

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 10th of the month in order to receive payment the following month. If we do not receive the required documents by the 10th 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





COMMISSIONERS
Jon Turla, Chair
Brian Nemeroff, Vice Chair
Martin Hindsley
Phyllis M. Principe
CHIEF EXECUTIVE OFFICER
Michael L. Bean

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.



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 5th 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 _____

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HOUSING AUTHORITY OF BREVARD COUNTY

COMMISSIONERS
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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



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

