

Kendall Housing Authority 811 W John St., Yorkville, IL 60560 PH: 630.593.8218 FAX: 331.207.8923 www.kendallhousing.org



INSTRUCTIONS & CHANGE OF OWNERSHIP/MANAGEMENT PACKET

Dear Landlord,

This "Change of Ownership/Management Packet" is in two (2) parts:

PART 1

KEEP FOR OWNER/LANDLORD RECORDS:

- 1. Instructions for completing Change of Ownership/Management Packet, including:
 - Instructions for required documents that must be completed and returned to Housing Authority
 - General program information

PART 2 PLEASE RETURN TO THE HOUSING AUTHORITY (Instructions on Page 3):

- 1. Proof of Ownership of property
- 2. Tenant Listing
- 3. Acceptance of Assignment of HAP Contract
- 4. Direct Deposit Authorization Form 1 page *
- 5. IRS Form W-9 2 pages *
- 6. Economic Disclosure Statement 1 page *
- 7. Management Company Agreement, if applicable

^{*} Documents noted above are also available on the Helpful Documents page found within your RENTCafe account



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PART 1 INSTRUCTIONS

Proof of Ownership

This is a required Program document. Only ONE of the following documents is needed: (a) Warranty Deed, (b) Closing Statement, (c) most recent Property Tax Bill showing owner and property address, (d) any other municipal or court document that conveys ownership of the property, (i.e., Receivership and Trust documents). Please note that proof of ownership is required for EVERY packet submitted.

Tenant Listing

A list of tenants under the new ownership/management. The list must include the tenant name and full address of the unit. The tenant "t-code" is desirable if known, but not required.

Acceptance of Assignment of HAP Contract

When a change of ownership is completed, this is a required document that new owners complete to receive future HAP payments.

Direct Deposit Authorization Form *

The Housing Authority requires direct deposit of Housing Assistance Payments. This is a Required DHA/KHA form for that purpose. It must be completed and signed by the property owner or their agent. You must also attach a copy of a VOIDED CHECK to the form.

IRS Form W-9 *

This is a required Program form. It must be completed and signed by property owner or their agent as appropriate. The name listed on ALL ownership documents, including the IRS Form W-9 must match, including those on banking documents and typically for the correspondence recipient. The Housing Authority uses that information to confirm who is authorized to receive W-9 on an annual basis, monthly assistance payments and correspondences.

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Economic Disclosure Statement *

This is a required Program form and must be completed in its ENTIRETY, signed & dated by the property owner or their agent.

Management Agreement

In certain situations, this is a required Program document. If a management company is contracted to receive payments and/or correspondences, a document to that effect is required.

IMPORTANT: Please email or fax the COMPLETED packet with ALL required documents to the Contracts & Leasing Specialist with whom you're in contact.

Other methods of submission include:

■ Via fax to (630) 690-0702, Attention: Office of Asset Management-Contracts & Leasing

Mailed or personally delivered to our drop box outside of the building:

DuPage Housing Authority 711 E. Roosevelt Rd Wheaton, IL 60187 Attn: Office of Asset Management-Contracts & Leasing

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GENERAL PROGRAM INFORMATION

There are eight steps involved in the Housing Choice Voucher process before a family is provided with housing assistance. The owner does not become involved until Step 4.

Step 1. Application

Step 2. Eligibility Determination/ Issuance of Voucher

Step 3. Housing Search

Step 4. Tenant Selection – The household will complete any application paperwork required by the property owner. Property owners should conduct their own screening and follow the same non-discriminatory procedures they would use for any non-assisted applicant applying to rent their property.

Step 5. Request for Tenancy Approval (RFTA) – The property owner and their prospective tenant will complete and sign the RFTA form and attach an unsigned copy of the owner's lease. The owner will also be required to complete ownership, banking and Federal tax documents included with the move packet. The property owner or their prospective tenant should deliver these forms to the Housing Authority for approval.

Step 6. Housing Quality Standards Inspection – Upon receipt of the RFTA form, the Housing Authority will schedule a Housing Quality Standards (HQS) inspection to ensure the housing is in decent, safe and sanitary condition.

Step 7. Rent Determination and Contract and Lease Execution – Once the unit passes inspection and the lease is approved, the Housing Authority will determine the rent with the property owner and compute the amounts the tenant and Housing Authority will pay. The tenant will generally pay 30% of adjusted monthly income for rent and a utility allowance called the Total Tenant Payment (TTP). The Housing Authority will pay the remaining rent and utility allowance costs via a rental subsidy in the form of a Housing Assistance Payment (HAP). Following Housing Authority approval and the assistance payment calculation, the property owner will sign a lease with their tenant and then a HAP contract with the Housing Authority.

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Step 8. HAP Contract Payments – After the HAP contracts (two originals) are signed and the tenant gets possession of the unit, Housing Assistance Payments from the Housing Authority to the owner will begin.

***NOTE**: Processing time from RFTA receipt to payment data entry is 15 days, **but can be longer**, based on when the inspection passes, rent approval and effective date of lease.

****RENTCafe** is an online account that allows property owners and their agents to manage most of their voucher tenant portfolio including inspection dates, times and results, housing assistance payments, payment abatements and holds, and contact information. Register on RENTCafe Portal once you are a participating landlord with the program and have been issued a Housing Cafe Registration Code.



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<u> PART 2</u>

CHANGE OF OWNERSHIP/ MANAGEMENT PACKET

COMPLETE THE FOLLOWING DOCUMENTS AND RETURN ALONG WITH <u>PROOF</u> OF OWNERSHIP AND <u>A LIST OF YOUR TENANTS</u>.

THE DOCUMENTS SHOULD BE ATTACHED IN THE FOLLOWING ORDER:

- 1. Proof of Ownership of Property (provided by Owner)
- 2. Tenant Listing (provided by Owner)
- 3. Acceptance of Assignment of HAP Contract
- 4. Direct Deposit Authorization Form *
- 5. IRS Form W-9 *
- 6. Economic Disclosure Statement *
- 7. Management Company Agreement, if applicable

PLEASE INCLUDE THIS COVER SHEET & CHECKLIST WITH DOCUMENTS



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CHECKLIST OF MANDATORY DOCUMENTS:

NOTE: All items listed REQUIRED for processing!

Proof of Ownership – only <u>ONE</u> document (a, b or c) is needed: a. WARRANTY DEED; b. CLOSING STATEMENT; or c. MOST RECENT TAX BILL. (Property Address must appear on the tax bill). Proof of ownership is required for EVERY move-in packet submitted. Although you may have submitted proof of ownership for this unit in the past, an ownership document is still required.

____Tenant Listing – Completed by Landlord.

____Acceptance of Assignment of HAP Contract – Completed by Landlord.

Direct Deposit Authorization Form – Completed and signed. ATTACH A COPY OF VOIDED CHECK. It is suggested that you make a copy of this form for your records.

__IRS W-9 Tax Form – Completed & signed by Owner/Agent.

Economic Disclosure Statement – Completed & signed by Owner/Agent.

_Management Agreement – If applicable, completed & signed by Owner AND Management Agent

DUPAGE HOUSING AUTHORITY only accepts units in DuPage County, IL. Use the verification tool to check if your property address is in DuPage County, IL.	KENDALL HOUSING AUTHORITY only accepts units in Kendall County, IL. Use the verification tool to check if your property address is in Kendall County, IL
DuPage County Parcel Viewer https://gis.dupageco.org/parcelviewer/ Click Ok Enter Address For Search Results, Click Arrow (next to	 Kendall County GIS Map Property Viewer https://maps.co.kendall.il.us/mapviewer/ Select Magnifying Glass (Search) Enter Address
 For Search Results, Click Arrow (next to the square and X) General Property Information will appear View Tax and Assessment Information for DuPage County, IL 	 Only Kendall County Addresses will populate

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ACCEPTANCE OF ASSIGNMENT OF HAP CONTRACT

Tenant Name:	
Property Address:	
(occupied by tenant)	
Date of Current HAP Contract	
()andlard power	hereby accepts the
above assignment and agrees	to be bound by all of its terms and conditions.
HUD regulations require that	we have all Owner(s) Social Security or Taxnaver

HUD regulations require that we have all Owner(s) Social Security or Taxpayer Identification Numbers. Therefore, please complete the attached IRS Form W-9.

The name and tax ID numbers listed on this form <u>must</u> correspond with that filed with the IRS. If the name and tax number do not correspond, our office receives notification from the IRS and we would be forced to withhold rental payment until the proper identification is received. The subsidy payment and 1099 form will be issued to the name, address and tax ID number shown on the W-9 form. The W-9 form is to be completed by the Owner or Agent for Owner.

Please complete the enclosed Economic Disclosure Statement and provide our office with Proof of Ownership for the property.

Telephone Number

Assignee (signature)

Date of Change of Ownership





I hereby authorize the Housing Authority to credit the bank account, as listed below, for my monthly Housing Assistance Payment. Please find attached a voided check for the account I am designating for direct deposit.

Tenant Informat	ion <i>(please print)</i>			
Tenant Name:				
Address of Unit:_				
	on <i>(please print)</i>			
Name:				
Address:				
			Phone #:	
Social Security #	or Tax ID #:			
	FINANCIAL INS	STITUTIO	N INFORMATION	
Account Name:				
Account Number:				
ABA Number (Ba	nk Routing Number):			
Name of Bank:				
	Checking		ings	
	CH Bank Direct D	IECK H	OIDED ERE or Authorization Form eposit slips accepted.	
Are you already enro	lled in Direct Deposit?	Yes	No	
Are you changing you		Yes	No	
Our system only allow	ws for deposit to one acco	ount per Lar	ndlord.	

Request for Taxpayer Identification Number and Certification

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

Befor	e yo	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.					
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	1, and enter the business/disregarded				
	2	Business name/disregarded entity name, if different from above.					
on page 3.	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
rint or type. Instructions		 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) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check box for the tax classification of its owner. Other (see instructions) 		Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)			
P Specific	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership i this box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)				
See	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name a	and address (optional)			
	6	City, state, and ZIP code					
	7	List account number(s) here (optional)					
Par	t I	Taxpayer Identification Number (TIN)					
	inter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number						

Enter your LIN in the appropriate box. The LIN 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 <i>How to get a TIN</i> , later.	or				I					
, no	Em	ploy	er id	entif	icati	on n	umb	er		

Part II	Certification		
		 	 Ξ

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	Signature of
Here	U.S. person

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 way 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

Date





ECONOMIC DISCLOSURE STATEMENT

Tenant Name:				
Unit Address:	Street	Apt. #	City	Zip
Estimated Squa	are Footage:			
Owner/Agent N	lame:			
Email Address:	·			
Work Number:		Cell Num	nber:	
I,(Owne	r's/Agent's name)	, attest t	o the fact that:	
I am th	e legal owner of th	ne property listed abo	ove.	
I, as a	agent, certify that t	he legal ownership o	f the property listed	above is
held b	ру			
		^{me)} /e and has no econc		
Owner's or Ag	ent's Signature			

Date



OWNER DECLARATION



To be completed when Property Owner declares that all units are to be managed by another entity. The Owner will designate who is the recipient of HAP Payments for these said units.

	Property Owner Name:
<u>Owner</u>	Contact Name, if Company:
Information	Street Address:
	City:St/Zip:
	Owner SSN or Federal EIN#:
	Phone #: Email Address:
	Corporation Partnership Sole Proprietorship
Agent	Owner Representative Name:
Information	Address:
(City State / Zip Code
Phone	#: Agent Email Address:
Manag	gement SS# (or) Federal ID #
<u>Pa</u>	ayment Information
	Make Housing Assistance Payments to:
	Payee SS # (or) Federal ID#
be aut FE	AP payments are ALWAYS made payable to the Owner. An owner may authorize payments to made to the Agent. Accurate information is essential. By signing this document, the Owner thorizes the Housing Authority to share all necessary information with the agent, including EIN or SSN#. Remember, the HAP Recipient Payee named above will receive the IRS Form 99 at the end of the year, in accordance with IRS requirements.

By signing this document, I certify that the above information is true and correct.

Owner Signature :	 Date:	