CITY OF INGLEWOOD

Housing and Section 8 Programs

Inglewood All-America City 2009

TRANSFER OF OWNERSHIP

Owners with Section 8 HAP Contract must report the sale or transfer of property to the City of Inglewood Housing Authority (IHA) Section 8 office within 10 days of occurrence. Following notification, the IHA will send the new owner a Change of Ownership package, which includes a completed W-9 and direct deposit form. Once returned, the IHA will send the new owner an Addendum to Lease, HAP Contract, Grant Deed Signature Form, Lease addendum for Drug fee Housing, Restriction on Leasing to Relatives, and Section 8 Landlord.

Additional documents such as a copy of the recorded Grant Deed, management agreements, letter of authorization, or partnership agreements (see details below) may be required before a change of ownership can be processed. All required documents must be received before change of ownership can be processed. Missing documents will result in a delay in the processing and in the payment of rental subsidies.

To report a change call (310) 412-5221, fax (310) 412-5188, or write to the City of Inglewood Housing Authority, One Manchester Blvd., Inglewood, CA 90301.

Additional requirements include:

- All the owners, including co-owners, listed on the new recorded Grant Deed must sign the Grant Deed Signature form.
- Trust: transferring the title of property to a trust is a change of ownership. A copy of the recorded deed is required.
- Limited Partnerships: A copy of the recorded deed is required when transferring the title of property to a limited partnership.
- A filed copy of any Partnership Agreement or Certificate of Incorporation including amendments.
- A Letter of Authorization signed by all owners listing the person(s) who are authorized to sign Section 8 documents and negotiate rents.
- Management Agreements: Management agreements must be signed by all owners. This includes the general partner(s) of partnership and officers of a corporation.

OWNERSHIP AND PAYEE CHANGES:

Please report the types of changes listed below to the City of Inglewood Housing Authority. The IHA will mail a written request for additional information for:

- Address change of owner and /or payee
- Owner or Payee name change
- Tax ID number change
- Change in Management Company
- Change in authorized signatory

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CHANGE OF OWNER/PAYEE INFORMATION

Please check one of the following below:

_____ **NEW OWNER** please fill out sections 1, 2, and 3
_____ **CHANGE OF PAYEE OR MANAGEMENT COMPANY** please fill out sections 1, 2, and 3
_____ **OWNER ADDRESS CHANGE** please fill out sections 1, 3, and 4
_____ **PAYEE ADDRESS CHANGE** please fill out sections 1, 3, and 5

SECTION 1) OWNER(S) INFORMATION:

If you are a **new** owner what date did Escrow closed: _____

Name of current owner(s), on Title or Business Entity on Title (as they appear on property deed):

A: _____ Tax I.D (TIN) _____
(MUST MATCH W-9 SUBMITTED TO SECTION 8)

B: _____ C: _____

D: _____ Email Address: _____

Permanent Address: _____
(No P.O. Box or P.M.B) Street # Street Name/Suite City, State and Zip Code

Mailing Address: _____

Phone: _____ Home: _____ Fax: _____

SECTION 2) PAYEE/MANAGEMENT COMPANY:

Will you be using a Management Company? _____Yes _____No (If no skip to Section 3)

Will you be using the Management Company's Tax ID number to file taxes? _____Yes _____No

Management Company's Name: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax: _____

Email Address: _____

IF YES, YOU MUST PROVIDE A MANAGEMENT AGREEMENT BETWEEN THE OWNER AND MANAGEMENT COMPANY/PAYEE

SECTION 3 SECTION 8 TENANT(S) INFORMATION ONLY:

Name _____ Unit# _____

Name _____ Unit# _____

Name _____ Unit# _____

Name _____ Unit# _____

Name _____ Unit# _____

Property Address: _____

SECTION 4 OWNER ADDRESS CHANGE:

Owner Vendor Account Number: _____ Tel No. ( )_____

Previous Mailing Address: _____

_____

New Mailing Address: _____

Residence Address: _____

(If different from mailing address)

SECTION 5 PAYEE/MANAGEMENT COMPANY ADDRESS CHANGE:

Payee Vendor Account Number: _____ Tel No. ( )_____

Previous Mailing Address: _____

New Mailing Address: _____

Return forms to:
City of Inglewood Housing Authority
One West Manchester Blvd., Suite 750 Inglewood, CA 90301
Fax (310) 412-5188 Phone: (310) 412-5221.
Signatures are required for all requests.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined or imprisoned for not more than five years, or both.

By signing this form, the owner(s) agrees to be bound by and comply with the HAP Contract and Section 8 Landlord Certification. A sample HAP contract has been attached. The Section 8 HAP payment is placed on hold until IHA receives this completed form. No change in payments can be made until all required documentation is received and verified by the Housing Authority. The HAP payments are sent to owners on the 1st of each month. **If we receive this form after the 15th of the month, the new owner is responsible for obtaining any payment that may have been posted to the previous owner's account.** Outstanding debts and judgments may be reported to the consumer credit reporting agencies. I/We hereby authorize the City of Inglewood Housing Authority to initiate credit entries and, if necessary, debit entries and adjustments for any past due amount owed to the Housing Authority. Copies of this signed form will be treated as an original for all intended purposes.

_____		_____	
Signature	Date	Signature	Date
_____		_____	
Print Name/Title	Date	Print Name/Title	Date

IHA USE ONLY

___COO ___COP ___ Owners Address ___ Payee Address

Date Form Received: _____	Date Forms Mailed: _____
Payments Stopped: _____	Effective Date of Change: _____
HAP Amount: _____	Lease Date: _____
TTP: _____	Old Vendor Name: _____
Contract Rent: _____	HA Official: _____

CITY OF INGLEWOOD
Housing and Section 8 Programs

One W. Manchester Boulevard, Suite 750 • Inglewood • CA • 90301
Phone (310) 412-5221 • Fax (310) 412-5188

DIRECT DEPOSIT for Landlords

IMPORTANT INFORMATION
Please return Authorization/Management Agreement

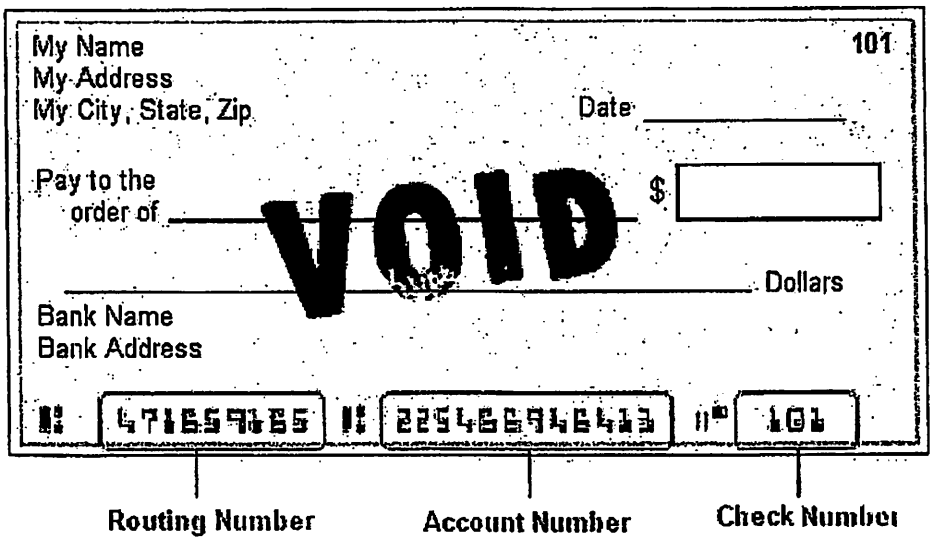
Please disregard this notice if you are currently enrolled in the Housing Authority's Automatic Bank Deposit Program or if you are a tenant (this application is for S8 landlords only).

Enrollment is EASY!

1. If you are changing your account registering for the first time on direct deposit, please complete the Automatic Direct Deposit form attached to this letter. All necessary information on your Authorization/Management Agreement (all owners must sign) must be listed. Please do not omit any information. It will delay the process.

2. **Attach an original void check** for the checking account in which you would like the Housing Authority to deposit the funds (deposit slips and temporary checks are not accepted). You may write "VOID" across the front of the check and redact the signature portion of your check. If you're having the funds deposited into a savings account, you need to obtain the correct "Routing Number" from your bank in writing, along with the savings account number; submit both with the enclosed authorization form.

3. Please return the completed form, along with your voided check to the City of Inglewood Housing Authority, One West Manchester Blvd., Suite 750, Inglewood, CA 90301. ATTN: Section 8 or fax (310) 412-5188. If you have any questions, please call (310) 412-5221. All information on the check must be visible.



4. To ensure expedient processing of your application, please complete all the form in its entirety; omitted information will delay the processing of your application.

5. Please allow 60 to 90 days for your Automatic Bank Deposit application to be processed.

CITY OF INGLEWOOD
Housing and Section 8 Programs

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Phone (310) 412-5221 • Fax (310) 412-5188

DIRECT DEPOSIT FORM

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

The City of Inglewood has implemented the **MANDATORY** Electronic Funds Transfer (EFT) program for all Section 8 Landlords. The EFT program is designed to allow the City of Inglewood the ability to transmit monthly housing assistance payments in a timely, effective manner and is driven by various legislative actions regarding the use of electronic funds transfer (EFT) for most government agency payments. The City, a local government entity, has established the EFT program as the preferred method of disbursement for the Section 8 Housing Assistance Program. The benefits to the landlord include convenience, elimination of lost/stolen checks, and available funds on the payment date. The City benefits by eliminating costs such as check stock and postage. **Anyone who is NOT signed up with Direct Deposit will no longer receive checks from the City of Inglewood for Housing Assistance Payments. You must notify us immediately if your account has changes.**

INSTRUCTIONS

1. ACTION: Place an "X" in the appropriate space to indicate whether the action is "CURRENTLY ON DIRECT DEPOSIT", or "NEW DIRECT DEPOSIT". **If you are currently on Direct Deposit do NOT complete the form check the first box "CURRENTLY ON DIRECT DEPOSIT" sign and date.**
2. NAME ON ACCOUNT: Enter the legal name on the account to which payments are to be directed.
3. VENDOR NUMBER (This number was assigned by Housing if you forgot it please call to verify if necessary)
4. SSN OR TAX IDENTIFICATION Number (TIN): Enter Social Security Number or TIN, whichever is applicable.
5. FINACIAL INSTITUTION INFORMATION / BRANCH (if applicable): Enter the name of the institution to which payments are to be directed. Enter the branch name, if applicable. Also include the complete ADDRESS with city, state, and zip code.
6. TYPE OF ACCOUNT: Indicate whether checking or saving account.
7. ROUTING NUMBER: Enter your financial institution's 9-digit, routing transit number. This number can be found at the bottom of your check (not deposit slip) or can be obtained from your bank or financial institution. Incorrect numbers will result in a delay of payment.
8. DEPOSITOR ACCOUNT NUMBER: Enter your account number. This number can be found to the right of the routing number located at the bottom of your check. Please attach a VOIDED check.
9. PLEASE LIST AT LEAST ONE ACTIVE TENANT
10. TELEPHONE NUMBER AND/OR EMAIL ADDRESS
11. SIGN AND DATE: Sign and date the form. Please include a current telephone number with area code and extension, if applicable.

1. ACTION: ☐ CURRENTLY ON DIRECT DEPOSIT ☐ NEW DIRECT DEPOSIT	
2. NAME ON THE ACCOUNT: (last, first, middle initial)	5. BRANCH NAME AND ADDRESS: (Financial Institution)
ADDRESS: (Street, route, P.O BOX)	6. TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS
CITY STATE ZIP CODE	7. ROUTING NUMBER
3. VENDOR NUMBER:	8. DEPOSITOR ACCOUNT NUMBER
4. SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION #:	9. PLEASE LIST AT LEAST ONE ACTIVE TENANT
10. EMAIL ADDRESS: (If applicable)	

I, the undersigned, hereby authorize the City of Inglewood to initiate credit entries of Section 8 housing assistance payments due to me, by electronic fund transfer (EFT) to my account listed above at the depository ("Bank") named above. This procedure for direct deposit of housing assistance payments is in lieu of the check I would otherwise receive.

I will not hold the City of Inglewood, its agents or affiliates, responsible for any delay, loss, or misapplications of funds (1) due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account, or (2) due to any act or omission(s) by any outside entity (automated clearinghouse or financial institution). I understand that an unforeseen delay in computer downtime, power outages, or other unavoidable occurrences might affect the date of deposit of funds to my account, and hereby waive any liability due to such delay.

This authorization is to remain in full force and effect until the City of Inglewood Housing Authority has received written notification from me of its termination.

Signature _____ Date _____ Telephone/Extension _____

PRIVATE ACT STATEMENT
The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the City of Inglewood to the financial institution and/or its agent.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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. See also *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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they