CHANGE OF OWNERSHIP
CHECKLIST

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1. FORMS TO BE COMPLETED – PROVIDED BY HAPB

- ☐ 1. Date of Request (**1 page-completed by Landlord**)
- ☐ 2. Section 8 Landlord Brief (**3 pages- completed by Landlord & Tenant**)
- ☐ 3. Landlord Certification (**2 pages- completed by Landlord & Tenant**)
- ☐ 4. Check Payment Form (1 **page-completed by Landlord**)
- ☐ 5. W-9 (1 **page-completed by Landlord**)
- ☐ 6. Direct Deposit (2 **pages-completed by Landlord**)
- ☐ 7. Disclosure of Information of Lead-Based Paint (**1 page- completed by Landlord & Tenant**)
- ☐ 8. Inspection Types (**2 pages- completed by Landlord & Tenant**)

2. TO BE PROVIDED BY OWNER

- ☐ Picture ID of Owner
- ☐ Social Security Card and/or IRS Tax ID Letter
- ☐ VOIDED Check
- ☐ Warranty Deed
- ☐ Articles of Incorporation for Owner and Management Company (if applicable)
- ☐ Management Agreement (if applicable)
- ☐ Picture ID of Property Manager (if applicable)
- ☐ Picture ID of Officer(s) of the Corporation (if applicable)

Housing Authority Of Pompano Beach

Post Office Box 2066
321 West Atlantic Boulevard
Pompano Beach, FL 33061
(954) 785-72200 FAX: (954) 942-8142

DATE OF REQUEST: _____ *(To be completed by HAPB Staff Only)*

Dear Landlord/ Owner or Manager:

Enclosed you will find the forms to be completed for **CHANGES OF OWNERSHIP**.

1. Check Payment Form
2. Request For Taxpayer Identification Number And Certification (IRS W-9)
3. Section 8 Landlord Brief ***(Attach documents requested on Letter "A")***
4. Section 8 Landlord Certification
5. Disclosure of Information On Lead-Based Paint and/or Lead Based Paint Hazards
6. Inspection Types and Requirements for Housing Quality Standards (HQS) Inspections of New and Existing Housing.
7. Direct Deposit Form

Please complete all seven forms and return **ORIGINALS** along with pertinent required items as listed on the Section 8 Landlord Brief, letter "A" to:

Housing Authority of Pompano Beach
Post Office Box 2006
321West Atlantic Boulevard
Pompano Beach FL 33061.

All requests **MUST be submitted to our offices by the **15th** of any given month.
Forms turned in AFTER the 15th will be processed the following month.**

Thanking you in advance for your cooperation.

The Section 8 Department

Tenant Name(s):

_____
_____
_____
_____

Section8 Manager:
___ *Marcia Davis Ext. 228*

Counselors:
___ *Erika Bell Ext. 230*
___ *Catherine Willis Ext. 223*
___ *Jasmine Humes Ext. 222*
___ *Helen Mitchell Ext. 240*

Housing Authority Of Pompano Beach

SECTION 8 LANDLORD BRIEF

Proposed Unit Address: _____

_____ FL _____
CITY/TOWN STATE ZIP

A. Request for Tenancy Approval (RTA)

OWNERS RESPONSIBILITY [24 CFR 982.452]

1. A Request for Tenancy Approval must be completed and returned **by the 15th of the month** to the **FRONT DESK** at Housing Authority of Pompano Beach located at **321 West Atlantic Boulevard, Pompano Beach, FL 33060** for the HAP contract to be effective the 1st of the following month.
2. For any reason, should the Owner **sell** the property or **change** the Management Company, the Owner is responsible to provide notice to the Housing Authority **within (15) days before** the transition occurs. The NEW Owner/ Company must complete documents to amend the HAP Contract.
3. **All** Housing Assistance Payment (HAP) Contracts will begin the **1st day of the month** with a move-in.
4. **Landlord/Owner Representative MUST discuss all term of rental agreement with the family upon execution of this Request for Tenancy Approval Packet.**
5. The RTA/COO ***and*** attached forms ***(STAPLED Packet)*** **must** be accompanied by the following documents listed on the (5) checkmarks below, *as applicable*:

NOTE: ***If you do not desire to provide your personal information in tenant's possession, please deliver the* RTA Packet *yourself.***

✓ ***FLORIDA DRIVER'S LICENSE*** *OF* ***ALL*** *OWNER(S) OR OFFICER(S)/TRUSTEE, IF BUSINESS OWNED.*

- *THE "AUTHORIZED OFFICER/PERSONNEL" MUST PROVIDE PROOF OF IDENTIFICATION COMPANY ASSIGNED PICTURE ID'S ACCEPTABLE, WHERE APPLICABLE.*

✓ ***WARRANTY DEED,*** *IF MULTIPLE OWNERS,* ***ATTACH*** *NOTARIZED LETTER OF APPROVAL TO CONDUCT BUSINESS OR LEGAL WRITTEN AGREEMENT.*

(The information provided as proof of ownership will be used strictly by this agency to ensure accuracy of funds disbursement and compliance with HUD and HA of Pompano Beach rules, regulations and policies and would be treated with utmost confidentiality.)

IN ORDER FOR THE HOUSING AUTHORITY OF POMPANO BEACH TO ACCEPT THE REQUEST FOR TENANCY APPROVAL FORM HUD-52517 AND ESTABLISH A VENDOR WE MUST VERIFY THE PROOF OF OWNERSHIP OR RTA PACKET WILL ***NOT*** BE ACCEPTED AT THE FRONT DESK. IF YOU HAVE DIFFICULTY LOCATING OR PROVIDING THIS INFORMATION YOU MAY CONTACT THE RESPECTIVE COUNSELOR ASSIGNED TO YOUR CLIENT/TENANT'S CASE AT (954) 785-7200.

- *THE* ***OWNER*** *OF THE PROPERTY MUST SUPPLY WARRANTEE DEED AND SOCIAL SECURITY OR IF THERE IS A CORPORATION OR PARTNERSHIP THE FOLLOWING APPLIES:*
- *THE* ***CORPORATION/PARTNERSHIP ETC.*** ***MUST*** *ESTABLISH THE AUTHORIZATION TO MANAGE THE OWNER'S PROPERTY VIA MANAGEMENT AGREEMENT OR OTHER LEGAL MEANS.*
- *THE* ***CORPORATION/PARTNERSHIP ETC.*** ***MUST*** *PROVIDE PROOF OF TAX-IDENTIFICATION NUMBER ISSUED BY INTERNAL REVENUE SERVICE (IRS).*

Landlord Initial: _____

Family Initials: _____

- ✓ ***SOCIAL SECURITY OF OWNER OR FEDERAL IDENTIFICATION CERTIFICATE*** *FOR COMPANY, CORPORATION, INCORPORATED, UNINCORPORATED, PARTNERSHIPS, LIMITED LIABILITY COMPANIES, ETC. AS PERMISSIBLE UNDER IRS CODE 5 REGULATIONS.*
- ✓ ***CORPORATIONS/PARTNERSHIPS MUST SUPPLY ARTICLES OF INCORPORATION*** *OR COMPANY BY-LAWS ESTABLISHING OFFICER/PERSONNEL AUTHORIZATION FOR CONTRACT EXECUTION* ***AND*** *SIGNATURES MUST BE THAT OF AN OFFICER.*
- ✓ ***IN ADDITION, IF THE PROPERTY IS MANAGED BY A THIRD PARTY/COMPANY, PLEASE PROVIDE COPIES OF THE AGREEMENT BETWEEN OWNER AND PROPERTY MANAGER/COMPANY. AS WELL AS ALL OTHER PERTINENT ITEMS LISTED ABOVE FOR THE MANAGEMENT COMPANY.***
- ✓ ***REMEMBER*** *THAT THE HOUSING AUTHORITY* ***WILL NOT PROCESS*** *THE CHANGE UNTIL ALL REQUIRED DOCUMENTATION IS PROVIDED.*

6. The owner is responsible for performing all of the owner's obligations under the HAP contract and lease.
7. The **OWNER** is responsible for:
   - complying with all Fair Housing and Equal Opportunity requirements.
   - Maintaining the unit in accordance with HQS, including performance of ordinary and extraordinary maintenance.
   - Performing all management and rental functions for the assisted unit, including selecting voucher holders, and deciding family suitability. *Including* ***CHANGES of address*** *within (10) days of the event.*
   - Preparing and furnishing the HA with required information under the HAP contract. *Including* ***EVICTION proceedings*** *notices for ANY GIVEN REASON within (5) days of issuance/family served.*
   - Enforcing the tenant obligations under Rental Lease/Agreement.
   - Lease the unit only to the family specified in the lease for use solely as their principal place of residence.
   - Collecting from the Family any security deposit, Tenant portion of rent, any charges for unit damage and unpaid utility bills. **Refunding the Housing Authority any rental assistance payment(s) on behalf of the family that the landlord IS NOT entitled to within (5) days of receipt/issuance of payment in accordance with HUD and HAPB's Rules, Regulations and Policies.**
   - Paying and maintaining utility services as specified on Rental Lease/Agreement *(unless paid by the tenant).*
   - Not commit fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.
   - Not engage in drug trafficking.
   - Adhere to HUD and state security deposit procedures for Security reimbursement, Termination of tenancy, Permit PHA/ HUD access to premises and records, NOT transfer the contract without ***prior written*** consent of the PHA, provide tenant with sixty (60) days written notice to vacate as per HUD regulations.

TENANT/ APPLICANT RESPONSIBILITY

- Complete Tenant's Portion of the RTA and provide all certification documentation including income verification prior to the RTA's submission.
- RETURN the ORIGINAL Voucher, Housing Choice Voucher Program Form HUD-52646 to your counselor.
- **Make an appointment** with your Section 8 Counselor ***prior*** to moving in the new unit.
- Adhering to the Responsibilities of the Family in accordance to the HUD Rules and Regulations and HAPB Policies and procedures and provided to the family at Voucher Orientation *(at admission and on every Voucher issuance)*. If unsure what those are, family may inquire from their respective counselor and/or via the internet at *www.HAPB.org* or *www.HUD.gov*.

Landlord Initial: _____

Family Initials: _____

B. Housing Quality Inspections *(HQS)*

- An HQS inspection must be conducted on the proposed unit as part of the Request for Tenancy approval. An inspection may be scheduled within five (5) working days after submittal of RTA.
- Utilities must be TURNED ON to complete a move-in inspection.
- The unit must successfully pass an HQS inspection **prior** to Tenants moving in to your unit. *To know more about HQS refer to Inspection Types and Requirements for HQS Inspection of New and Existing Housing form included in this packet.*
- Tenant's moving in without permission of this Housing Authority will be RESPONSIBLE for the entire rent to the owner for that month.

Note: Passing an HQS inspection alone DOES NOT constitute to an authorization on behalf of Housing Authority of Pompano Beach.

- Once the unit is leased-up the Housing Authority will conduct an HQS annual inspection of the unit. If the unit does not pass inspection you will be given no more than (30) days to correct deficiencies. If ALL HQS deficiencies are not corrected by the re-inspection date provided, the abatement *(No HAP payment)* process will begin from the date of the failed inspection and will continue until the violations are corrected. If they are not corrected within abatement time, the additional (30) without HAP payments, the housing assistance for the unit will be terminated.
- *Exception: Abatement process does not apply for Move-in/ transfer inspections.*

C. Rent Reasonableness *(Comparable):*

- When submitting an RTA, please take into consideration the Payments Standards in effect at time of submission. Please be advised **Payment Standards DO NOT establish the amount of RENT CHARGED BY OWNER. As of April 1, 2018, HUD requires PHA to establish payments standards based on zip codes.** Payment standard is the maximum subsidy the agency will pay in a combination of *Participant and Housing Authority* portions. The current Payment Standards can be found on our website at:

  http://www.hapb.org/landlord_portal/payment_standards.php

- **The Payment Standard figures include Rent Charged by Owner and Utility allowance provided to the family based on utilities paid by the family and the amenities for the proposed unit.** For more information please refer to the utility allowance schedule provided in the owner packet.
- Once the unit is leased-up the landlord/owner may request ONE rent increase within a twelve (12) month period. The renewal/annual Rent Increases must be requested at least with (65) days prior to lease expiration or sooner. ***(E.g.** Lease expires 4/1/12; request must be submitted no later than January 25, 2012). ALL request will be processed the 1st of the month following exactly (60) days of submittal.*
- **When landlord is ready to request a rental increase, the LANDLORD MUST:**
  1. *Notify your tenant and HA in writing (65) days prior to the lease renewal date.*
  2. *Contact the Section 8 Counselor and request a "Rental Increase Request Form"*
  3. *Fully complete the Rental Increase Request form and return it to the Housing Authority of Pompano Beach BEFORE the deadline.*

Note: A rental request form submittal does not guarantee the increase in rent is automatically accepted. A transaction must be completed and the landlord/owner would be notified in writing.

D. Security Deposits

- The Landlord in accordance with State Laws determines and manages Security Deposits. Tenants are solely responsible to pay the security deposit.

I CERTIFY THAT I HAVE READ AND ACKNOWLEDGE RECEIPT OF THIS BRIEF.

_____ _____

Signature of **Landlord/Owner** **Date**

_____ _____

Signature of **Tenant/Applicant** **Date**

LANDLORD CERTIFICATION

Tenant Name: _____

Assisted Unit Address: _____

_____
CITY/TOWN STATE ZIP

Statement #1: ***OWNERSHIP OF ASSISTED UNIT***

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

_____ **Statement #2:** ***CONFLICT OF INTEREST***

(Tenant Initials)

I hereby certify that there exists **no familial** relationship between the tenant and myself either through blood or marriage. I understand that renting or leasing to a relative who is on Housing Choice Voucher, Housing Assistance Program is prohibited.

_____ **Statement #3:** ***APPROVED RESIDENTS OF ASSISTED UNIT***

(Tenant Initials)

I understand that the family members listed on the dwelling lease agreement as approved by the Housing Authority of Pompano Beach are the **only** individuals permitted to reside in the unit. I also understand that I am the landlord and **are NOT permitted to live** in the unit while I am receiving rental assistance payments for this unit.

_____ **Statement #4:** ***HOUSING QUALITY STANDARDS***

(Tenant Initials)

I understand my **obligations** in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues **to comply with Housing Quality Standards**.

_____ **Statement #5:** ***TENANT RENT PAYMENTS***

(Tenant Initials)

I understand that the tenant's portion of the contract rent is determined by the Housing Authority of Pompano Beach and that it is **ILLEGAL** to charge **any additional amounts** for rent or any other item not specified in the lease, which have not been specifically approved by the Housing Authority of Pompano Beach.

_____ **Statement #6:** ***REFUNDING RENTAL ASSISTANCE PAYMENTS TO THE HOUSING AUTHORITY***

(Tenant Initials)

I understand that the landlord is only entitled to rental assistance payment issued on behalf of the assisted family while the family is eligible. That, I **MUST refund** the Housing Authority **within (5) days** of receipt/issuance of payment any excess rental assistance payments in accordance with the HUD and Housing Authority of Pompano Beach Rules, Regulations and Policies.

_____ **Statement #7:** ***REPORTING VACANCIES TO THE HOUSING AUTHORITY***

(Tenant Initials)

I understand that should the assisted unit **become vacant**, I am responsible for notifying the Housing Authority of Pompano Beach in writing within (5) days of an event.

Statement #8: ***REPORTING CHANGES OF ADDRESS TO THE HOUSING AUTHORITY***

I understand that should the *Landlord/Representative/Agent* **change** the address and telephone number listed with the Housing Authority, I am responsible for notifying the Housing Authority of Pompano Beach *in writing* within (10) days of an event.

Statement #9: ***COMPUTER MATCHING CONSENT***

I understand the Housing Choice Voucher, Housing Assistance Payment Contract (HAP) permits the Housing Authority or HUD to verify my compliance with the agreement. I consent for the Housing Authority or HUD to conduct computer matches to verify my compliance, as they deem necessary. The Housing Authority and HUD may release and exchange information regarding my participation in the Housing Choice Voucher, Housing Assistance Program with other Federal and state agencies.

Statement #10: ***ADMINISTRATIVE AND CRIMINAL ACTIONS FOR INTENTIONAL VIOLATIONS***

I understand that failure to comply with the terms and the responsibilities of the Housing Assistance Payments contract are grounds for termination of participation in the Housing Choice Voucher, Housing Assistance Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

I CERTIFY THAT I HAVE READ AND AGREE TO ALL STATEMENTS MENTIONED ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE FAMILY LISTED AT THE TOP OF THIS LANDLORD CERTIFICATION HAS INITIALED ALL PERTINENT STATEMENTS.

_____ _____

Signature of Landlord/Owner Date

CHECK PAYMENT FORM *(Must be filled out by the owner)*

IMPORTANT NOTICE:
Due to IRS requirements we must have a copy of the owner's social security card or federal ID certificate along with proof of ownership of the property as well as third party management attached to this form as requested in Section "A" of the Section 8 Landlord Brief of this RTA Packet. Forms must be filled out and signed by an acting corporate officer/partner. If you are an owner's representative, a management agreement with the owner's authorization to act as their representative is required.

Are you a NEW owner taking over an existing Section 8 Assisted Unit? ◯ ***YES*** ◯ ***NO***

Is this unit to be leased as a condominium? ◯ **YES** ◯ **NO**
Does tenant need approval of a Condominium Association prior to move-in? ◯ **YES** ◯ **NO**
How many days in advance must the family be approved? _____ **days**

Contract Unit Information

Are you related in any way to the tenant: ◯ **Yes** ◯ **No** Year structure constructed: _____

Last rent charged for THIS unit: **$**_____ PROPOSED rent charge for THIS unit: **$**_____

If MULTIPLE unit complex list Other Non-Section 8 Units charges:

1 bedroom $_____ ***2 bedroom*** $_____ ***3 bedroom*** $_____ ***4 bedroom*** $_____

NOTE: **UNDER HUD GUIDELINES AN OWNER (INCLUDING A PRINCIPAL OR OTHER INTERESTED PARTY) CAN NOT RENT TO A PARENT, CHILD, GRANDPARENT, SISTER, BROTHER, OR ANY MEMBER OF THE FAMILY, UNLESS THE HOUSING AUTHORITY HAS DETERMINED (AND HAS NOTIFIED THE OWNER AND FAMILY OF SUCH DETERMINATION) THAT APPROVING RENTAL OF THE UNIT, NOT WITHSTANDING SUCH RELATIONSHIP, WOULD PROVIDE REASONABLE ACCOMODATION FOR A FAMILY MEMBER WHO IS A PERSON WITH DISABILITIES.**

OWNER INFORMATION

NAME(S) *(AS LISTED ON DEED)*:_____

PHYSICAL HOME OR OFFICE ADDRESS (Same as IRS W-9 Form):

_____

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

Mailing Address all correspondences: ☐ ***Same*** _____

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

HOME PHONE: _____ *WORK PHONE:* _____ *CELL:* _____

*OWNER'S Social Security# , Federal ID # , or TIN #, AS APPLICABLE:*_____

MANAGEMENT COMPANY/ REPRESENTATIVE INFORMATION

COMPANY/ AGENCY: _____

CONTACT NAME (S): _____

MAILING ADDRESS: _____

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

HOME PHONE: _____ *WORK PHONE:* _____ *CELL:* _____

MANAGEMENT'S Social Security# OR Federal ID #: _____

OWNER'S ***SIGNATURE FOR AUTHORIZATION TO MAKE CHECK PAYABLE TO:***

◯ _____ ***MANAGEMENT COMPANY/ REPRESENTATIVE*** ◯ _____ ***OWNER***

Signature:_____ ***Date:***_____

THE HOUSING AUTHORITY OF POMPANO BEACH IS NOT PERMITTED TO SCREEN YOUR TENANTS. YOU MUST SCREEN ALL PROSPECTIVE TENANTS. THIS IS THE RESPOSIBILITY OF THE LANDLORD. THEREFORE UPON WRITTEN REQUEST, WE MAY SUPPLY YOU WITH THE TENANT'S PREVIOUS LANDLORD'S NAME, ADDRESS, AND PHONE NUMBER. ***WE ENCOURAGE LANDLORDS TO CHECK RESIDENCY.***

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

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.

☐ 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) ► _____

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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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

			–			–				

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** ►

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.*

Housing Authority Of Pompano Beach

Post Office Box 2006
321 West Atlantic Boulevard
Pompano Beach, FL 33061
(954) 785-7200 FAX: (954) 942-8142

Direct Deposit Fact Sheet

Dear Landlord:

The Housing Authority of Pompano Beach (HAPB) has the availability of processing our payments electronically, via Direct Deposit. In order to participate in the Direct Deposit System to receive payments it is of utmost importance that you provide HAPB with the following:

I. Complete this Form and provide a check marked VOID.

- The check must be an original document (check) for the account where you wish to have the electronic deposits made. **Deposit slips will NOT be accepted**.
- Your check MUST include the Full name and address of the bank account holder and the Encoding must also be on the bottom of the check. Said check should be attached to this form and returned to the Finance Department**.**
- *The form **may** be returned along with the Request for Tenancy Approval or at any other time in the future.*
- *Should the landlord decide to use the Direct Deposit payment option at a later time, please return the Direct Deposit Information form and voided check attached to:*

HOUSING AUTHORITY OF POMPANO BEACH,
321 West Atlantic Boulevard
Pompano Beach, Florida 33060
Attn: Finance Department

- Please be advised, incomplete information will not be processed and shall be returned to the landlord. The landlord will continue with the current arrangement or will be set-up to receive payment in paper payments system.
- This form will be used for the **sole purpose** of obtaining account information to set-up **initial direct deposit**.

II. Follow the Direct Deposit process.

- The Housing Authority will deposit into the account number submitted and process the amount of Housing Assistance Payment (HAP) due to the landlord on or about the **5th** of every month.

  NOTE: If you are receiving payments for more than one tenant, all payments made to you will be deposited to the same account. Please attach separate listing of property address and tenant names.

- The HAP payments will be issued in accordance to the Section 8 Department transactions.
  - Should the landlord encounter questions regarding amounts paid, p**lea**se **CONTACT YOUR TENANT'S COUNSELOR**.
  - Should the landlord encounter problems with the actual monetary deposits into their bank accounts, please contact Finance directly at (954) 785-7200 extension #224.
- It is the responsibility of the landlord to notify the HAPB in **writing** by the 15th of any given month of any subsequent change that occur such as changes of address, closed/cancelled bank or account where payments are to be deposited. Please be advised the Housing Authority **must** have a valid address for the landlord/owner at ALL times including if they are receiving DIRECT DEPOSIT. **Failure to comply will result in a hold of the next and/or future Section 8 Housing Assistance Payment(s) on behalf of our participant (s) /tenant (s).**

Housing Authority Of Pompano Beach

Post Office Box 2006
321 West Atlantic Boulevard
Pompano Beach, FL 33061
(954) 785-7200 FAX: (954) 942-8142

Direct Deposit Request Information Form

Are you an **EXISTING** HAPB Vendor? ☐ Yes ☐ NO If YES, what is vendor number_____.
IS THIS A CHANGE IN BANK ACCOUNT INFORMATION ? ☐ Yes ☐ NO
OWNER'S NAME *(As listed on deed):*
Is there a Management Company authorized to receive the rental assistance payments on your behalf ? ☐ Yes ☐ NO
If yes, please print Name of Company:
Vendor's Mailing Address:
City: | State: | Zip Code:
S.S. # / TIN
Telephone Number: ( ) | Facsimile Number: ( )
E-Mail address, if any:
Property Address: (If MORE THAN ONE property, attach separate listing)
Tenant Name: (s)

- ❖ It is the policy of the Housing Authority of Pompano Beach to not mail out checks to the Landlord. We encourage all landlords to sign up for direct deposit AND create an account in our online landlord portal at www.hapb.org.
- ❖ The Landlord Portal enables the Landlord to see all payment information, as well as, other information (i.e. 1099, Inspections, etc.) We encourage Landlords to register once the tenant is approved to move in at https://portal.hapb.org/Partner/View/Security/Login.aspx.

ATTACH ORIGINAL CHECK HERE *(NO DEPOSIT SLIPS PLEASE)*
ORIGINAL CHECKS ONLY, NAME AND ADDRESS MUST BE PRE-PRINTED ON CHECK.

DEPOSIT SLIPS MAY ONLY BE ACCEPTED FOR QUALIFIED LARGE COMPLEX, TAX CREDIT PROPERTIES AS WELL AS OTHER GOVERNMENT ENTITIES.

BANK CERTIFIED AFFIDAVITS MAY ALSO BE PROVIDED IN LIEU OF CHECK.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

_____

_____

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

_____

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home.*

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor	Date	Lessor	Date
Lessee	Date	Lessee	Date
Agent	Date	Agent	Date

INSPECTION TYPES AND REQUIREMENTS FOR HOUSING QUALITY STANDARDS INSPECTIONS OF NEW AND EXISTING HOUSING

THERE ARE **FOUR TYPES** OF HOUSING QUALITY STANDARDS INSPECTIONS CONDUCTED BY THE HOUSING AUTHORITY: INITIAL, BIENNIAL, SPECIAL AND QUALITY CONTROL. LANDLORD AND FAMILY WILL BE PROPERLY NOTIFIED VIA US FIRST CLASS MAIL. IT IS THE **LANDLORD'S SOLE RESPONSIBILITY** TO TIMELY *NOTIFY* THE HOUSING AUTHORITY IN THE EVENT OF AN *ADDRESS CHANGE* AS WELL AS *REQUEST ADDITIONAL TIME* IF NECESSARY FOR MAJOR REPAIR ITEMS *(e.g. roof replacement).*

Housing Quality Inspections (HQS)

INITIAL HQS INSPECTION

- An **INITIAL** ***HQS inspection*** must be conducted on the proposed unit as part of the Request for Tenancy Approval (RTA). An inspection may be scheduled within five (5) working days after submittal of RTA Packet.
- Utilities must be TURNED ON for an Inspector to complete a move-in inspection.
- The unit must successfully pass an HQS inspection prior to Tenants moving in to your unit. Tenant's moving in ***without permission*** of this Housing Authority will be RESPONSIBLE for the entire rent to the owner for that month.

Note: Passing an HQS inspection alone DOES NOT constitute to an authorization on behalf of Housing Authority of Pompano Beach.

BIENNIAL HQS INSPECTION

- A **BIENNIAL** ***HQS inspection*** must be conducted on the HAP Contracted unit at least once every twenty-four months.
- The inspection will be scheduled approximately (120) days in advance of the HAP Contract Expiration date.
- The unit must successfully **PASS** an HQS inspection prior to Tenant's Re-examination date or HAP Contract Expiration date.
- In the event the unit **"FAILS"** the biennial inspection the owner/landlord will be notified in writing and allowed a grace period of (30) days to correct any deficiencies found. The FAIL notification would include a list of deficiencies and the *DATE* of the *NEXT INSPECTION, referred to as "Re-Inspection"*.
- In the event the "Re-Inspection FAILS" the unit will be placed in an "ABATEMENT" process. The abatement process consists of placing a "**hold"** on the HAP Payment to the owner/landlord and followed with a written abatement notice.
- The Abatement notice would include the date of last payment to the owner/landlord and the available options. The available options are one, to correct the deficiencies found and have the unit re-inspected within (30) days of the notice or two, notify the Housing Authority of the owner/landlord intent NOT to correct the deficiencies found within (10) days of receipt of the notice.
- Once the (30) day term has been exhausted and the owner/ landlord has NOT successfully passed an HQS Inspection or has notified this Housing Authority within (10) days of the notice they no longer wish to continue the abatement process, the unit will be terminated.

Note: The Housing Authority of Pompano Beach is NOT responsible for the rent when the unit is NOT in compliance with the established minimum Housing Quality Standards (HQS) and under the abatement process

SPECIAL HQS INSPECTION

- A **SPECIAL** HQS inspection will be conducted based on the need to fulfill a tenant or owner/landlord complaint.
- The inspection will be scheduled approximately within (7) days of the origin of the complaint. In event of life threatening situations the inspection would be conducted within (24) hours.
- The unit must successfully PASS an HQS inspection before a complaint may be dismissed.
- In the event the unit "FAILS" the ANNUAL process will be followed, unless life threatening situations exist. In **this event corrections must be performed immediately within a reasonable time.**

QUALITY CONTROL HQS INSPECTION

- A **QUALITY CONTROL** HQS inspection will be conducted at random in accordance to HUD Requirements.
- The inspection will be scheduled approximately with a (7) day notice.
- The unit must successfully PASS an HQS inspection to meet the HQS HUD Requirements.
- In the event the unit "FAILS" the BIENNIAL process will be followed.

INSPECTION TYPES AND REQUIREMENTS FOR HOUSING QUALITY STANDARDS INSPECTIONS OF NEW AND EXISTING HOUSING, *Continued*

ALL UNITS USED IN THIS PROGRAM SHALL MEET THE FOLLOWING REQUIREMENTS, BUT IS NOT LIMITED TO:

A. SANITARY FACILITIES:

The dwelling unit shall include a flush toilet, a fixed basin and a tub or shower with hot and cold running water, all in proper operating condition, can be used in privacy and are adequate for personal cleanliness and the disposal of human waste.

B. FOOD PREPARATION AND REFUSE DISPOSAL:

A Cooking Stove or Range, a refrigerator of appropriate size for the unit, a kitchen sink with hot and cold running water shall be present in proper operating condition. Adequate space for the storage, preparation and serving of food shall be provided. There shall be adequate facilities and services for the sanitary disposal of food waste.

C. SPACE AND SECURITY:

The dwelling unit shall contain a living room, kitchen, bathroom and a t least one bedroom or living/sleeping room of appropriate size for each two person. Exterior doors and windows accessible from outside the unit shall be lockable.

D. ILLUMINATION AND ELECTRICITY:

Living and sleeping rooms shall include at least one window. A ceiling or wall type light fixture shall be present and working in the bathroom and kitchen. At lease two electric outlets, one of which may be overhead light, shall be present and operable in the living room, kitchen and each bedroom.

E. STRUCTURE AND MATERIALS:

Ceilings, walls, and floors shall not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, other serious damage. The roof shall be firm and weathertight. The exterior wall structure and surface shall not have any serious defects such as serious leaning, buckling, sagging, of interior and exterior stairways, halls, porches, walkways, etc., shall be such as not to present a danger of tripping or falling. Elevators shall be maintained in sage and operating condition.

F. INTERIOR AIR QUALITY:

The dwelling unit shall be free from dangerous levels of air pollution from carbon monoxide, sewer gas, dust, and other harmful air pollutants. Air circulation shall be adequate throughout the unit. Bathroom areas shall have at least one openable window or other adequate exhaust ventilation.

G. WATER SUPPLY:

The dwelling unit shall be served by approved public or private sanitary water supply.

H. ACCESS:

The dwelling unit shall be usable and capable of being maintained without unauthorized use of other private properties. The building shall provide an alternate exit in case of fire (such as fire stairs or exit through windows).

Each unit must include at least one smoke detector on each level of the unit.

I. SITE AND NEIGHBORHOOD:

The site and neighborhood shall not be subject to dangerous walks, steps, instability, flooding, poor drainage, septic tank backs-ups, sewage hazard or mudslides; abnormal air pollution, smoke or dust, excessive accumulation of trash, vermin, rodent infestation; or fire hazards.

I certify that I have read and acknowledge receipt of this Inspection types and Requirements.

_____ _____

Signature of Landlord/Owner **Date**

_____ _____

Signature of Tenant/Applicant **Date**