



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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

**Sign
Here**Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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Social security number									
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3. I am a U.S. citizen or other U.S. person (defined below); and
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Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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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