GAINESVILLE HOUSING AUTHORITY
Where Housing Matters

REQUEST TO SET UP NEW OWNER/PROPERTY MANAGEMENT

Date Requested _____ **Requested By** _____

Tenant Information

Tenant Name _____ Tenant Number _____

Circle Reason for Change ---->> New Owner New Prop. Mgt.

New Information

Name Property Address

_____ _____

Phone Number _____ _____

Address _____ _____

_____ _____

Please Include the Following Required Documents:

-- Alachua County Property Appraiser Search **or** Recorded Warranty Deed
-- Release of Co-Owner Liability
-- Signed W-9
-- If ownership or property management is an entity: http://www.sunbiz.com
-- Property Management Agreement
-- IRS statement to prove that tax ID number belongs to business
-- Direct Deposit form
-- VOID check to confirm routing and account numbers
-- Other:

Accounting Only

Date Received: _____

Landlord Number Assigned: _____

Created By: _____

Date Created: _____

Date Returned to Coordinator: _____

Form **W-9**
(Rev. October 2018)
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.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

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.

☐ 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 FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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. 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** ▶

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-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.*

GAINESVILLE HOUSING AUTHORITY
Where Housing Matters

Office Use Only:

Vendor # _____

RELEASE OF OWNER / CO-OWNER LIABILITY

Date: _____

Property Address: _____

_____

I, _____, am the **owner / co-owner (circle one)** of the
Name of Affiant

above referenced property and fully understand that any and all Section 8 rent payments from The Gainesville Housing Authority will be made payable to the party listed below on my behalf:

_____
Name of Party

_____
Relationship to Affiant

_____

_____

_____

_____
Address, Phone Number, and E-mail of Party to receive HAP funds

BY: _____

IN WITNESS WHEREOF, I hereunto subscribe my name this _____day of _____, 20_____.

Notary Printed Name: _____

Notary Signature: _____

My Commission expires: _____

Notary Seal:

Please E-mail, Mail, or Fax Completed Form to:
GAINESVILLE HOUSING AUTHORITY
1900 SE 4th Street, Gainesville, FL 32641
Telephone (352) 872-5500 ~ Fax (352) 872-5501
accounting@gnvha.org
www.gainesvillehousingauthority.org

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account _____ SSN or TIN _____

In Care of, or Doing Business As (if applicable)

_____

Financial Institution _____

Account Number_____ Routing Number_____

Type of Account: Checking ☐ Savings ☐

PLEASE STAPLE YOUR VOIDED CHECK HERE
NO OTHER FORM OF DOCUMENTATION WILL BE ACCEPTED

Authorization:

I hereby authorize the Gainesville Housing Authority and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

_____ _____
Signature Date

_____ _____
Printed Name Telephone Number

_____
Email Address (MANDATORY)

You may mail or email this completed form and voided check to:

Gainesville Housing Authority **1900 S.E. 4th Street** **Gainesville, FL 32641** **Attn: Angela Donley**	**Fax: 352-872-5517** **Email: AngelaD@gnvha.org**