



### Housing Choice Voucher Program – New Owner Packet Checklist

In order to process your file, the information and documents listed below are required. All information must be complete and returned before you can begin receiving Housing Assistance Payments for your tenant.

All forms can be found on our website at [www.stpeteha.org](http://www.stpeteha.org).

- ☐ Owner Information Form
- ☐ W-9 (please read instructions carefully, as all income is reported to the IRS)
- ☐ Owner Transfer of Interest form
- ☐ Direct Deposit Authorization Forms
- ☐ Blank, voided check
- ☐ Landlord Certification of Responsibility
- ☐ Photo Identification (address cannot be the same as the assisted unit)
- ☐ Copy of the criminal background search from FDLE for the registered property owner\*  
(Complete the search here: <https://web.fdle.state.fl.us/search/app/default>)
- ☐ Proof of paid real estate taxes for the subject unit (NOTE: SPHA will not approve tenancy at any property where the taxes are in arrears.)
- ☐ The Homestead Exemption cannot be on the assisted unit
- ☐ Copy of the Warranty Deed or completed and signed HUD-1 Settlement Statement for the assisted unit
- ☐ Proof of paid real estate taxes for the subject unit NOTE: SPHA will not approve tenancy at any property where the taxes are in arrears

\*Also included in the packet is the HMS Pal Registration Instructions form for your records to check your payments online.

Please return documents by email ([landlord8@stpeteha.org](mailto:landlord8@stpeteha.org)), mail or in person to:

St. Petersburg Housing Authority  
Attn: Larry Gonzalez  
2001 Gandy Blvd. North  
St. Petersburg, FL 33702

The entire process, including SPHA's approval and inspection, may take up to **25 days**. You should not allow a tenant to move into your property until this process is complete.

If you have any questions regarding any of these forms, please contact Larry Gonzalez, Housing Choice Voucher Officer, (727) 323-3171, extension 213.

*\*If the property is owned by an LLC, the background search must be completed for the principal.*

# St. Petersburg Housing Authority

## Housing Choice Voucher Program

### Designation by Owner who will Manage and Lease Property

*Official Use Only*

#### Part 1: Property Owner

Issue payment & IRS Form 1099 to ☐ Property Owner (**Complete Form W-9**) ☐ Agent  
 Mail Correspondence to ☐ Property Owner ☐ Agent

Vendor Number

Legal Name		Business Name (if applicable)	
Tax Identification Number (TIN)			
SSN      -      -      -		EIN      -      -      -	
Mailing Address			
City, State Zip		Daytime Number	Fax Number
Email Address ( <b>Required</b> )			
Signature		Date	

#### Property Owner - Agent Authorization Agreement

I, \_\_\_\_\_, being the true owner of record for the property or properties indicated below, grant my managing agent full and complete authority to: (1) Prepare, negotiate, execute new rental agreements and renewals, and to fully execute a Housing Assistance Payment (HAP) Contract with the St. Petersburg Housing Authority; (2) Manage and control the property including but not limited to: collecting all payments from and issuing receipts to residents, termination of the rental agreement or HAP Contract, and to make disbursements; (3) To order, direct, superintend, and manage all repairs, alterations, and improvements to ensure safety and compliance with the terms and conditions of the HAP Contract; (4) In general, to do and perform all acts essential to the management of the property and to make all proper and necessary decisions in connection therewith. ***If this agreement between Property Owner and Managing Agent should change, the OWNER must notify the St. Petersburg Housing Authority immediately of any such change in writing and the SPHA will not be liable for any delay in the adjustment or distribution of the HAP. If the next scheduled payment has already been issued to the agent at the time we receive this form, the property owner is responsible for obtaining the HAP payment from the managing agent.***

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

#### Part 2: Property Agent (if no property agent leave Part 2 blank)

Issue payment & IRS Form 1099 to ☐ Agent (**Complete Form W-9**) ☐ Property Owner

Legal Name		Business Name (if applicable)	
Tax Identification Number (TIN)			
SSN      -      -      -		EIN      -      -      -	
Mailing Address			
City, State Zip		Daytime Number	Fax Number
Email Address ( <b>Required</b> )			
Signature		Date	
Resident Name		Resident Number	Housing Counselor
Unit Address			Unit Number

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.

# IRS Information

Housing Assistance Payments (HAP) is reported to the Internal Revenue Service (IRS) on Form 1099-MISC, Miscellaneous Income. It is important that SPHA receive the correct taxpayer identification number (TIN) and name combination in order to avoid IRS backup withholding.

## **Purpose**

The IRS requires SPHA to have the correct TIN of the individual or business entity for the HAP payments received for the property or properties indicated on the front of this form and in conjunction with the IRS W-9.

## **Definition**

A TIN is a Social Security Number (SSN) issued by the Social Security Administration (SSA) or an Employer Identification Number (EIN) issued by the IRS. A TIN can have only nine (9) numbers. It cannot have more or less than nine numbers nor can it have letters.

## **Determination**

The SSN of a person may be determined by his or her social security card issued by the SSA. The EIN of a business entity may be validated by the payee contacting the IRS to get their employer identification number validated on the IRS Letter 147C.

## **Instructions**

1. If you are an individual, provide the name and number shown on your Social Security Card.
2. If you are a group, but are not a business entity, you must provide the name and number of the person who represents your group and accepts responsibility for all HAP payments made to the group. This individual must provide the name and SSN as shown on that person's Social Security Card.
3. Business entities, which have been issued an EIN by the IRS, should provide the business name and EIN as shown on the IRS Letter 147C.

## **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certification or affirmations may subject you to criminal penalties including fines and/or imprisonment.

## **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**W-9**

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 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 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).

**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 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# St. Petersburg Housing Authority

## Housing Choice Voucher Program

### Landlord Certification of Responsibility

Official Use Only
Vendor Number

**Landlord: Please read each item below. Your signature at bottom indicates that you understand and agree to all terms and the Housing Assistance Payments (HAP) Contract.**

1. I certify I am the owner or the legally designated property agent for any property I submit a Request for Tenancy Approval (Voucher Package) for, and that the tenant or family does not own or have any interest in the contract unit.
2. I understand I must comply with equal opportunity requirements. I will not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with the HAP contract. I understand that a landlord that participates in the HCV program becomes subject to the Equal Access Rule when the owner executes a HAP contract with SPHA. The Equal Access Rule [PIH 2014-20 (HA)] as defined by HUD: a private owner that participates in the HCV program must make housing available without regard to actual or perceived sexual orientation, gender identity, or marital status.
3. I understand I am responsible for carefully screening the family's suitability for tenancy to the same extent I screen an unassisted family. This may include the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others. I acknowledge that the St. Petersburg Housing Authority ("SPHA") neither conducts, nor is responsible for the landlord's tenant screening. Furthermore, I acknowledge SPHA has no liability or responsibility to the owner or other persons for the family's behavior or the family's conduct in tenancy.
4. I understand the security deposit collected from assisted tenants must not exceed private market, or exceed the security deposit amounts charged unassisted tenants. I understand the landlord must give the SPHA any information requested by the SPHA on security deposits charged by the landlord for other units in the premises or elsewhere.
5. I certify the rent charged does not exceed rents charged for comparable unassisted units in the area or on the same premises. I understand SPHA will perform a rent reasonableness review before approving the contract rent amount.
6. I understand my obligation to offer a lease to the tenant and the lease may not differ in form or content from any other lease I am currently using for any unassisted tenants. I understand it is my responsibility to ensure my lease complies with state and local law. The SPHA will only review my lease to ensure that items required by the United States Department of Housing and Urban Development ("HUD") are addressed.
7. I understand the family members listed on the Housing Assistance Payments (HAP) Contract are the only individuals permitted to reside in the unit. I understand SPHA and landlord must both grant written approval prior to other persons being added to the household (except for the birth, adoption, or court-awarded custody of a child). I understand the landlord is not permitted to live in the assisted unit while receiving any housing assistance payments.
8. I agree to comply with all requirements contained in the lease, as well as HUD's Tenancy Addendum and Housing Assistance Payments (HAP) Contract, parts A and B. I understand it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum, and the HAP Contract.
9. I certify that I (including a principal or other interested party) am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family. If I am related, I have received written approval from SPHA approving the rental of the unit, notwithstanding such relationship, in order to provide reasonable accommodation for a family member who is a person with disabilities.
10. I understand if I fail to execute the HAP contract and/or other required documents in the timeframe set by SPHA, SPHA may void approval of the tenant's authorization to move-in. Should the transaction be voided by SPHA, I understand that no Housing Assistance Payment Contract will be executed, and no payment will be made by SPHA.
11. I acknowledge that HAP is considered paid on the date the check is issued or electronic payments are transmitted.

**Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.**



12. I understand SPHA is required to recoup HAP paid in error. If SPHA determines the landlord is not entitled to HAP or any part of it, SPHA, in addition to other remedies, may deduct the amount of the overpayment from any amounts due the landlord. This may be done by withholding payment(s) owed to me, including HAP for other tenants. Should there be no other valid Section 8 contracts, I acknowledge my responsibility to repay SPHA upon receipt of an overpayment invoice. If for any reason SPHA turns your debt over to a collection agency, the additional cost of the collection agency will be passed on to the landlord. The landlord will incur an additional cost not to exceed 50% of the entire or remaining debt.
13. I understand I must submit to the tenant for their consideration and to SPHA for their review any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease revision.
14. I understand regulations require that a request for rent increase must be received by the SPHA at least sixty (60) days prior to the rent increase taking effect. In order for the rent increase to become effective at the time of recertification, a request for the rent increase must be received by the SPHA at least sixty (60) days prior to lease end.
15. I understand the tenant's portion of the contract rent is determined by SPHA and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease that has not been specifically approved by SPHA. I certify I will not charge or accept additional money for rent from the assisted family, or any other public or private source. I understand that either requiring or accepting "side payments" for additional rent is grounds for disbarment by the SPHA, possible criminal prosecution, and a debt owed by me to SPHA.
16. I understand SPHA may deny or terminate my participation in SPHA programs if I have a history of being abusive towards SPHA staff or program participants.
17. I acknowledge I am not a St. Petersburg Housing Authority employee or an elected official of Pinellas County as of the date of this certification. I further acknowledge that I am not the spouse, parent, or child of a SPHA employee or elected official of Pinellas County as of the date of this certification. I understand that no SPHA employee shall enter into a contract or transact any business in which he or a member of his immediate family has a financial interest (direct or indirect) with SPHA or any person or agency acting for SPHA and any such contract, agreement or business engagement entered in violation of this section shall render the transaction voidable.
18. I understand I may not assign the HAP Contract to a new owner without the prior written consent of SPHA. I further understand my failure to timely notify SPHA and/or any unauthorized transfer/assignment constitutes a breach of the HAP contract, which is then subject to immediate termination, recovery of any outstanding overpayments, or any other relief that may be sought against the owner by SPHA and/or HUD.
19. I certify that as of the date of this Landlord Certification of Responsibility, the contract unit is not in foreclosure and the mortgage is in good standing. I understand that I must advise SPHA and the tenant, in writing, within fifteen (15) days of being notified of a pending foreclosure of this property.
20. I understand my obligations as specified in the Housing Assistance Payments (HAP) Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards throughout the assisted resident's tenancy.
21. I understand that should the assisted unit become vacant, I am responsible for notifying SPHA immediately in writing. I also understand that the HAP Contract and payment will terminate immediately, and that I will be required to repay to SPHA HAP paid for any month(s) paid after the family vacates the unit. If for any reason SPHA turns your debt over to a collection agency, the additional cost of the collection agency will be passed on to the landlord. The landlord will incur an additional cost not to exceed 50% of the entire or remaining debt.
22. I understand I should attempt to resolve disputes with the tenant directly and should contact SPHA, in writing, only in serious disputes that we are unable to resolve.
23. I understand I must comply with all state and local eviction procedures. Written notice specifying the grounds for termination of tenancy must be provided to the tenant and SPHA, at or before the time that eviction is filed. Once the eviction is filed, written verification must be provided to the tenant and SPHA.

**Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.**

24. I acknowledge I have the opportunity to attend the Property Owner/Manager Workshop to better understand the Section 8 program and process and, to ask any questions I may have. I understand my responsibility to know the Section 8 HCV Program requirements and that failure to abide by these requirements may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or other units, and/or being barred from participating in SPHA's housing programs.
25. I understand I must notify SPHA immediately in writing of a change of address or a change of email address. Failure to do so may interrupt or delay vital correspondence that could affect the HAP.
26. I acknowledge I \_\_\_\_ have \_\_\_\_ have not as of the date of this certification been convicted of any drug-related criminal activity or any violent criminal activity or that an officer, director, or executive of the entity entering into a contract or receiving funding from SPHA \_\_\_\_ has \_\_\_\_ has not as of the date of this affidavit been convicted of any drug-related criminal activity or any violent criminal activity. I further acknowledge that if I am, or an officer, director, or executive of the entity is, subsequently convicted of any drug-related criminal activity or any violent criminal activity, regardless of whether it is connected to a federal housing assistance program, SPHA may terminate the HAP.
27. I understand if one or any of the previous certifications is found to be false, SPHA will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary and legal steps to collect these funds, including but not limited to filing a legal action against the owner. SPHA's failure to initiate steps to recover HAP paid on previous certifications later found to be false does not waive any of SPHA or HUD's rights to pursue repayment of the funds under the HAP. If for any reason SPHA turns your debt over to a collection agency, the additional cost of the collection agency will be passed on to the landlord. The landlord will incur an additional cost not to exceed 50% of the entire or remaining debt.
28. I understand as the owner or the legally designated agent, I am responsible to comply with VAWA 2013 (Violence Against Women Act) as applicable to HUD covered housing programs. For more information, review Part C of Housing Assistance Payments (HAP) Contract: Tenancy Addendum, section 8 Termination of Tenancy by Owner, part e. Protections for Victims of Abuse.
29. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal and/or state criminal law.

**WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.**

Property Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Agent Name (print): \_\_\_\_\_

Management Agreement Attached (select one): Yes ☐ No ☐ N/A ☐

# St. Petersburg Housing Authority

## Section 8 Direct Deposit

### IMPORTANT INFORMATION TO ENROLL IN DIRECT DEPOSIT

#### DIRECT DEPOSIT for *SECTION 8 OWNERS ONLY*

1. Complete the Direct Deposit Authorization form. Enter all the necessary information on the Authorization form (all Owners and Authorized Signatories must sign). Please do not omit any information.
2. Attach an original voided check (photocopy, 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 in writing, along with the savings account number and submit both with the enclosed authorization form.

The diagram shows a check from John Doe, 123 Pear Lane, Anyplace, WI 20000. The check is marked "VOID". The payee line is "PAY TO THE ORDER OF" followed by a blank line. The amount line is "\_\_\_\_\_ \$ \_\_\_\_\_" followed by "DOLLARS". The bank name is "ANYPLACE BANK, Anyplace, WI 20000". The routing number is "250250025" and the account number is "202020086". The check number is "1234". A box labeled "Do not include the check number." points to the check number. A note at the bottom states: "Note: The routing and account numbers may be in different places on your check."

3. Please return the completed forms, together with your voided check to:  
St. Petersburg Housing Authority  
Section 8 Department  
Attn: Larry Gonzalez  
2001 Gandy Blvd. North  
St. Petersburg, FL 33702
4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application. Please do **not** fax or email the forms.
5. Please allow 30 days for account changes to be processed.

**Direct Deposit Authorization**  
**St. Petersburg Housing Authority**

2001 Gandy Blvd. North  
St. Petersburg, FL 33702

**Part 1: Authorization Agreement for setup, Changes or Cancellation**

I (we) hereby request and authorize the St. Petersburg Housing Authority to deposit the Housing Assistance Payment (HAP) by electronic funds transfer into the account specified below. I (we) also authorize the St. Petersburg 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 St. Petersburg 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.

This authorization will remain in effect until written notice to terminate direct deposit is received by the St. Petersburg 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	Printed Name	Date
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**Part 2: Transaction Type**

<input type="checkbox"/> New Setup <input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Account Type
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**Part 3: Payee Identification**

Owner Tax ID (Social Security Number or Employer Identification Number)		Daytime Telephone Number
Payee Name		Alternate Telephone Number
Address		
City	State	Zip Code
Email Address <b>(Required)</b>		

**Part 4: Financial Institution (Contact your financial institution for this 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)	Account Number	
Representative Name (Please Print)	Title	
Representative Signature		