



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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>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 is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting 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 Here	Signature of U.S. person ▶	Date ▶
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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-DIV (dividends or 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.



901 Broadway, N.E. • Knoxville, TN 37917-6699
 865.403.1100 • Fax 865.403.1117
 800.848.0298 (Tennessee Relay Center)
 www.kcdc.org

Vendor/Owner File Information

Please complete the following information and return along with a voided check. This information will allow us to establish an ACH transaction for payment purposes. By providing this information the vendor hereby agrees to ACH Direct Deposit payment.

Employer Identification Number (EIN)
 or Social Security Number:

Bank Routing Number:

Telephone Number (including Area Code):

Account Number:

Name on Account (print or type):

Type of Account (checking or savings):

Company Name (print or type):

Address (including Zip Code):

Please check the appropriate boxes for our payment reporting requirements with Housing and Urban Development (HUD) and City of Knoxville regarding Minority Business Enterprise and Small Business Enterprise.

1. The business is at least 51% owned and operated by a woman						Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The 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. Th business is at least 51% owned and operated by a veteran						Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Th 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"/>		

Signature: _____

Date: _____





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

