



HOUSING AUTHORITIES CITY OF EUREKA & COUNTY OF HUMBOLDT



735 WEST EVERDING STREET, EUREKA CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111

Owner Information and Changes

Welcome and thank you for supporting the Housing Choice Voucher (HCV) low-income housing program, formerly known as Section 8 Housing, through the Housing Authority of the County of Humboldt.

Ownership or Management Changes

Submit change forms by email to HAP@eurekahumboldtha.org, by fax to 707.443.4762, or by mail to 735 West Everding, Eureka, CA 95503. Please allow 10 business days to process changes.

To reassign an existing HAP contract to a new manager or owner, we need additional documentation.

Owner Change (tenant remains in the previously approved unit):

- IRS W9 form for one owner,
- Direct Deposit authorization form,
- Proof of ownership for unit, and
- Owner / Manager Change form.

Property Management Change (owner hires a manager):

- IRS W9 form for manager or company,
- Direct Deposit authorization form,
- Property management contract,
- Owner / Manager Change form.

Direct Deposit changes: Complete the Automatic Credit Authorization form with voided check attached.

Address changes: Complete the enclosed Owner / Manager Change Form.

Rental Listing

Looking for renters? List your available rental at <https://eurekahumboldtha.org/property-listings> in the Landlord tab.

Contact Us

Move-out, rent amounts, or HAP calculation questions are answered by the Housing Specialist for your tenant.

Housing specialists are assigned according to tenant's last name.

Tenant's Last Name	Staff	Email	Phone
A – Gr	Nalee	naleel@eurekahumboldtha.org	707.443.4853 x216
Gu – Pr	Kristi	kristim@eurekahumboldtha.org	707.443.4853 x227
Pu – Z	April	aprilh@eurekahumboldtha.org	707.443.4853 x233

Payment-related questions such as direct deposit changes and when, where, and how much HAP was paid are answered by accounting staff at accountspayable@eurekahumboldtha.org or 707.443.4583 x234.

Inspection-related questions are answered by our housing inspector who can be reached at scottg@eurekahumboldtha.org or 707.443.4583 x213.

Additional staff and answers to other questions may be found on our website at <https://eurekahumboldtha.org> or by calling the front desk at 707.443.4583 x210.





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Owner / Manager Change Form

Today's Date: _____ **Effective Date of Change:** _____

Tenant Name: _____

Unit Address: _____

NOTE: To include additional tenants, attach a sheet with their Tenant Name and Unit Address

Type of Change: Ownership Manager/Payee Address Tax ID#

Existing Owner / Manager Information:

Name: _____

Phone: _____ Email: _____

Address: _____

New Owner / Manager Information:

Name: _____

Phone: _____ Email: _____

Address: _____

Taxpayer Identification / Social Security #: _____

Attach a W9, proof-of-ownership document (e.g. Deed of Trust, Closing Statement), and a property management agreement, if applicable.

Certification #1: The owner (including a principal, manager, or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the tenant family.

The owner **is related** to the tenant(s) as described above. _____ Owner's initials

The owner is **not related** to the tenant(s) as described above. _____ Owner's initials

Certification #2: The owner agrees to be bound by and comply with the Housing Assistance Payments Contract (HAP) in effect for the contract unit identified above. Owner acknowledges that assignment and payment of the HAP is at the Housing Authority's discretion.

Print Existing Owner / Manager Name

Existing Owner / Manager (Sign & Date)

Print New Owner / Manager Name

New Owner / Manager (Sign & Date)



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Vendor Code _____

AUTOMATIC CREDIT AUTHORIZATION FORM
For the Direct Deposit of Housing Assistance

I/We authorize the **Housing Authority of the County of Humboldt**, hereinafter called COMPANY, to initiate CREDIT (deposit) entries to my/our checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Depository Name (Name of your bank)		Branch	
City	State	Zip	
Routing Number		Account Number	
Select One:	<input type="checkbox"/> Checking Account		<input type="checkbox"/> Saving Account

This authorization is to remain in full force and effect until COMPANY has received written notification from me/us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name		Email Address (for email with ACH payment details)	
Signature	Date	Phone Number	
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NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attach VOIDED check

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.

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

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or

Employer identification number

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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.

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.