



**COUNTY OF NASSAU
OFFICE OF HOUSING**
40 MAIN STREET – FIRST FLOOR – SUITE C
HEMPSTEAD, NEW YORK 11550
(516) 572-1900 FAX (516) 572-2789

Dear Property Owner / Manager:

In order for the Nassau County Office of Housing HCVP office to process your Change of Ownership/Management request, the following documentation is required from the legal owner(s):

- ❑ **Request for Taxpayer Identification Number and Certification (W-9)** form signed and dated by the legal owner(s) of the property or properties.
 - The name and tax ID number (Employee Identification Number (EIN) or Social Security number (SSN)) listed on the W-9 form **must** match the information listed on the verification letter or Social Security card.
- ❑ **Proof of ownership (subject to approval by this office)**

Acceptable Proof of Ownership	Unacceptable Proof of Ownership
Settlement statement/Closing Disclosure	Tax bill
Trust agreement	Mortgage documents
Recorded deed with Schedule A	Unrecorded deeds
Recorded quit claim	Deeds that do not include an official stamp from the county recorder's office on the upper right-hand corner of the document
Recorded judicial sale deed	

- ❑ **Agent Form**
 - The owner(s) listed in the management agreement must be the same individual or entity listed on the proof of ownership documents.
 - The Managing Agent listed in the management agreement must be the same individual or entity listed on the W-9 form and EIN verification letter or Social Security card.
- ❑ **Tax identification**
 - For an *individual* — a copy of your Social Security card
 - For a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
- ❑ **Transfer of Ownership form** (attached)
- ❑ **Copy of a valid driver's license or state identification card**
- ❑ If you have yet to sign up for direct deposit, a completed **Direct Deposit Authorization Agreement** and a voided check.

If the next payment has already been scheduled to the previous owner at the time we receive the completed forms, the new owner is responsible for obtaining the payment from the previous owner. **Please note payments are scheduled by the 15th of the month for the following month.** If this form is received after the 15th, the previous owner will be paid for the following month. Please submit by all completed documentation by fax at 516-572-2978, email at JHenry1@nassaucountyny.gov, by mail, or drop it off at the office (address listed below).

**Nassau County Office of Housing
Housing Choice Voucher Program
Attn: Clerical
40 Main Street, Suite C
Hempstead, NY 11550
516-572-1900**



SELLING & PURCHASING SECTION 8 UNITS

When an Owner/Landlord decides to sell their Section 8 unit they have certain responsibilities that must be met in order for Nassau County to make the necessary changes that will result from the sale.

A sale or transfer of a section 8 unit will initiate the following actions:

First:

This packet should be sent to the attention of the Section 8 Department with all required documentation and all forms signed including the HAP Assignment Acknowledgement. If the current HAP contract is not being assigned you will be mailed a new HAP contract for signature.

Upon receipt of these two documents, the new data will be entered into the system to set you up as a new landlord. If the completed packet is submitted before the 15th of the month, you should begin receiving your monthly HAP payments on the first of the following month.

If a transfer is effective anytime during the month - it will be necessary for both the seller and the purchaser to make arrangements for any HAP money distributions as they deem acceptable.

If the tenant is in their initial lease – The new landlord must honor the lease through its initial term. They may then execute a new lease on the next annual anniversary. You must provide a copy of any lease entered between the new owner and the tenant.

BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE



KENNETHA A. PETTUS
DIRECTOR

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(516)572-1900 FAX (516)572-2789

TRANSFER OF OWNERSHIP FORM

<u>Property/Current Participant Information</u>	
Property Address:	
Current Participant's (Tenant) Name:	
<u>Previous Owner Information</u>	
Previous Owner's Name:	
<u>New Owner Information</u>	
New Owner's Name:	
Social Security Number:	
Tax ID Number:	
Telephone Number:	
Mailing Address:	
New Owner Signature:	
Date of Property Transfer:	

The following items must accompany this form:

W-9 Tax Identification

Copy of Deed

(Deed must be Recorded; if unrecorded – must include Closing Disclosure)

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HOUSING CHOICE VOUCHER PROGRAM AGENT FORM
(MUST BE NOTARIZED)

Managing Agent (Correspondence): I hereby authorize him/her to receive all correspondence, sign all contracts and leases required by the Nassau County Office of Housing & Community Development	Payee Agent Information (Monthly HAP): I hereby request that monthly subsidy check be prepared in the following manner:
MANAGING AGENT NAME:	PAYEE NAME:
MANAGING AGENT PHONE NUMBER:	PAYEE TELEPHONE NUMBER:
ADDRESS:	ADDRESS:
CITY: STATE:	CITY: STATE:
ZIP CODE:	ZIP CODE:
SIGNATURE OF LANDLORD:	DATE:



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LANDLORD/TENANT FRAUD NOTICE

The Department of Housing & Urban Development (HUD) has conveyed to the Nassau County Housing Choice Voucher Program (Section 8) its concerns over violations of the Housing Choice Voucher Program requirements across the nation.

For the Nassau County Office of Housing to provide Housing Assistance (Section 8) to as many needy families as possible, all participants in the HUD approved program must properly utilize government funds and follow policy requirements. Incidences of fraud, willful misrepresentation or intent to deceive regarding the Housing Choice Voucher Program are criminal acts. If a participating landlord is suspected of committing any fraudulent action, Nassau County Office of Housing is required to refer the matter to the proper officials for appropriate action. This may lead to an investigation of the allegation and could result in landlords being accused of committing a federal crime, as well as being terminated from participating in the program.

Some examples of fraud involving landlords identified by the investigation include:

1. Requiring side payments more than the family's share of rent, including having the tenant pay for utilities that are not specified on the Housing Assistance Payment contract (HAP) or sharing utilities with others.
2. Subdividing the unit after inspection (basement/attic) and collecting rental payments for units not occupied by Housing Choice Voucher participants.
3. Bribing Housing Choice Voucher Program employees to certify substandard units as standard.

**PARTICIPATING TENANTS ARE URGED TO IMMEDIATELY REPORT
ANY VIOLATIONS OF THE HOUSING CHOICE VOUCHER PROGRAM.**

This agency will take any action warranted to ensure the cases of fraud are prevented and/or prosecuted, and we are working with HUD to accomplish this task.

**I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES AS A LANDLORD AND/OR AS
A HOUSING CHOICE VOUCHER PARTICIPANT (TENANT).**

Landlord Signature

Tenant Signature

Date

Date

Statement of Property Ownership/Authorization

Date: _____

To whom it may concern:

Please be advised that I am the owner of the property located at:

I am offering this rental to: _____

For a monthly rent of: _____

With a one-year lease as of: _____

(Move in Date)

Needed

This first month's rent of: _____

Security Deposit: _____

Broker: _____

Broker Name & Address: _____

Federal ID Number: _____

I can be contacted at: _____

(Phone number)

Signed: _____

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LANDLORD CERTIFICATION

TENANT NAME: _____
ADDRESS: _____

Ownership of Assisted Unit

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

Approved residents of Assisted Unit

I 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 Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Security Deposit and Tenant Rent Payments

A housing authority is not required to set any limit on the owner security deposit. However, the housing authority has discretion to prohibit security deposits in excess of private market practice, or in excess of security deposit for the owner’s unassisted units. It is illegal to charge any additional amounts for tenant rent or any other item not specified in the leases, which have not been specifically approved, by County of Nassau Office of Housing and Community Development Section 8 Program with other Federal and State Agencies.

Administrative and Criminal Actions for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Section 8 Program. I understand that knowingly supply false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

The dwelling accommodation being rented is (Check one only)

- A) A rent controlled apartment.
- B) A rent Stabilized apartment.
- C) A Co-operative apartment.
- D) A Low Rise 3/4 Stories Including Garden Apts.
- E) A private house/Single family Detached.
- F) Other: _____

Date: _____

Signature of Landlord/Agent

Print Name

Social Security Number _____ or Federal ID Number _____

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

Request for Taxpayer Identification Number and Certification

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

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

on page 3

See

	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate 5 Address (number, street, and apt. or suite no.) See instructions. <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
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	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

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, later.



New York State
Housing Trust Fund Corporation

ACH/DIRECT DEPOSIT AUTHORIZATION

NOTE: Please type or clearly print all requested information

PART 1: Payee Identification

Payee Name	Payee Type <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent		
Payee Email Address	Payee Phone Number (with area code)		Type <input type="checkbox"/> Work <input type="checkbox"/> Home
Street Address	City	State	Zip Code

WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning.
If you fail to initial here, direct deposit will not be approved.

PART 2: Financial Institution Information

Name of Financial Institution	Account Number									
Name on Account	Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.)									
Nine Digit Routing Number										
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PART 3: Authorization

I authorize HTFC to deposit payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until written notice to terminate is received.

Authorized Signatory	Title	Date
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NOTE: YOU MUST SUBMIT A VOIDED CHECK FOR ACCOUNT VERIFICATION