

TEL: 404-270-2500
FAX: 404-270-2550
HOUSING CHOICE VOUCHER FAX:
404-270-2643
www.dekalbhousing.org
246 Sycamore Street
Suite 260
Decatur, Georgia 30030



CHANGE OF OWNERSHIP/MANAGEMENT PACKET

Date: _____

Dear Property Owner or Manager:

In order for the Housing Authority of DeKalb County Housing Choice Voucher (HCV) Program office to process your Change of Ownership/Management request, the following documentation is required from the legal Owner(s)/Managing Agent(s) of the property.

Failure to do so may result in the termination of the Housing Assistance Payment (HAP) Contract for the unit(s).

- Valid driver's license or state identification card for person signing W-9 for the designated property
- Completed W-9 or IRS Employer Identification Number (EIN) by the legal Owner(s) or Managing Agent of the referenced property (**attached**)

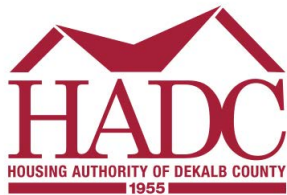
Individuals – must include completed W-9
Company or business – must submit a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C).
You can call the IRS Business Specialty Tax Line at 1-800-829-4933 to secure a copy.

Note: The name and tax ID number (Employee Identification Number (EIN) or Social Security number (SSN) listed on the W-9 form must match the information listed on the verification letter

- Completed Change of Ownership/Management form (**page 2**)
- Contract Assumption Statement of Intent (**page 3**)
- A complete list of tenants at the referenced property (**page 4**)
- Proof of ownership (**see acceptable forms of proof inside packet – page 5**)
- Management Agreement or Termination Letter (**if applicable – page 6**)
- Completed Direct Deposit Authorization Agreement with voided check (**page 8**)
Note: If in receivership, DO NOT fill in the SSN or EIN (HADDC will populate this information)

Fax the entire completed packet to (404) 270-2460 or drop it off at the HADC address listed above. If you have any questions, please contact the HADC Customer Call Center at 404-270-2500.

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CHANGE OF OWNERSHIP/MANAGEMENT FORM

Old Owner/Managing Agent Information (circle one):

Name: _____

Address: _____
Street City, State ZIP Code

Email Address: _____

Telephone: (____) _____ (____) _____
Primary – Work/Home/Cell (circle one) Secondary – Work/Home/Cell (circle one)

Street Address City, State ZIP Code

Reason for Change: Sale of Property Quit Claim Inheritance New Management Company
 Other (specify): _____

New Owner/Managing Agent Information (circle one):

Name: _____

Address: _____
Street City, State ZIP Code

Telephone: (____) _____ (____) _____
Primary – Work/Home/Cell (circle one) Secondary – Work/Home/Cell (circle one)

E-mail Address (required): _____

NOTE: This email address will receive all HAP remittances, newsletters, and any correspondence from HADC.

Contact Name/Title: _____
Print Name Title

List telephone number if different from Owner/Managing Agent

Telephone: (____) _____ (____) _____
Primary – Work/Home/Cell (circle one)

Owner(s) or Managing Agent(s) Signature(s) Date

All HCVP Owner Inquires can be answered in person during our monthly Owner Briefings. These are held the third Tuesday of every month at 2pm and 6pm. The HADC strongly encourages every owner to attend an Owner Briefing. It is the HADC's position, owners who attend a briefing have a far better success rate in working with the HCVP and its clients than owners who choose not attend.

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STATEMENT OF INTENT TO ASSUME AND COMPLY WITH CONDITIONS OF HOUSING ASSISTANCE PAYMENT CONTRACT AND TENANCY ADDENDUM

Prior Owner/Managing Agent Name: _____
Property Address: _____
Participant/Tenant Name: _____

My signature below certifies the following:

1. I have purchased/acquired or entered into a management agreement for real property, located at the address listed above currently under lease to a Housing Choice Voucher Program (HCVP) Participant.
2. I agree to comply with and be governed by the terms and conditions of the currently Housing Assistance Payment (HAP) Contract and Tenancy Addendum originally entered into by and between the prior owner, the HCVP Participant and the Housing Authority of DeKalb County (HADDC).
3. I further agree to contact HCVP to request the execution of a HAP Contract if I so desire and I will submit a new lease to coincide with new HAP Contract.
4. I understand the HCVP will provide a copy of the current Lease, HAP Contract and Tenancy Addendum upon request.

New Owner/Managing Agent Name: _____
New Owner/Managing Agent Address: _____
City: _____ State: _____ Zip: _____
Telephone: Office (____) _____ Cell: (____) _____
New Owner/Managing Agent Signature: X _____
Date: _____



LIST OF TENANTS AT PROPERTY

Complete the list below to include all of the voucher-assisted tenants currently residing or moving into the property. If you have more than 10 voucher-assisted tenants at the property, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
Voucher #	Name	Property Address	Unit #	ZIP Code
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PROOF OF OWNERSHIP

[Insert proof of ownership here]

Please note the following acceptable forms of proof of ownership:

- Recorded Deed from the DeKalb County Clerk of Superior Court:
 - In person – visit the office located at 556 North McDonough Street, Ground Floor, Decatur, GA 3030 (**cost: \$.50 per page**) and submit a request using your Property Address, Parcel ID, or Property Identification Number (PIN), or
 - Call (404) 371-2836 select option 3:
 - Online – visit <http://www.gsccca.org/search/RealEstate/> and use the search:
INSTRUMENT TYPE SEARCH
- Court Order of Assignment (signed/stamped by Judge)

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MANAGEMENT AGREEMENT AND/OR TERMINATION LETTER

[If applicable, insert management agreement and/or termination letter here]

Please ensure the following:

- That the Owner(s) listed in the management agreement is the same individual or entity listed on the proof of ownership documents
- That the Property Manager(s) listed in the management agreement is the same individual or entity listed on the W-9 form and the EIN verification letter

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DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

As a Property Owner participating in the Housing Choice Voucher (HCV) Program, you are **required** to register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, HADC assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to HADC by the financial institution and that you may incur fees and/or other penalties payable to HADC.

Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, e-mail or fax as indicated below:

- 1. Mail: HADDC Housing Choice Voucher Program
 Attn: Direct Deposit
 246 Sycamore Street, Suite 260
 Decatur, GA 30030
- 2. Email: ownerinfo@dekalbhousing.org
- 3. Fax: 404-270-2460

If you have any questions regarding direct deposit of your HAP, please contact the HADC Customer Call Center at 404-270-2500 or e-mail ownerinfo@dekalbhousing.org.

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program.

Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

<input type="radio"/> A	Date – Date of form being filled for submission and on Form W-9 must match
<input type="radio"/> B	Owner # - From HAP check stub, if known
<input type="radio"/> C	Voucher # for Participant
<input type="radio"/> D	Name of Financial Institution/Account #/ Routing # and Transit #/Type of Account – Whatever is listed on the verification document see checking account/savings deposit slip sample attachment
<input type="radio"/> E	The name indicated as the Payee Name and on Form W-9 must match
<input type="radio"/> F	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
<input type="radio"/> G	Authorized Person - E-mail, Address, City, State, Zip, Phone, Signature

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DIRECT DEPOSIT AUTHORIZATION AGREEMENT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check for deposit into checking account or savings account deposit slip for deposit into savings account to: HADC Housing Choice Voucher Program, Direct Deposit, 750 Commerce, Suite 201, Decatur, GA 30030, or email it to ownerinfo@dekalbhousing.org or fax it to (404) 270-2460.

Date: _____ (A) Owner ID# (from Direct Deposit Notification): _____ (B) Voucher #: _____ (C)

NEW ENROLLMENT BANK ACCOUNT INFORMATION

I hereby authorize the Housing Authority of DeKalb County (HADDC) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAPs) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____

Account Number: _____ Routing and Transit Number: _____

Type of Account (check one): Checking Savings

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if HADC determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that HADC assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to HADC by the financial institution and that I may incur fees and/or other penalties payable to HADC. **The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.**

Payee or an authorized person must complete the following and sign this request.

Payee Name: _____ (Please Print Legibly) (E) SSN or Federal Tax I. D. #: _____ (F)

Name of Contact Person: _____ Title: _____
 (Please Print Legibly)

E-Mail Address: _____ (REQUIRED)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: Office (____) _____ Cell: (____) _____

Signature of Owner or Authorized Person: **X** _____

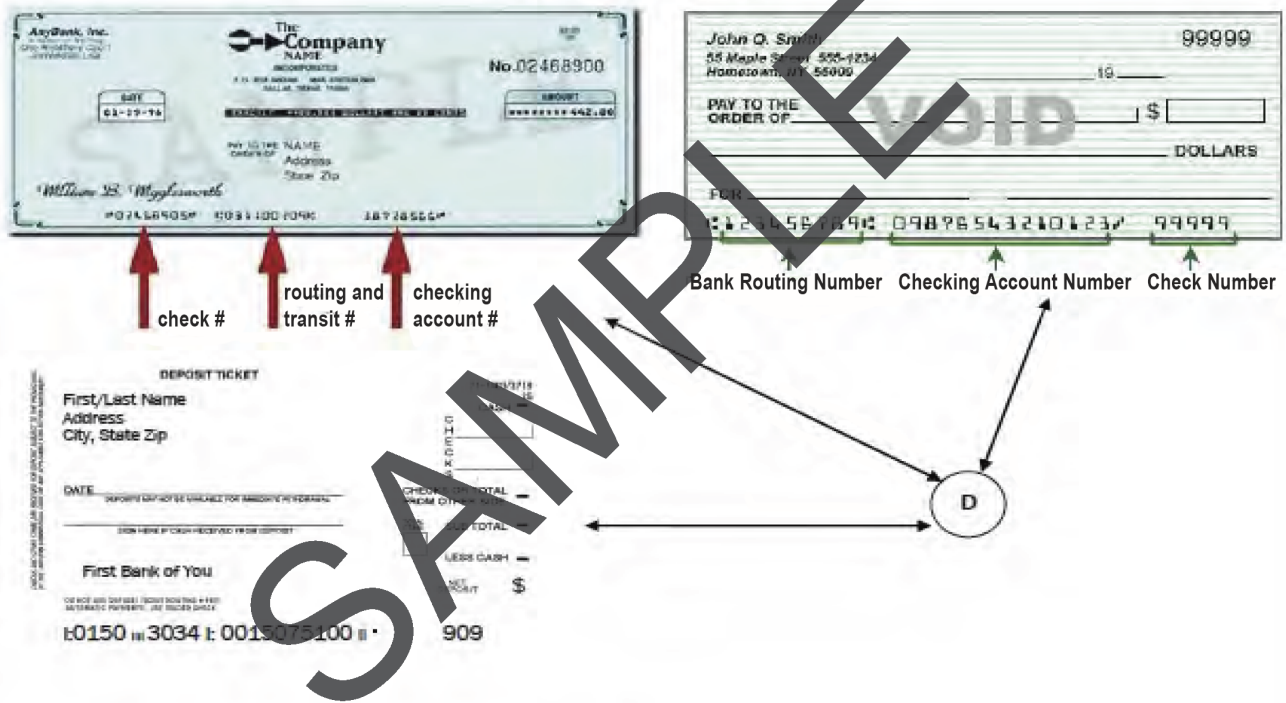
Failure to answer all questions and provide all documentation will result in delay of processing your request.
 Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001: 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program. The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent of HADC will result in penalties and fines.

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ATTACH VOIDED CHECK OR LETTER ON YOUR BANK'S LETTERHEAD TO THIS PAGE
STARTER CHECKS AND DEPOSIT SLIPS ARE NOT ACCEPTED



PLEASE NOTE: The following verification documents must be provided:

- Voided check must include:
 - Encoding (the numbers on the bottom of your check)
 - Entity/Person must be the same as printed on the Direct Deposit Form***Starter checks and deposit slips are not accepted.***

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution

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DRIVERS' LICENSE

[Attach legible photocopy of Drivers' License here]