



CHATTANOOGA HOUSING AUTHORITY

Housing Choice Voucher Program

801 N Holtzclaw Avenue, Chattanooga, TN 37404

TEL: (423) 752-4893 FAX: (423) 752-4833

tcarpenter@chahousing.org

www.chahousing.org

Change of Ownership or Management Guidelines

Change of Ownership:

For a change of ownership for a property that is contracted on the program, the following documents must be submitted:

- Property Ownership Certification Form
- Acceptance of HAP and Lease Form – This states that the current HAP Contract and lease that are in place will be accepted with **NO** changes. If you choose to make changes, you will need to submit a new lease agreement for review AFTER this form is submitted for the change in ownership to be processed. If you would like to request a rent increase, you can submit those forms also AFTER the ownership change forms are submitted and processed.
- W9/Direct Deposit Authorization Form
- Management agreement unless you will be owner-managing the property.
- Deed information to show the transfer of ownership (if the ownership information has been updated online at www.assessor.hamiltontn.gov, you do not have to provide the deed information).

Change of Management:

For a change of management only, the following documents must be submitted:

- Property Ownership Certification Form – List the owner and the new management company on the form. Make sure to indicate who the payments will go to.
- Acceptance of HAP and Lease Form – This states that the current HAP Contract and lease that are in place will be accepted with **NO** changes. If you choose to make changes, you will need to submit a new lease agreement for review AFTER this form is submitted for the change in ownership to be processed. If you would like to request a rent increase, you can submit those forms also AFTER the ownership change forms are submitted and processed.
- W9/Direct Deposit Authorization Form
- Management agreement
- Deed information to show the transfer of ownership **only if** there is also a change in ownership along with the change in management. (if the ownership information has been updated online at www.assessor.hamiltontn.gov, you do not have to provide the deed information).



**CHATTANOOGA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
PROPERTY OWNERSHIP CERTIFICATION**
www.chahousing.org tearpenter@chahousing.org

PROPERTY ADDRESS _____

CITY: _____ **ZIP CODE** _____

TYPE OF UNIT (PLEASE CHECK ONE): SINGLE FAMILY DUPLEX MANUFACTURED HOME APARTMENT

Bedrooms ___ **# Baths** ___ **Sq Ft** _____ **# ½ Bath** ___ **Central Heat/AC System** YES NO

OWNER PROVIDED APPLIANCES: STOVE: YES NO REFRIGERATOR: YES NO

Monthly Fees: Pest Control:\$ _____ Lawn care:\$ _____ Washer/Dryer:\$ _____ Other: _____ \$ _____

WATER DISTRICT: (CHECK ONE)

TENNESSEE-AMERICAN EAST SIDE SAVANNAH VALLEY SODDY DAISY HIXSON UTILITY

SEWER DISTRICT: CITY OF CHATTANOOGA HAMILTON COUNTY SODDY-DAISY

HAS THIS UNIT EVER BEEN QUARANTINED DUE TO THE MANUFACTURE OF METHAMPHETAMINE? YES NO

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE: _____ **CELL #:** _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

IF THIS IS A NEW PROPERTY TO THE CHA HOUSING CHOICE VOUCHER PROGRAM,

PLEASE ATTACH A COPY OF YOUR RECORDED DEED OF TRUST AND W-9

MAKE CHECKS PAYABLE TO: _____

(THE W-9 MUST MATCH THE PAYABLE TO)

MANAGEMENT AGENCY: MUST HAVE W-9 AND MANAGEMENT AGREEMENT ATTACHED.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP CODE** _____

PROPERTY MANAGER: _____

OFFICE TELEPHONE: _____ **CELL #:** _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

I CERTIFY THAT THE ABOVE WRITTEN INFORMATION IS TRUE AND ACCURATE

SIGNATURE: _____

(OWNER OR PROPERTY MANAGER)



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Ownership/Management Acceptance of Existing Housing Assistance Payment Contract

DATE: _____

I, _____, ACCEPT THE HOUSING ASSISTANCE
PAYMENT CONTRACT AND LEASE AGREEMENT THAT IS IN PLACE FOR THE PROPERTY

AT: _____

FOR THE TENANT: _____

SIGNATURE: _____

(OWNER OR PROPERTY MANAGER)

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ CELL #: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

I CERTIFY THAT THE ABOVE WRITTEN INFORMATION IS TRUE AND ACCURATE

SIGNATURE: _____

(OWNER OR PROPERTY MANAGER)



CHATTANOOGA HOUSING AUTHORITY

Return form to: 801 North Holtzclaw Ave. Chattanooga, TN 37404

Fax: (423) 752-4833 Email: tcarpenter@chahousing.org

Substitute W9 & Direct Deposit Form

Transaction Type: New Set-up Update Info Add ACH/Bank Info Update ACH/Bank Info

Payee Information:

Individual/Company/Entity Legal Name: _____

Taxpayer ID:

Social Security Number

OR

Employer ID Number

DBA Name (If applicable) _____

Tax Classification: (check only one of the seven boxes)

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) _____ Other Exempt payee code _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Contact Information:

Phone:	Email:		
Address:	City:		
	State:	Zip:	

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).

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.

Signature of U.S. Person:	Date:
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Direct Deposit Setup Information-Please fill out all fields to receive direct deposit:

I hereby authorize CHATTANOOGA HOUSING AUTHORITY (CHA), to initiate credit entries to my account indicated below and the depository named below:

Account type: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings		
Bank Name:	ABA Routing # (9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account #:
Signature:	Name:	Date:

The authority granted herein shall continue to be in full force and effect until CHA receives written notice of its termination, provided such notice is given in a timely and reasonable manner to allow CHA and the DEPOSITORY to act on it. Additionally, for any changes to direct deposits, we will also contact you using the phone number provided on the form as an additional confirmation. Please note that changes to direct deposits may take up to two check runs, which is approximately one month.