



This packet is ONLY for current Landlords

Re: **Adding a Unit**

Dear Owner:

This packet is for Owners who would like to add a unit to their existing account. In order for you to receive payment, the Housing Authority requires a copy of each of the following documents to be completed and submitted by the Owner.

1. Adding a Unit Form
2. Owner Certification Form
3. W-9 (please read instructions carefully, as all income is reported to the IRS)
4. Owner / Agent Form (if applicable, must notarize)
5. Copy of the Warranty Deed or completed and signed HUD-1 Settlement Statement for the assisted unit.
6. Proof of paid real estate taxes for the assisted unit (**NOTE:** SPHA will not approve tenancy at any property where the taxes are in arrears.)
7. The Homestead Exemption cannot be on the assisted unit.

Please return the above documents by fax (727-209-6988), by email ([jrandle@stpeteha.org](mailto:jrandle@stpeteha.org)), or by mail to:

St. Petersburg Housing Authority  
Attn: Compliance Department  
2001 Gandy Blvd. North  
St. Petersburg, FL 33702

Should you have any questions, please contact me at (727) 323-3171 , ext. 235.

Sincerely,

Jasmine Randle  
Compliance Specialist



## Adding a Unit

Owner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Social Security Number (or Tax ID Number): \_\_\_\_\_

Newly Acquired Property Address(es):

1. \_\_\_\_\_

Is Unit Vacant?  YES  NO

Is this a change of ownership with a current HCV Tenant already in unit?  YES  NO Tenant Name \_\_\_\_\_

Is Unit a:  Single Home  Condo/Apt  Apt Complex  Duplex/Triplex  Mobile Home  Other: \_\_\_\_\_

2. \_\_\_\_\_

Is unit currently vacant?  YES  NO

Is this a change of ownership with a current HCV Tenant already in unit?  YES  NO Tenant Name \_\_\_\_\_

Is unit a:  Single Home  Condo/Apt  Apt Complex  Duplex/Triplex  Mobile Home  Other: \_\_\_\_\_

**If more units need to be added please use the enclosed Additional Property Addresses Page** \_\_\_\_\_

Will you appoint a local agent to manage your property? \_\_\_\_\_

If yes, please fill out the Owner / Agent Form.

The Housing Assistance Payment check should be made payable to the following, unless I advise the St. Petersburg Housing Authority (SPHA) otherwise, in writing (must match W-9):

Payee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I accept the current Housing Assistance Payment (HAP) Contracts for the above listed units and understand that this assignment is binding to all of the original Owner's obligations and duties under the provisions of said contract(s). The provisions of this assignment shall bind and insure to the benefit of said Owner and respective successors and legal representatives.

I also agree to provide SPHA with a copy of the recorded warranty deed within sixty (60) days of the date of the sale of the property and understand that I must supply evidence of ownership as an interim measure to receive Housing Assistance Payments.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: Title 18, Section 1001 of the United States Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States Department of Housing and Urban Development (HUD).



## Owner Certification

The St. Petersburg Housing Authority partners with Owners to provide housing to low-income residents in St. Petersburg. Owners must abide by the rules and regulations of the Housing Choice Voucher Program, which can be found in the Housing Assistance Payment (HAP) Contract and at 24 CFR 982.451 – 982.453.

Property Address(es): \_\_\_\_\_

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### Ownership of Assisted Unit:

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

### Approved Residents of Assisted Unit:

I understand that the family members listed on the HAP Contract approved by the Housing Authority are the only individuals permitted to reside in the unit. Unauthorized occupants must be reported promptly to the Housing Authority. I also understand that I am not permitted to live in the unit while I am receiving Housing Assistance Payments.

### Housing Quality Standards (HQS):

I understand my obligations in the HAP Contract to perform necessary maintenance in order to comply with HQS.

### Tenant Rent Payment:

I understand that the amount of the tenant portion of the Contract Rent is determined by the Housing Authority. Any other item not specified in the Lease must be specifically approved by the Housing Authority.

### Reporting Vacancies to the Housing Authority:

I understand that it is my responsibility to notify the Housing Authority in writing in the event that the assisted unit is vacated.

### Administrative Criminal Actions for Intentional Violations:

I understand that failure to comply with the terms and responsibilities of the HAP Contract is cause for termination of participation in the Section 8 Program. I understand that intentionally supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law.

\_\_\_\_\_  
OWNER NAME (PRINT)    OWNER SIGNATURE    DATE

\_\_\_\_\_  
CO-OWNER NAME (PRINT) IF APPLICABLE    CO-OWNER SIGNATURE    DATE

\_\_\_\_\_  
AGENT NAME (PRINT) IF APPLICABLE    AGENT SIGNATURE    DATE



**Note: Only use this form if you are authorizing an Agent or Management Company to represent you.**

**Owner / Agent Form**

Owner Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and designate  
OWNER

AGENT PROPERTY MANAGEMENT COMPANY

AGENT PHONE NUMBER AGENT EMAIL ADDRESS

to act as Agent and to sign all Leases and Contracts for tenants participating in SPHA's Housing Choice Voucher program for the properties listed below:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby agree to act as Agent for above-listed Owner.  
AGENT

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

The Housing Assistance Payment check should be made payable to the following, unless the Owner advises the Housing Authority otherwise, in writing:

Payee Name: \_\_\_\_\_

Payee SSN or Tax ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

I, Owner of above properties, understand that the Entity whose Social Security Number (or Tax ID Number) is used will be sent a 1099 Form at the end of the year for tax purposes.

Owner Signature – MUST BE NOTARIZED \_\_\_\_\_ Date \_\_\_\_\_

Notary: State of Florida, County of \_\_\_\_\_. Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018. \_\_\_\_\_,

who is personally known to me, or has produced the following identification: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. 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 3. 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 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

<b>Sign Here</b>	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.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



**Additional Property Address(es):**

3. \_\_\_\_\_

Is Unit Vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_

4. \_\_\_\_\_

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_

5. \_\_\_\_\_

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_

6. \_\_\_\_\_

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_

7. \_\_\_\_\_

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_

8. \_\_\_\_\_

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_

9. \_\_\_\_\_

Is unit currently vacant? YES NO

Is this a change of ownership with a current HCV Tenant already in unit? YES NO Tenant Name \_\_\_\_\_

Is unit a: Single Home Condo/Apt Apt Complex Duplex/Triplex Mobile Home Other: \_\_\_\_\_