



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 No							
Signature Date							
Knoxville's Community Development Corporation							



# Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	2 Business name/disregarded entity name, if different from above									
n page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership	cert	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
e Js	single-member LLC	Exe	Exempt payee code (if any)							
typ igo	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶									
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that					code (if any)				
_ iji	is disregarded from the owner should check the appropriate box for the tax classification of its own  Other (see instructions)	ier.	(Appl	(Applies to accounts maintained outside the U.S.)				S.)		
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's nan		and address (optional)						
See (						,				
S	6 City, state, and ZIP code	-								
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	oid Social	security	number						
backu	up withholding. For individuals, this is generally your social security number (SSN). However,				7					
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> e	et a	.	-	-					
TIN, la		or			_					
, <u></u>			yer iden	r identification number						
Numb	per To Give the Requester for guidelines on whose number to enter.		] _ [							
Par	t   Certification									
Under	r penalties of perjury, I certify that:									
	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b					mal Day				
Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (c vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and									
3. I an	n a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is correct.								

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 for Part II, later.

Sign Signature of U.S. person ▶ Date ▶

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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

and adjustments for any credit the funds through direct deposi	nitiate credit entries and to initiate, if necessary, debit entries entries in error to the account designated. By acceptance of it, (name of financial institution) agrees to credit the deposited or) for (Name of Participant).
Any one submitting fraudulent informa	tion is subject to fine or imprisonment. Title 18 U.S.C. 1001
Written notification of all changes mus	st be submitted to KCDC at least twenty days prior to payment date.
NAME	TAX ID NO
" ,	DATE
SIGNATURE	DATE
	KCDC Use Only
Financial Institution Name	
	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	
	Type of Acct: Checking 🗌 Savings 🗌
*Transit/ABA No	Account No.

<sup>\*</sup>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,

Direct deposit information

- Tax Identification Number or Social Security Number, and
- Owner Signature Date



#### **SECTION 8 DIVISION**



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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.
- 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 In Choice Voucher Program and agree to fulfill them as required by the executed Contract and Choice Voucher Program and agree to fulfill them as required by the executed Contract and Choice Voucher Program and agree to fulfill them as required by the executed Contract and Choice Voucher Program and agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Voucher Program and Agree to fulfill them as required by the executed Contract and Choice Program and Choice Pr							
Landlord's signature	Date						
c: Tenant file Landlord							

EQUAL HOUSING OPPORTUNITY



### 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 b	y:							
Date:								
Check a box in each of the next four lines								
1. This business is at least 51% owned and operated by a woman					Yes □ No □			
2. This business qualifies as a small business by the State of Tennessee Yes No					Yes □ No □			
Total gross receipts of not more than \$10,000,000 average over a three-year								
period OR empl	loys no i	<mark>more than 99 pers</mark>	sons on a full-tir	<mark>me basis</mark>				
3. This business is at least 51% owned and operated by a veteran					Yes □ No □			
4. This business is owned & operated by persons at least 51% of the following ethnic background:								
Asian/Pacific	Black	Hasidic Jew	Hispanic	Native	White	te Publicly		
				American $\square$		Owned □		

