



Regional Housing Authority of Sutter and Nevada Counties

1455 Butte House Road, Yuba City, CA 95993
Phone: (530) 671-0220, Toll Free: (888) 671-0220
TTY: (866) 735-2929, Fax: (530) 673-0775

CHANGE OF OWNERSHIP/MANAGEMENT PACKET

INSTRUCTIONS

- All forms and documents must be received prior to the execution of change.
- Change of Ownership/Management Packets not containing ALL required forms/documents will be returned to you.

Please complete this packet if you are the NEW owner or management of a property with a tenant who is a participant in the Housing Choice Voucher (Section 8) program. You MUST submit all forms and supporting documents to the RHASNC to process your request. The process will be delayed if the forms are incomplete and/or if all the supporting documentation is not included with your packet. The Housing Assistance Payment (HAP) will be placed on hold until the process is complete. Please return all forms/documents to RHASNC, 1455 Butte House Road, Yuba City, CA 95993.

REQUIRED DOCUMENTS FOR OWNERSHIP CHANGE

- Proof of Ownership (Copy of Deed/Tax Bill/Mortgage Statement)
- Change of Ownership Form
- Amendment to Lease Agreement and HAP Contract
- Owner/Management Data Form
- Section 8 Landlord Certification
- Direct Deposit Form
- W-9 Form

REQUIRED DOCUMENTS TO ADD/CHANGE MANAGEMENT

- Documentation of Management Responsibilities (Copy of Management Agreement)
- Owner/Management Data Form
- Section 8 Landlord Certification
- Direct Deposit Form
- W-9 Form
- To REMOVE a management company the owner must provide a letter.



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This is to advise the Regional Housing Authority of Sutter and Nevada Counties (RHASNC) that effective _____ I and/or WE are now owner (s) of the property located at:

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Name of Tenant(s) Currently Occupying Unit: _____

PLEASE MAIL ALL FUTURE HOUSING ASSISTANCE PAYMENTS (HAP) TO THE FOLLOWING:

Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile: _____ Work Telephone: _____

E-Mail: _____

Social Security Number or Tax ID: _____

Owner or Agent Signature Date

Owner or Agent Signature Date



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AMENDMENT TO LEASE AGREEMENT AND HOUSING ASSISTANCE PAYMENT CONTRACT

I, _____, have purchased the assisted property at _____
_____. A transfer of interest was completed on
_____. The legal ownership of the property has been transferred from
_____ to _____.

The Purchaser/New Owner, by his/her signature below acknowledges and accepts all the obligations, terms and conditions of the HAP contract for the remaining of the contract and lease agreement. The Purchaser/New Owner also accepts all obligations, terms and conditions of the lease agreement between _____ (former owner) and _____ (lessee/program participant) for the remaining term of the contract and lease agreement. The lessee, by his/her signature below, likewise acknowledges and accepts the same.

I am aware that the RHASNC may deny approval to assign the HAP contract to a new owner if the owner is debarred, suspended, or subject to a limited denial of participation.

Owner or Agent Signature Date

Owner or Agent Signature Date

Tenant/Participant Signature Date

Tenant/Participant Signature Date



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OWNER/AGENT DATA FORM

The following information is required of all Property Owners:

PROPERTY:

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

OWNER:

Owner Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile: _____ Work Telephone: _____

E-Mail: _____

AGENT (IF DIFFERENT THAN OWNER):

Agent (if different than Owner) Name: _____

Address: _____ Unit/Apt: _____

Agent Telephone Number: _____ Mobile: _____

E-Mail: _____



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Section 8 Landlord Certification

RE: _____
Street Address of Assisted Unit

City/Town State Zip

Ownership of Assisted Unit

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

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

Tenant Rent Payments

I understand that the tenant's portion of the contract 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 to the Housing Authority

I understand that should the assisted unit become vacant, I am responsible for notifying 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 or HUD to conduct computer matches to verify my compliance as they deem necessary. The Housing Authority 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 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.

_____ Date _____ 20 _____
Signature of Landlord/Agent

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.



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Reference: Direct Deposit

Dear Landlord:

This letter is to inform you that effective April 1, 2013 the Housing Authority has gone completely green and is only doing direct deposit for the monthly Housing Assistance Payments you receive on behalf of participants in the Housing Choice Voucher Program.

The advantages of direct deposit:

- No more waiting for the check to be delivered by mail.
- Access to funds by midnight on the first business day of the month (please check with your bank for actual availability).
- No more lost checks.
- No more excess paper since nothing will be mailed to you.
- Payment detail e-mailed directly to your computer.

A Direct Deposit Sign-up Form will be required prior to the issuance of any payment.

We look forward and appreciate your participation in the Housing Choice Voucher Program.



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DIRECT DEPOSIT AUTHORIZATION FORM

Initial Enrollment Change Checking Account Savings Account

I hereby authorize the Regional Housing Authority of Sutter and Nevada Counties (RHASNC) to initiate credit entries and, only if necessary, debit entries and adjustments for any credit entries made in error to my checking or savings account indicated below (Debit entries will ONLY be initiated in the event that a credit was erroneously made into your account by RHASNC AND after it was verified that you received or will receive proper notification that said credit was not due to you).

Persons / Business Bank Account name (Name/s on Bank Account)

Financial Institution (Bank name) _____

9 Digit Routing Number _____

Bank Account Number _____

SSN/TIN of persons/business on Bank Account _____

Each owner or authorized person MUST complete the authorization form. Name on account and Tax ID must match RHASNC recorded ownership documents.

Please note: The persons/business' name and SSN/TIN to which the direct deposit is made will receive a 1099 from the RHASNC at year end. Therefore, before a direct deposit can be made, RHASNC must have a W-9 on file for the persons/business' for which the direct deposit will be made

Signature _____

Date _____

Email _____

Please select and attach **only one** of the following:

- Checking:** Attach a voided blank check from the account where the direct deposit will be made. Your name must appear on the account.
- Savings:** Attach a deposit ticket with your name, address, bank routing number and account number.



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IRS FORM W-9

To obtain a W-9 form, please follow this link to the Internal Revenue Service website:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>



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