**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
WWW.EUREKAHUMBOLDTHA.ORG

# 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

**Please allow 10 business days to process minor changes.**

To reassign an existing HAP contract to a new manager or owner, please provide additional documentation:

**Owner Change** (tenant remains in the unit):

- IRS W9 form,
- Direct Deposit authorization,
- Owner / Manager Change form,
- New lease and HAP contract, and
- Proof of ownership.

**Management Change** (owner hires a property manager):

- IRS W9 form for property manager,
- Direct Deposit authorization,
- Owner / Manager Change form,
- New lease and HAP contract, and
- Property management contract.

**Submit** documents by mail 735 West Everding, Eureka, CA 95503; fax 707.443.4762; or email landlord@eurekahumboldtha.org.

**Direct Deposit changes:** Provide the completed Automatic Credit Authorization form and a voided check.

**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

**Rent increases, move-out notifications, and documents** can be submitted to landlord@eurekahumboldtha.org.
Rent increases must be submitted 60 days in advance.

**HAP calculations** are processed by Housing Specialists, assigned by tenant's last name.

| Tenant's Last Name | Staff | Email | Phone |
|---|---|---|---|
| A – G | April | aprilh@eurekahumboldtha.org | 707.443.4853 x233 |
| H – Ph | Nalee | naleel@eurekahumboldtha.org | 707.443.4853 x216 |
| Pi – Z | Kristi | kristim@eurekahumboldtha.org | 707.443.4853 x227 |
| Project-based | Cristina | cristinaf@eurekahumboldtha.org | 707.443.4853 x228 |

**Payment questions** (e.g. direct deposit and timing of HAP paid) call 707.443.4583 x229 or email HAP@eurekahumboldtha.org.

**Inspection questions** are answered by Scott at scottg@eurekahumboldtha.org or 707.443.4583 x213.

**Other questions?** Contact the front desk at 707.443.4583 x210.

**Visit our website** at https://eurekahumboldtha.org.

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# Owner / Manager Change Form

____ Owner / Manager Change ____ Address Change

Tenant Name: _____

Unit Address: _____

**Existing Owner / Manager**

Name: _____

Phone: _____ Email:_____

Address: _____

Existing owner/manager will be contacted to confirm change if not signed below.

**New Owner / Manager**

Name: _____

Phone: _____ Email:_____

Address: _____

Taxpayer Identification / Social Security #: _____

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.

Documentation

New owners attach W9, Direct Deposit form, lease, HAP contract, and proof-of-ownership (e.g. Deed of Trust). Managers attach W9, Direct Deposit form, and property management agreement.

**Existing:** _____ _____
Print Name Signature

**New:** _____ _____
Print Name Signature

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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:** | ☐ **Checking Account** | ☐ **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 ACH payment details) | |
|---|---|---|
| | | |
| **Signature** | **Date** | **Phone Number** |
| | / / | ( ) - |

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**

Form **W-9**
(Rev. March 2024)
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.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

**Print or type.** See ***Specific Instructions*** on page 3.

**1** 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.)

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** 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.

☐ Other (see instructions)

**3b** 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 . . . . . ☐

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

**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. See also *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*.

## 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