



# HOUSING AUTHORITY OF BREVARD COUNTY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1401 Guava Avenue, Melbourne, FL 32935

Phone (321) 775-1592 <http://www.habc.us>

CHIEF  
EXECUTIVE  
OFFICER

Michael L. Bean

## **REQUIRED OWNER PAPERWORK**

Listed are the required forms that **MUST** be completed when purchasing a rental property and transferring the contract and lease.

1. Completed W-9
2. Copy of driver license/picture ID
3. Copy of Social Security Card or tax ID form
4. Completed Appointment of Agent or Property Management form (if applicable)
5. Proof of ownership (copy of deed, closing statement, or property tax statement)
6. Direct Deposit Form with voided check (**STARTER CHECKS & DEPOSIT SLIPS ARE NOT ACCEPTED**)

All forms must be completed prior to the 10<sup>th</sup> of the month in order to receive payment the following month. If we do not receive the required documents by the 10<sup>th</sup> of the month then a check will be issued for the total amount due on the second month, retroactive to the date of transfer.

We may have already paid the previous landlord. That should be part of your closing settlement. Please contact them if they have not provided the funds.

The Section 8 office makes every effort to complete transfers in a timely manner. If at all possible, we will transfer the contract and the funds effective the month after we receive all required documentation. Please bear with us if you have to wait the additional month.

Sincerely,  
Section 8 Administration



Equal Housing-Equal Employment



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Dear Owner or Landlord,

The Housing Authority of Brevard County **WILL NOT** distribute “paper checks” for Housing Assistance Payments (HAP).

Please complete and return the attached Direct Deposit form to the Housing Authority of Brevard County as soon as possible to ensure your HAP payment is received.

**DIRECT DEPOSIT IS MANDATORY**

*Thank you in advance for your prompt attention to this matter.*



Equal Housing-Equal Employment

# DIRECT DEPOSIT REQUEST FORM

(Housing Choice Voucher/Section 8 Program Only)

The following information **must be attached** to this request form:

- A **VOIDED CHECK** or another valid bank document, **which bears the name and address of the landlord**, routing number and account number magnetically encoded on the form.
- For every new tenant, a voided check is not needed; you are only required to fill the form out completely.
- **Starter checks and deposit slips are unacceptable.**

Landlord/Owner Information:

New Landlord: Y or N

Owner Name or Business Name (Please Print)

SSN/TIN (Receiving Payment)

Agent/Contact Name (if different from above)

Phone Number

Rental Unit Address

Tenant Name

Owner/Agent Signature

Date

Financial Institution Name

Branch

Please indicate the account type to which you want your payment deposited.

(Check one only)      **Checking** \_\_\_\_\_

**Savings** \_\_\_\_\_

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

**Account Number** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

- You **must** have a checking or savings account.
- Direct deposit will only be made to **one** bank account.
- The entire amount of the housing assistance payment (HAP) will be deposited. No partial deposits will be made
- Monies will be deposited **no later than the 5<sup>th</sup> of the month.**
- Any changes to your account information **must be submitted in writing** along with a new direct deposit request form fourteen (14) days prior to the end of the month.

Return this form and the requested items to: **Housing Authority of Brevard County**  
**Attention: Section 8 Direct Deposit**  
**1401 Guava Ave, Melbourne, FL 32935**

If you have any questions or concerns, please contact at (321) 775-1592.

## HABC Office Use ONLY

Date Received \_\_\_\_\_

Effective Date \_\_\_\_\_

Landlord/Owner # \_\_\_\_\_

HABC Staff Initials \_\_\_\_\_

Rev: 10/13/15



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<http://www.habc.us>

CHIEF  
 EXECUTIVE  
 OFFICER  
 Michael L. Bean

Unit Address: \_\_\_\_\_  
 \_\_\_\_\_

**APPOINTMENT OF AGENT**

The owner \_\_\_\_\_ hereby appoints and the HA accepts the individual (s) \_\_\_\_\_ **(Cannot be client)** Herein named as agent of the owner for the unit at the address listed above to act in the owners behalf for the function initialed by the owner during the term of the contract.

- \_\_\_\_\_ Perform any and all things proper to be performed under this contract
- \_\_\_\_\_ Receive monies due and payable
- \_\_\_\_\_ Sign for inspections
- \_\_\_\_\_ Sign for terminations
- \_\_\_\_\_ Contract for new tenants
- \_\_\_\_\_ Sign for contract continuations

OWNER _____	SIGNATURE _____
ADDRESS _____	SS # OR ID # _____
_____	TELEPHONE # _____
AGENT _____	ADDRESS _____
TAX ID # _____	_____

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
 NOTARY PUBLIC DATE





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CHIEF EXECUTIVE OFFICER

Michael L. Bean

**TRANSFER OF HOUSING ASSISTANCE PAYMENTS CONTRACT**

I \_\_\_\_\_, have secured ownership of the  
New Owner Name

Rental property listed below effective the month of \_\_\_\_\_ from  
Month and Year

\_\_\_\_\_  
Previous Owner Name

**PROPERTY ADDRESS(ES) ARE:**

\_\_\_\_\_  
Section 8 Client's Name Address

\_\_\_\_\_  
Section 8 Client's Name Address

\_\_\_\_\_  
Section 8 Client's Name Address

I hereby acknowledge and accept the transfer of the Section 8 Housing Assistance Payment, Housing Voucher Contract and Lease Agreement. I agree to comply with all terms and conditions of said contract and lease.

\_\_\_\_\_  
Signature of Owner or Authorized Representative Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Social Security or Tax ID Number Telephone Number

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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><b>Note:</b> 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 <b>not</b> 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><b>4</b> 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><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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.

<b>Sign Here</b>	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](http://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.*