



## **Change of Ownership Packet**

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To change ownership of a property, we require the following items:

☐ **Proof of Ownership.** *Acceptable documentation includes:*

- PDF copy of Franklin County Auditor's website Property Search function for the specific units(s)
- Signed Settlement Statement (signed by the buyer and seller)
- Recorded deed (registered with the Franklin County Auditor)
- Current tax bill
- Current insurance bill

☐ **Property Ownership Change Request & Vendor and Property Management Information**

☐ **Assignment of Housing Payments Contracts and Lease Form**

☐ **Authorization Agreement for ACH Payments Form**

☐ **Property Management Agreement (if applicable)**

☐ **IRS Form W-9 with owner's information** (*not* property management company information)

☐ **Current Photo ID**

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Our goal is to process all ownership changes promptly. Typically, these changes are completed before the next check-run date once the necessary documentation is received by our office. If you purchase or close on a property near the end of the month, please coordinate with the previous owner to obtain the rent for the following month. Any subsidy payments made to the property before our office receives the change of ownership packet will need to be collected from the previous owner without our involvement.

**You will receive information for E-Disbursement** (electronic payment) via email at the address you provide on the ACH Authorization Agreement Form.

To submit the change of ownership, you can submit the completed documents via email, mail or deliver in-person during normal business hours (8:00am-4:30pm).

- **Email:** [cmhalandlord@cmhanet.com](mailto:cmhalandlord@cmhanet.com)
- **Mail:** Columbus Metropolitan Housing Authority, 1407 Cleveland Avenue, Columbus, OH 43211
- **In-person:** CMHA Client Service Center, 1407 Cleveland Avenue, Columbus, OH 43211



# COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

## Property Ownership Change Request & Vendor and Management Information

|                       |                    |
|-----------------------|--------------------|
| Submission Date:      | Transfer Date:     |
| Previous Vendor Name: | Previous Vendor #: |
| New Vendor Name:      | *New Vendor #:     |

\*Leave blank if new program or provide vendor # if existing vendor with CMHA

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is there is Property Agreement or authorized agent contract for this unit? \_\_\_\_ Yes \_\_\_\_ No

- If yes, a signed copy of the Management agreement is *required* and contact fields below *must* be completed.

Property contact for ACH and all general correspondence: \_\_\_\_\_ Check here if same as above \_\_\_\_

Property Management Company or Owner: \_\_\_\_\_

Property Management Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### List all HCV/HUD/Section 8 Tenants:

| Client # | Client Name | Client Address | Unit # |
|----------|-------------|----------------|--------|
|          |             |                |        |
|          |             |                |        |
|          |             |                |        |
|          |             |                |        |
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# COLUMBUS METROPOLITAN HOUSING AUTHORITY

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## Assignment of Housing Assistance Payments (Contract and Lease)

- 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.
- The 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 (HCV) Program.
- Please attach proof of ownership.
- The new owner \_\_\_\_\_ of the property requests the assignment of all right and interest in CMHA assisted unit(s).

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

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 with 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 (Housing Assistance Payment) Contract for each assisted unit.
6. I/we have not been restricted from participating 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 the 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Name (Print)



**COLUMBUS METROPOLITAN HOUSING AUTHORITY**  
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**Authorization Agreement for ACH Payments**

Please complete all requested information clearly and return the form to CMHA, allowing time for processing your enrollment. Note that ACH enrollment is subject to internal deadlines established for issuing bi-monthly payments.

*The email address provided is used for both online ACH access, as well as all property management related correspondence and notification.*

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

Landlord # (L): \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Property Contact Name: \_\_\_\_\_

Property Contact Email: \_\_\_\_\_ Property Contact Phone #: \_\_\_\_\_

**Authorization and Acknowledgement to receive ACH Payments:**

1. I hereby authorize 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.<br>See Specific Instructions on page 3. | <b>1</b> 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.)  |  |
|  | <b>2</b> Business name/disregarded entity name, if different from above.  |  |
|  | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> 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.<br><br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|  | <b>3b</b> 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 . . . . . <input type="checkbox"/>   |  |
|  | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.   | Requester's name and address (optional)  |
|  | <b>6</b> City, state, and ZIP code  |  |
|  | <b>7</b> 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.

|                                       |  |  |  |   |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

|                  |                                 |             |
|------------------|---------------------------------|-------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b> | <b>Date</b> |
|                  |                                 |             |

## 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](http://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