



Housing Choice Voucher (HCV) Program Change of Ownership/Payee Packet

Please complete the attached Declaration of Ownership to show the current ownership and/or payee information. Email the completed forms to: ownerchange@thehacc.org

Required forms and documents

Change of Ownership

- ☐ Declaration of Ownership
- ☐ W9 completed with Payee information
- ☐ Taxpayer Identification Number (TIN) for Payee
 - ☐ Social Security Card (SSN) for an individual
 - ☐ Employer Identification Number (EIN) Notice from IRS for a company
- ☐ Proof of ownership
 - ☐ Deed
 - ☐ Title Insurance
 - ☐ Settlement Statement (HUD 1 Form)
- ☐ Management Agreement, if party other than owner will receive payment
- ☐ Trust Agreement and Beneficiary information, if property is held in trust
- ☐ Direct Deposit form. Vendors not enrolled in direct deposit will be issued a direct pay debit card. Checks will not be mailed.

Change of Payee

- ☐ Declaration of Ownership
- ☐ W9 completed with Payee information
- ☐ Taxpayer Identification Number (TIN) for Payee
 - ☐ Social Security Card (SSN) for an individual
 - ☐ Employer Identification Number (EIN) Notice from IRS for a company
- ☐ Management Agreement, if party other than owner will receive payment
- ☐ Direct Deposit form. Vendors not enrolled in direct deposit will be issued a direct pay debit card. Checks will not be mailed.

Change of Address for owner or agent

- ☐ Declaration of Ownership showing new address OR written statement showing new address

Change of Direct Deposit

- ☐ Direct Deposit form. Vendors not enrolled in direct deposit will be issued a direct pay debit card. Checks will not be mailed.

Declaration of Ownership																									
Property Information																									
Tenant Name										Client #															
Building Address																									
City, State, Zip																									
Property Index Number (PIN)												-			-			-			-				
Ownership Information																									
Legal Owner Name																									
Owner SSN							-			-			Owner TIN							-					
Mailing Address																									
City, State, Zip																									
Contact Phone																									
Email																									
Make payments to: ☐ Owner ☐ Agent																									
Agent Information (if agent is different than owner)																									
Agent SSN							-			-			Agent TIN							-					
Agent Name																									
Mailing Address																									
City, State, Zip																									
Contact Phone																									
Email																									
Certification																									
☐ I certify that I am the legal owner or the legally-designated agent for the above referenced unit.																									
☐ I certify that the prospective tenant, including each family member, has no ownership interest in this dwelling unit whatsoever.																									
☐ I certify that the owner, including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HACC has determined (and has notified the owner and the family of such determination) that approving the leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member with disabilities																									
_____ Signature										_____ Date															
_____ Print Name										_____ Print Title															

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		☐ Social Security ☐ Fed. Salary/Mil. Civilian Pay	
C CLAIM OR PAYROLL ID NUMBER		☐ Supplemental Security Income ☐ Mil. Active	
Prefix Suffix		☐ Railroad Retirement ☐ Mil. Retire.	
		☐ Civil Service Retirement (OPM) ☐ Mil. Survivor	
		☐ VA Compensation or Pension ☐ Other (<i>specify</i>)	
		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
		TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME The Housing Authority of Cook County	GOVERNMENT AGENCY ADDRESS 10 S LaSalle Street Suite 2200 Chicago, IL 60603
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION		
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER
		DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ 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) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions 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.

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 may 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