



CHANGE OF OWNERSHIP PACKET

You will need the following items to change ownership of a property:

- ✓ A signed Settlement Statement (signed by the buyer and the seller) and/or a recorded deed (registered with the Franklin County Auditor)
- ✓ IRS Form W-9 (signed and filed by the recorded owner)
- ✓ Photo ID (owner)
- ✓ Property Ownership Change Request
- ✓ Assignment of Housing Payments Contract and Lease Form
- ✓ Authorization Agreement for ACH Payments Form
- ✓ Property Management Agreement (if applicable)

It is our goal to process all changes of ownership requested. It is important to know that ownership changes will usually be processed before the next check run date after the documentation is received by our office. Please make the necessary arrangements with the previous owner to be paid the next month's rent if you purchase or close on a property near the end of the month. Any monies owed on the property before the date CMHA receives the change of ownership packet would need to be recouped from the previous owner.

YOU WILL RECEIVE INFORMATION FOR E-DISBURSEMENT (electronic payment) via email at the address you provide on the ACH Authorization Agreement form.

Please submit all documents via mail to 1407 Cleveland Ave, email hcvlandlord@cmhanet.com , or fax at 614-294-2684. To submit the change of ownership in person; please visit our office at 1407 Cleveland Ave during normal business hours 8:00-4:30pm.

Shay Mock
Team Lead, Leasing Department
Housing Choice Voucher Program



Property Ownership Change Request

Date: _____

Previous Vendor Name: _____ Previous Vendor # _____

 Address City/State Zip Code

New Vendor Name: _____ New Vendor #: _____

 Address City/State Zip Code

Social Security Number: _____ Tax ID Number: _____

Telephone Number: _____ Transfer Date: _____

Property Management Company (if applicable): _____

Contact Name: _____ Telephone Number: _____

Change Requested By: _____

<u>CLIENT #</u>	<u>CLIENT NAME</u>	<u>CLIENT ADDRESS</u>	<u>UNIT #</u>

(OFFICE USE ONLY)

Date Submitted: _____ Effective Date: _____

Approved By: _____ (Team Lead/Supervisor)



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

**ASSIGNMENT OF HOUSING ASSISTANCE PAYMENTS (CONTRACT AND LEASE)
HOUSING CHOICE VOUCHER PROGRAM**

- Property owner or spouse must NOT be related to any member of the participating household.
- Payments to a new owner/management company cannot be processed until approved.
- This form must be completed for each tenant-based unit assisted by CMHA. If the property is a multi-unit apartment building, attach a list of assisted properties.
- CMHA reserves the right to reject an owner or management company's participation in the Housing Choice Voucher Program

PLEASE ATTACH PROOF OF OWNERSHIP

The new owner _____ of the property requests the assignment of all rights and interest in CMHA assisted unit(s).

I/we acknowledge and declare that the following statements are true:

1. I/we am/are the rightful and legal owner(s) of this property
2. I/we am/are not delinquent in the payment of real estate taxes to the Franklin County auditor.
3. I/we have not been convicted in a court of law or pled guilty to any criminal proceedings regarding the use, possession, selling, or the manufacturing of illegal drugs and/or mortgage fraud.
4. I/we have no familial relationship to any family member who resides at this unit or any other CMHA assisted unit that I/we own.
5. I/we have received a current copy of the lease and HAP contract for each assisted unit.
6. I/we have not been restricted from participation in any federally assisted housing program by HUD or CMHA.
7. I/we agree to provide an executed management agreement to CMHA if an agent or property management company manages this unit. The owner's property manager or property management company must be currently registered to manage rental property by the state of Ohio.
8. I/we have provided the correct Tax ID # or Social Security Number for IRS-form 1099 issuance.
9. I/we will register the property as a rental property with the Franklin County Auditor within 30 days from the date of my signature below. Failure to register this property may result in termination of the HAP contract.
10. If the ownership entity of the property is an entity other than a person or for multiple persons with an ownership interest, I am authorized to sign this assignment document on behalf of the ownership entity.

Owner Name (Print)

Signature

Date

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.

Print or type. See Specific Instructions on page 3.	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Exemption from FATCA reporting code (if any) _____
	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.					<small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Other (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																			
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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.



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

Authorization Agreement for ACH Payments

Please type or clearly print all requested information and return the form to CMHA and allow time for processing your enrollment. ACH enrollment is subject to internal deadlines that have been established for issuing bi-monthly payments.

Do not send banking information. This information will be requested during online registration.

Landlord ID # (L) _____

Landlord's Name _____

Landlord's Address _____

City

State

Zip

Property Contact Name _____

Property Contact Number _____

Property Contact Email _____

(An e-mail address is required for bank website enrollment)

Payment Type Preference Bank Deposit _____ Prepaid Debit Card _____

Authorization and Acknowledgement

1. I hereby authorize the Columbus Metropolitan Housing Authority (CMHA) and its agents, including financial institutions, to deposit payments by electronic funds transfer (ACH).
2. I acknowledge that CMHA has the right to modify the terms of service provided by this electronic banking system at any time without advanced notice or obtaining my permission.

Authorized Signature

Date

Printed Name

Date