



To move forward with becoming a New Landlord, Bexar County Housing Authority must have on record the following items:

- Owner Certification Form (attached).
- Proof of Legal Ownership: Recorded Deed or Settlement Statement with signatures of Buyer, Seller & Title Co.
- W9 for Owner and Payee.
- Complete listing of ALL properties affected by this change.
- Verification of Tax ID: Social Security Number (copy of SS card), Employer Identification Number (confirmed letter the IRS).
- Direct Deposit Form, and voided check. (required) NO deposit slips will be accepted.
- Management Agreement (if applicable): the Owner must provide a copy of the most current TAR/TREC management agreement form OR a notarized statement specifying the designee(s) and signed by the owner.

We must have these documents on file before we are able to move forward with adding you into our system. Please feel free to contact me if you have any questions.

INCOMPLETE INFORMATION WILL NOT BE ACCEPTED.

Thank you!

Landlord Liaison
LandlordLiaison@habctx.org

Housing Authority of Bexar County

1954 E. Houston St. Suite 104 • San Antonio, Texas 78202 • 210-225-6976

REQUEST OF CHANGE OF OWNERSHIP, NEW OWNER, DIRECT DEPOSIT CHANGES.

Please use this form to request a change of ownership or if you need to update the Management Company, the Payee information, or the direct deposit account.

The following documents are required to complete the change(s) listed below.

Please check each box to assure you have all supporting documents.

- ☐ Owner Certification form. (attached)
- ☐ Proof of Legal Ownership: Recorded Deed or Settlement Statement with signature of Buyer, Seller & Title Co.
- ☐ W-9 Form for Owner (attached) & W-9 Form for Payee. (attached)
- ☐ Verification of Tax ID, Employer Identification Number, (confirmation letter from the IRS) or Social Security Number. (copy of SS card)
- ☐ Direct Deposit Form. (attached) Must include Voided Check, Letter from bank on company letterhead with the account name, routing number, and account number. Deposit slips will NOT be accepted.
- ☐ Management agreement: (if applicable) The Owner must provide a copy of the most current TAR/TREC management agreement form, or a notarized statement specifying the designee(s) and signed by the Owner.
- ☐ Copy of current State Identification Card (ID) or State Driver's License.
- ☐ For multiple units, complete listing of ALL properties affected by this change.

ALL required documents MUST be submitted on the day of request, and the effective date for the change will be 30 days after the request has been completed. Incomplete requests will NOT be accepted.

Date of Request: _____ Date of Sale: _____

Property Address: _____

Tenant Name: _____

☐ Change of Ownership ☐ Update Management or Payee ☐ Change of Direct Deposit ☐ New Landlord

Old Owners: _____

Old Management Company: _____

Owner/New Owner: _____

Address: _____

City/State/Zip: _____

Federal ID/SSN: _____

Phone Number: _____ Email: _____

Payee/New Payee: _____

Address: _____

City/State/Zip: _____

Federal ID/SSN: _____ Email: _____

Management Company: _____

Address: _____

Phone Number: _____ Fax: _____

Email: _____

CERTIFICATION

I/ We agree to abide by the items and conditions of the applicable HCV - Housing Assistance Payment Contract, Lease and Lease Addendum executed for the above referenced unit or units.

Signature

Date

FOR OFFICE USE ONLY

DATE PROCESSED: _____ EFFECTIVE DATE: _____ SPECIALIST PROCESSED: _____

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Owner

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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____ <input type="checkbox"/>	
	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
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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.

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

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Payee

Give form to the
requester. Do not
send to the IRS.

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	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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.)	
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	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)		

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Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- 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
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Office 210-225-0071
Fax 210-225-6976
www.habctx.org

1954 E. Houston St., Ste. 104
San Antonio, TX 78202

Authorization Agreement for Direct Deposit Payment

Vendor# : (if known) _____

Payee: _____

Vendor/Landlord Contact Name: _____

Phone#: _____ Fax#: _____

Email address: _____

Name of Bank or Financial Institution: _____

Name on Account: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

SS/Tax ID Number: _____

Payee Information and tax ID must match W9

Rental Property Address: _____

I hereby authorize the Housing Authority of Bexar County to initiate credit and if necessary debit entries and adjustments for any credit entries made in error to my account. By signing below I attest that to the best of my knowledge that all facts and data on which this information is based on are true and correct and that I am authorized to make such request and changes.

Signature

Date

PLEASE NOTE: DIRECT DEPOSIT MAY TAKE UP TO 60 DAYS TO BE ACTIVATED.
PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES.

Email or fax completed return to attention: landlordliaison@habctx.org