



2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 711 TTY ■ www.alliancehtx.org

Change of Ownership/Management

Housing Choice Voucher Program

Dear Property Owner:

In order to process your Change of Ownership/Management request you must provide the following items and supporting documents for each tenant. If you are submitting **(10)** or more Change of Ownership/Management packet request, please include a spreadsheet listing the tenant name and complete address.

Please submit ALL Items to process change.

- ❖ Owner and Management Company (if payee) Social Security Number or Federal I.D. Form. A copy must be provided at the time of submitting.
(Ex: social security card or printout; IRS or federal documents of forms such as tax return or EIN assignment paperwork)
- ❖ **Recorded** Warranty Deed Copy showing proof of ownership – Only the 1st page and last signature page is required or HUD Final Settlement Agreement signed copy
- ❖ Copy of the management agreement must be provided if an agent is acting on behalf of an owner
- ❖ Copy of your picture ID (Drivers License, State ID, Passport, etc.)
- ❖ Direct Deposit form and supporting documents (EX: Voided Check and W-9 photo)

If the change is due to a recent **divorce** you will also need:

- ❖ Divorce Decree

If the change is due to a recent **death**, you will also need:

- ❖ Death Certificate
- ❖ Last Will and Testament (signed copy) or Final Court Judgment

It is our intent to contact you within 10 business day of receipt of your request. You will be contacted by email. Please provided your email address here _____

It takes approximately 30-60 days to process the “Change of Ownership”. Your account will be placed on hold during this process; and no future payments will be disbursed to the previous owner. You will receive written notification once the process is complete and your Yardi Rent Cafe Portal Registration letter.

Thank you in advance,

Main phone line (713)-260-0600

Email: COO@housingforhouston.com

Houston Housing Authority Staff



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Today's Date: _____

CHANGE OF OWNERSHIP/ MANAGEMENT REQUEST

New purchase **Management Company** **Divorce** **Death**

New Owner's Name: _____

New Owner's Business Name (if applicable): _____

Management Company (if applicable): _____

Name of **Payee Owner or Management Company**: _____
(List who receives Direct Deposit)

New Owner's Complete Address: _____

New Owner's SSN or Tax ID#: _____

New Owner's Contact Phone#: _____

New Owner's Email Address: _____

Tenant/Client Name: _____

Property Address: _____

Contact Person for Account: _____

Previous Owner's Name: _____

Please return completed packet and all supporting documents via email to COO@housingforhouston.com or in office. The process takes approximately **30-60 days** to complete.

Thank you in advance,
Houston Housing Authority



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Street Address of Assisted Unit

City State Zip

Ownership of Assisted Unit

I certify that I am the legal or the legally designated agent for the above referenced unit, and that the prospective tenant has no ownership interest in his dwelling unit whatsoever.

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

I understand that the tenant’s portion of the contract rent is determined by the Housing Authority, and that it is illegal to charge any additional amounts for rent or any other items not specified in the lease which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Housing Authority

I understand that should the assisted unit become vacant; I am responsible to notify the Housing Authority immediately in writing.

Computer Matching Consent

I understand the Housing Assistance Payment Contract permits the Housing Authority or HUD to verify my compliance with the Contract. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance, as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Housing Choice Voucher Program with other Federal and State agencies.

Administrative and Criminal Actions for Intentional Violators

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments Contract are grounds for termination of participant in the Housing Choice Voucher program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law.

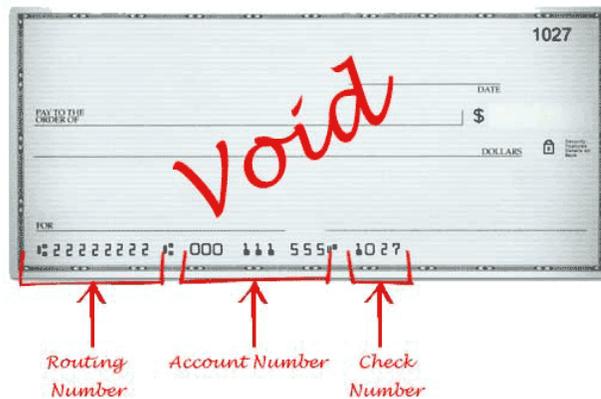
Signature of Property Owner/Agent

Date



Important Information to Enroll in Direct Deposit

1. Complete the Direct Deposit Authorization form. Enter all necessary information on the Authorization form (all owners and authorized signatories must sign). Please do not omit any information. Please reference your most recent check stub for your Vendor Number.
2. Attach an original voided check (photo copy, deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account, you will need to obtain the correct "Routing Number" from your bank, along with the savings account number, and submit both with the enclosed Authorization form. You must complete the W-9 form.



Any information omitted on the authorization form will delay processing. Email address and phone number are required.

NOTE: If you do not enroll in Direct Deposit with HHA, you will be issued a paper check for your HAP payments. However, we **strongly** encourage for you to register for direct deposit.

Direct Deposit/Automated Clearing House Authorization

Houston Housing Authority

2640 Fountain View Drive

Houston TX 77057

Part 1: Authorization Agreement for Set Up, Changes or Cancellation

I (we) hereby request and authorize the Houston Housing Authority to deposit the Housing Assistance Payment (HAP) by electronic funds transfer into the account specified below. I (we) also authorize the Houston Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Furthermore, I (we) agree not to hold the Houston Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my accounts. I understand that any unforeseen delay in computer downtime, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account, and hereby waive any liability due to such delay. Further, I certify that the dwelling unit is in decent, safe and sanitary condition, the contracting family resides in the unit and is expected to be there for the entire month and the deposited amount is in accordance with the provisions of the HAP contract.

This authorization will remain in effect until written notice to terminate direct deposit is received by the Houston Housing Authority. I (we) understand 60 days must be allowed for initiating or terminating the Direct Deposit Agreement. Notification of any change in financial institution is the responsibility of the undersigned.

Authorized Signature (<u>Required</u>)	Printed Name (<u>Required</u>)	Date (<u>Required</u>)
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Part 2: Transaction Type

<input type="checkbox"/> New Set Up	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Number
	<input type="checkbox"/> Change Account Type

Part 3: Payee Identification

Owner Tax ID (Social Security Number or Employer Identification Number, <u>Required</u>)		Vendor Number (Locate on Current Check Stub)		
Payee Name		Business Name (if any)		
Address		City	State	Zip Code
Daytime Telephone Number (<u>Required</u>)		Alternate Telephone Number		
Email Address (<u>Required</u>)				

Part 4: Financial Information

Financial Institution Name	Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City	State Zip Code
Routing Transit Number (Nine Digits, <u>Required</u>)	Account Number (<u>Required</u>)

