitable for tenancy of the unit.

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Agency 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 Contract to maintain the unit in accordance with HQS, including performance of ordinary and extraordinary maintenance.

Tenant Rent Payments

I understand that the amount of the tenant's portion of the contract rent are determined by the Housing Agency, and that it is illegal to charge any additional amount for rent or any other item not specified in the lease which have not been specifically approved by the Housing agency. I also understand I am responsible for enforcing tenant obligations under the lease.

Reporting Vacancies to the Housing Agency

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Agency immediately in writing. I also understand that should I demand that the tenant vacate the unit for any reason: and/or proceed with eviction proceedings; I will notify the Housing agency immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment contract permits the Housing agency or HUD to verify my compliance with the contract. I consent for the Housing agency or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Agency and HUD may 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 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.

Equal Housing Opportunity

I understand I must comply with equal opportunity requirements.

Signature of Landlord/Agent

Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent 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.

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID <i>(Social Security Number or Employer Identification Number)</i>		Work Phone Number	Home Phone Number	
Name		E-mail Address		
Address		City	State	ZIP Code

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the _____ to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature _____ Printed Name _____ Date _____

PART 4: Financial Institution *((Contact your financial institution for this information, if necessary.))*

Financial Institution Name		City	State	ZIP Code
Routing Transit Number	Customer Account Number		Type of Account	
Representative Name <i>(Please print)</i>		Title	<input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings	
Representative Signature _____				

PASADENA HOUSING CHOICE VOUCHER PROGRAM
DIRECT DEPOSIT PAYMENTS TERMS AND CONDITIONS

As a participating landlord in the Housing Choice Voucher Program, Direct Deposit of Housing Assistance Payments is **MANDATED**. This form authorizes Pasadena Housing Authority to deposit your Housing Assistance Payment (HAP) directly into your account at your financial institution.

The following are the terms and conditions for participating in the Direct Deposit Program.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the Housing Authority direct deposit program.
2. You must complete the direct deposit authorization form to enroll in the Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, both parties must sign the form. **You must also attach a pre-printed voided check or a letter from your financial institution verifying both the routing and account numbers to the Direct Deposit Agreement form.**
3. All funds will be credited to your account each month. The deposit HAP transactions detail will be available on the landlord portal at www.hapcheck.com.
4. If an electronic transfer is returned to Pasadena Housing Authority or for any reason cannot be made to your account, PHA will investigate the cause and if necessary, it will place your payment on hold until the issue is resolved.
5. It is your responsibility to notify Pasadena Housing Authority immediately of any changes in your account, such as account closure or change in account number. The direct deposit form must be completed indicating the action is a **CHANGE**, and specify the new account information. Attach a pre-printed voided check to any change requests or other verification as specified above in paragraph 2.
6. All changes must be received within 10 days of the change in writing and with proper verification as specified above. Changes will be processed in accordance with the Pasadena Housing Program policy.
7. You may change your deposit account information in the direct deposit program at any time by completing the direct deposit authorization form indicating a **CHANGE** and providing the required verification as specified in the above paragraphs. The change will take effect as of the date you indicate or as soon as the form is received and processed by Pasadena Housing Authority, whichever is later. During this process a physical check may be issued if applicable.
8. Your financial institution or Pasadena Housing Authority may cancel this agreement. The Pasadena Housing Authority reserves the right to automatically cancel your participation in the direct deposit program for violations of the HAP contract or notification form from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any question regarding this form, the direct deposit program or any electronic transfers to your account, please call 713-475-7065.

X

Signature

X

Print and Date