

HOUSING CHOICE VOUCHER PROGRAM

Landlord Packet

Montgomery County Housing Authority
1500 N. Frazier Ste 101
Conroe, Texas 77301
936-539-4984 936-539-4758 fax

Request for Taxpayer Identification Number and Certification

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

Please print or type

Name (See Specific Instructions on page 2.)

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								

or

Employer identification number								

List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III 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. person (including a U.S. resident alien).

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 on page 2.)

Sign Here Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

OWNER INFORMATION

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____
Street Address

City State Zip Telephone #

Social Security # or Federal ID #: _____

Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Ethnicity of Owner: (Required by HUD): White: _____ Black: _____ Hispanic: _____ Asian Pacific/Islander: _____ American Indian/Eskimo: _____ Other: _____

AGENT INFORMATION:

OWNER REPRESENTATIVE NAME: _____

OWNER REPRESENTATIVE ADDRESS: _____

City State Zip Telephone

Owner Representative Social Security # or Federal ID #: _____

HAP payments are normally made payable to the owner, or in the case of a corporation, to the company or apartment complex name; occasionally an owner will authorize payments made to the agent. Accurate information is essential. The payee will generally receive a 1099 at year-end, in accordance with IRS requirements.

PAYMENT INFORMATION

Make Housing Assistance Payment Check to: _____

Mail checks to: _____

City State Zip Telephone

Payee Social Security # or Federal ID #: _____

Tenant's Name Address of Assisted Unit

I, _____ certify that the above information is true and correct.

Owner or Owner Representative Signature Date

Debarment and Suspension Certification

The undersigned certifies to the best of his/her knowledge and belief that he/she and his/her principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency including the Department of Housing and Urban Development.

Executed on this _____ day of _____, 2012

Signature Printed Name and Title

Montgomery Central Appraisal District (MCAD) account number or property ID under which taxes are paid must be provided.

Address of unit

MCAD account # or property ID #

Owner as listed by MCAD

Signature _____

Printed Name _____

Date _____

Montgomery County Housing Authority
1500 N Frazier Ste 101
Conroe, Texas 77301
936.539.4984 telephone
936.539.4758 fax

MOBILE HOME TIE DOWN CERTIFICATION

Tenant Name: _____

An inspection of the unit located at _____ was conducted on _____ The mobile home tie downs were not visible for inspection; therefore, please answer the following question listed below:

Is the mobile home properly placed and tied down with a minimum of three tie downs per side to avoid sliding, overturning, displacement or other serious damage during a windstorm. Yes _____ No _____

If the answer to the above question is NO, the unit then MUST BE PROPERLY TIED DOWN before the unit will pass inspection. If the answer to the above question is YES, please sign and date the form below to certify this document is true.

Landlord Signature _____

_____ Date

Montgomery County Housing Authority
1500 N. Frazier Ste 101
Conroe, Texas 77301
936-539-4984 * 936-539-4758 fax

HOT WATER HEATER CERTIFICATION

Tenant Name: _____

An inspection of the unit located at _____

was conducted on _____. The hot water heater was not

visible for inspection: therefore, please answer the following questions listed below:

Where is the hot water heater located? _____

Is the hot water heater gas or electric? _____

If the hot water heater is gas, is it vented to the outside? _____

Does the hot water heater have a discharge line, pressure and temperature relief valve? _____

I certify that the questions answered above are true and correct to the best of my knowledge.

Landlord Signature

Date

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. 4852(d) 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

Fact Sheet for Property Owners/Agents Montgomery County Housing Authority Payments Program

IT IS THE OWNER'S RESPONSIBILITY AND PRIVILEGE TO DO HIS/HER OWN SCREENING IN CHOOSING A TENANT; HOWEVER, THE OWNER MUST COMPLY WITH ALL RELEVANT FEDERAL LAWS REGARDING DISCRIMINATION ON THE GROUNDS OF AGE, RACE, COLOR, CREED, RELIGION, SEX, HANDICAP OR NATIONAL ORIGIN.

RENT:

1. The contract rent was established at the time of execution of the Housing Assistance payments (HAP) contract. DO NOT make ANY changes. If a problem arises, contact the Housing Coordinator.
2. Families receiving assistance through this program are expected to pay their share of the rent on time and in full. Montgomery County Housing Authority is not responsible and will not make any payments to the owner for any balance of the monthly rent in excess of the housing assistance payment in accordance with the HAP contract.
3. Montgomery County Housing Authority is not obligated and will not make any payments for any period of time that the tenant prior to the start date of the duly authorized HAP contract occupied the dwelling unit.
4. All rents proposed by the property owner must be certified by the local operator as being rent reasonable as compared to other assisted and unassisted rental units in the community. Rents for Section 8 participants cannot be higher than rents charged for assisted and/or unassisted families residing in units with similar amenities.
5. Montgomery County Housing Authority reserves the right to counsel the family regarding the affordability of a proposed rental unit and to deny a Request for Lease Approval on ground of affordability.

Security Deposit:

It is suggested very strongly that property owners collect a security deposit as allowed under the Section 8 Program. Except for units leased in place, the amount of the security deposit shall no exceed the private market practice or the amounts charged by the landlord for unassisted units.

Moves:

1. Notify your Housing Coordinator or Housing Staff immediately when a family vacates the rental unit regardless of whether the family has given notice or not. If the tenant did not give 30 days written notice, the owner may retain the HAP payment only for the month in which the family moved out. According to HUD guidelines, the owner's endorsement on the rental check is his/her certification that only the family listed on the lease is residing in the unit.

2. If you plan to move a family into another unit which you own, a 30-day written notice must be given to the Housing Coordinator so that a new contract package may be sent to Montgomery County Housing Authority and adequate time for an inspection of the proposed unit may be conducted. Continued assistance is not guaranteed; each contract is unique and must be approved individually.

Payments:

1. Housing Assistance Payments are computerized. The first HAP payment check may take approximately 30 working days to be processed. Subsequent payments are computer-generated and mailed each month. Due to the State's Fiscal year ending on August 31st, September payments are mailed a few days later than usual.
2. If a HAP payment other than the first is later than 20 days, contact Montgomery County Housing Authority at (936) 539-4984.
3. No payments will be made unless the HAP contract has been approved and executed by Montgomery County Housing Authority.

Change of Ownership:

1. If ownership of rental unit is changing (sale, foreclosure, owner's death, etc.), owner may not make any transfer in any form of the HAP contract payments without prior written consent from Montgomery County Housing Authority. The Housing Coordinator must be notified immediately.
2. If the new owner wishes to assume the HAP contract, appropriate documents must be presented (deed, will, etc.). However, the present contract rent amount will remain as is until at time of annual renewal.

Maintenance:

1. Make sure that all needed repairs are completed within the time frame specified in communications with the Housing Coordinator, Tenant, or Montgomery County Housing Authority. Any life/health-threatening situation requires immediate attention, in most cases 24 hours or 7 calendar days from notification or occurrence date.
2. It is strongly recommended that you periodically inspect your rental unit to ensure that its present condition is decent, safe and sanitary. Prior to any inspection, the family must be given a 24-hour notice. According to HUD regulations, the owner's endorsement on the HAP check is his/her certification that the unit is in decent, safe and sanitary condition.
3. The owner/agent must provide the tenant the name and telephone number of a contact person who will respond immediately to any situation arising at the rental unit.
4. In the event that the utilities are disconnected, the unit no longer meets the housing quality standards required by HUD and this condition may result in the termination of the HAP contract. Reinstatement is not automatic. No payments will be made to the owner for failure to furnish any or all of the utilities. Normally, a 24-hour notice of intent to terminate the contract is provided so that the owner or tenant can arrange for re-connection. Utilities include water, sewer, electricity and natural or bottled gas.

Annual Inspection:

1. Upon request by the tenant the Housing Coordinator or Montgomery County Housing Staff will conduct an inspection of the unit within 60-90 days from the date of re-certification. You will be provided with a 24 hours to 30 days written notice of any deficiencies, which requires corrective action. Minor repairs identified at the anniversary inspection must be completed prior to the anniversary date. Upon completion and after notification by the tenant or landlord the Housing Coordinator or Housing Staff is required to conduct a follow-up inspection to confirm that all requested repairs are complete.
2. If you fail to complete the repairs within the given time frame, Montgomery County Housing Authority will not make any payments during the time during which the unit did not meet housing quality standards. The unit must meet Housing Quality Standards at all times during the contract period. Housing Quality Standards audit inspections are conducted periodically by Montgomery County Housing Authority staff and all requested repairs must be completed within the specified time frame mentioned in Montgomery County Housing Authority's inspection letter.

Terminations:

1. If a tenant fails to meet his/her obligation to pay his/her portion of the rent, the owner/agent may initiate eviction proceedings. All evictions of tenant must be by court action. The tenant must be notified and a copy of the written notice must be forwarded to the Housing Coordinator stating the reasons for the eviction.
2. The family shall use the dwelling unit solely as their principal place of residence. The owner/agent may request termination of tenancy for serious or repeated violations of the terms and conditions of the lease. This request must be submitted in writing to Montgomery County Housing Authority for approval.
3. If you do NOT wish to continue participating, you are required to notify the family in writing 30 days prior to the anniversary date of the contract.

Owner Compliance:

Unless the owner has complied with all provisions of the HAP contract, the owner does not have a right to receive any Housing Assistance Payments under the HAP contract.

Program Abuse:

1. I certify that I am the legal or the legally designated agent for the assisted unit and that the prospective tenant has no ownership interest in this dwelling unit whatsoever. I do not/will not live in the unit at any time during the terms of the HAP contract.
2. I am not authorized to collect rental payments for an assisted unit no longer occupied by the designated tenant.
3. I am not authorized to collect side payments from Section 8 families in excess of the designated portion as stated in the Statewide HAP contract, Lease, Notifications, and/or Amendments.
4. I understand that I can not knowingly rent to a family member under the Section 8 Rental Assistance Program.

5. I will not bribe, intimidate or threaten the Housing Coordinator, Family or any Montgomery County Housing Authority employee.

Montgomery County Housing Authority will require repayment for the full amount of any false or unauthorized payments collected. If repayment is not made, Montgomery County Housing Authority will restrict owner's future participation in the Housing Assistance Payments Program and will take further action to collect all monies owed.

I have read the above information entirely and I hereby give my signature of agreement.

Owner/Representative: _____ Date: _____

Family Name: (Head of Household): _____

MCHA Form 234
Rev. March 2000

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed.
- Financial institution must complete Section 4.

- Section 7 must be completed by the paying state agency.
- Check all appropriate box(es).

For further instructions, see the back of this form.

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
	<input type="checkbox"/> Interagency transfer (Sections 2 & 3)	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)
	<input type="checkbox"/> Exemption (Sections 2 & 5)	

PAYEE IDENTIFICATION

SECTION 2	1. Social Security number or Federal Employer's Identification (FEI) <input type="checkbox"/>		2. Mail code (If not known, will be completed by Paying State Agency) <input type="checkbox"/>	
	3. Name		4. Division name (for state employee)	
	5. Street address	6. City	7. State	8. ZIP code

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	10. Authorized signature	11. Printed name	12. Date

FINANCIAL INSTITUTION (Must be completed by financial institution representative.)

SECTION 4	13. Name		14. City	15. State
	16. Routing transit number <input type="checkbox"/>	17. Customer account number (Dashes required <input type="checkbox"/> YES)		18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative name (Please print)		20. Title	
	21. Representative signature (Optional)		22. Phone number ()	23. Date

EXEMPTION:

SECTION 5	I claim exemption and request payment by state warrant (check) because:		
	24. <input type="checkbox"/> I hold a position that is classified below group 8 in the position classification salary schedule.		
	25. <input type="checkbox"/> I am unable to establish a qualifying account at a financial institution.		
	26. <input type="checkbox"/> I certify that payment by direct deposit would be impractical and/or more costly to me than payment by warrant.		
27. Authorized signature		28. Printed name	29. Date

CANCELLATION BY AGENCY

SEC 6	30. Reason	31. Date
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PAYING STATE AGENCY

SECTION 7	32. Signature		33. Printed name	
	34. Agency name		35. Agency number <input type="checkbox"/>	
	36. Comments		37. Phone number ()	38. Date