



**SECTION 8 DIVISION**

400 Harriet Tubman Street • Knoxville, TN 37915  
865.403.1234 • Fax 865.594.8790  
800.848.0298 (Tennessee Relay Center)  
www.kcdc.org

**Changes to Landlord/Owner File Information**

- Change Account Number – Checking  Savings
- Change Company Name; Keep same Account Number
- Change Owner Name; Keep same Account Number
- Add New Owner and Account Number – Checking  Savings
- Change Landlord and/or Owner Address *(Property already on KCDC's Section 8 Program)*
- Inactive Landlord/Update Landlord Information-   Checking  Savings

***The following documentation is required in order to process this request and may be faxed to 865-594-8790.***

- 1. Bank account verification (voided check or deposit slip),***
- 2. Proof of ownership (HUD-1 statement or tax statement)***
- 3. State Issued Photo ID***

Tax Identification Number or Social Security Number \_\_\_\_\_

Telephone Number Including Area Code \_\_\_\_\_

Print Your Name \_\_\_\_\_

Print Company/Landlord Name \_\_\_\_\_

Address Including Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Tenant Name \_\_\_\_\_ Unit Address \_\_\_\_\_

Non-Profit Organization   Yes    No

\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)**  
**COMPANY: Knoxville's Community Development Corporation Location: Knoxville, TN**

I hereby authorize KCDC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account designated. By acceptance of the funds through direct deposit, (name of financial institution) agrees to credit the deposited amount to the (Account Number) \_\_\_\_\_ for (Name of Participant).

Any one submitting fraudulent information is subject to fine or imprisonment. Title 18 U.S.C. 1001

Written notification of all changes must be submitted to KCDC at least twenty days prior to payment date.

**NAME** \_\_\_\_\_ **TAX ID NO.** \_\_\_\_\_  
*(print)*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

KCDC Use Only

**Financial Institution Name** \_\_\_\_\_

**Location** \_\_\_\_\_ **Type of Acct:** Checking  Savings

**\*Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Financial Institution Name** \_\_\_\_\_

**Location** \_\_\_\_\_ **Type of Acct:** Checking  Savings

**\*Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Financial Institution Name** \_\_\_\_\_

**Location** \_\_\_\_\_ **Type of Acct:** Checking  Savings

**\*Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Financial Institution Name** \_\_\_\_\_

**Location** \_\_\_\_\_ **Type of Acct:** Checking  Savings

**\*Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

\*Nine digit number that appears on the bottom of a check or a deposit slip. (Include a voided check or deposit slip with authorization.)





**Section 8 Housing Department**

400 Harriet Tubman St. ♦ Knoxville, TN 37915  
865.403.1234 ♦ Fax 865.594.8790  
section8info@kcdc.org  
www.kcdc.org

## **Housing Assistance Payments**

- I. The owner will receive a Housing Assistance Payment (HAP) from KCDC on behalf of the tenant. The HAP will be a direct deposit into an account set up by the owner. The owner's acceptance of the HAP indicates that the family occupies the unit, the family's contribution toward rent has been collected, and the unit remains in a decent, safe, and sanitary condition. If any of these conditions do not exist, the owner should contact a Section 8 representative immediately.
  
- II. Change of Ownership – KCDC requires a written request by the owner who executed the HAP contract to make changes regarding who is to receive KCDC's rent payment or the address the rent payment should be sent.

In addition, KCDC requires a written request from the new owner to process a change of ownership. All the following documents must accompany the written request:

- Deed of Trust showing the transfer of title,
- Tax Identification Number or Social Security Number, and
- Direct deposit information

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date





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**Owner’s Obligations and Responsibilities**

1. The landlord must comply with all responsibilities and obligations assigned to the landlord in the executed Lease and Contract. The landlord retains all rights and responsibilities for enforcing the Lease, collecting tenant's portion of rent, and instigating eviction procedures.
2. The Contract Rent listed in the Contract is the maximum amount the landlord can require for rent, including all services, maintenance, and utilities that the owner agreed to provide in accordance with the Lease. **TO COLLECT MORE THAN THIS AMOUNT CONSTITUTES FRAUD AGAINST THE FEDERAL GOVERNMENT.**
3. The owner is required to periodically monitor the condition of the unit and to insure that it continuously meets the Housing Quality Standards.
4. The owner is required to perform ongoing maintenance and repairs as necessary to maintain a standard condition in the unit.
5. The owner is responsible for periodically monitoring the unit to insure that the eligible family occupies the residence.
6. The owner certifies that: (a) the owner is maintaining the contract unit in accordance with the HQS, (b) the contract unit is leased to the tenant, and the lease is in accordance with this contract and program requirements, (c) the rent to owner does not exceed rents charged by the owner for other comparable unassisted units, (d) the family does not own or have any interest in the contract unit, and if the owner is a cooperative, the family may be a member of the cooperative, (e) to the best of the owner's knowledge, the members of the family reside in the contract unit, and the unit is the family's only residence.
7. Transfer of Property Ownership: The property owner purchasing this unit agrees to (a) meet with a KCDC representative pending the sale, (b) provide required information, i.e., name, address, social security number, authorization agreement for automatic deposit, and proof of paid taxes (c) notify the assisted tenant, and (d) request the tenant’s security deposit and leasing documents as part of the settlement and closing of this sale.
8. The owner may submit a rental increase or request a new lease 60 days prior to the annual certification month. The request must be sent to the tenant and KCDC must receive a copy. Please include the resident’s full address on the rent increase, the amount and effective date of the increase, and the reason for the increase.

I understand my responsibilities and obligations as a landlord participating in the Section 8 Housing Choice Voucher Program and agree to fulfill them as required by the executed Contract and Lease.

\_\_\_\_\_  
Landlord’s signature

\_\_\_\_\_  
Date

c: Tenant file  
Landlord





Terry McKee, Procurement Director  
 901 N. Broadway • Knoxville, TN 37917-6699  
 865.403.1133 • Fax 865.594.8858  
 procurementinfo@kcdc.org  
 www.kcdc.org

Vendor Ownership Information						
Business Name:						
Address:						
Form Completed by:						
Date:						
Check a box in each of the next four lines						
1. This business is at least <u>51% owned and operated by a woman</u>						Yes <input type="checkbox"/> No <input type="checkbox"/>
2. This business qualifies as a small business by the State of Tennessee <i>Total gross receipts of not more than \$10,000,000 average over a three-year period OR employs no more than 99 persons on a full-time basis</i>						Yes <input type="checkbox"/> No <input type="checkbox"/>
3. This business is at least <u>51% owned and operated by a veteran</u>						Yes <input type="checkbox"/> No <input type="checkbox"/>
4. This business is owned & operated by persons at least 51% of the following ethnic background:						
Asian/Pacific <input type="checkbox"/>	Black <input type="checkbox"/>	Hasidic Jew <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Native American <input type="checkbox"/>	White <input type="checkbox"/>	Publicly Owned <input type="checkbox"/>

