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## CHANGE OF OWNERSHIP/MANAGEMENT PACKET

*If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

Date: \_\_\_\_\_

In order for the Chicago Housing Authority (CHA) to process your Change of Ownership/Management request, the legal deeded owner(s) of the property must submit the documentation listed below. Failure to do so may result in the termination of the Housing Assistance Payment (HAP) Contract.

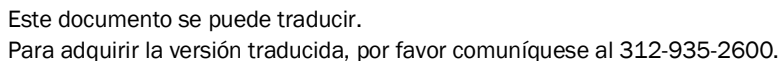
Each page of this packet requires information from you. Please complete the packet in full and submit it via email to [ownerservices@thecha.org](mailto:ownerservices@thecha.org), via fax to 312-786-6966 or drop it off in person at the CHA Central Office.

### Required Documentation Checklist:

- ☐ **Change of Ownership/Management Form**
- ☐ **Tenant List with Familial Relation Certification**
- ☐ **Supporting Documentation** based on ownership type and change type
- ☐ **HAP Contract Assignment** for each property index number (PIN) where a change has occurred
- ☐ **Affidavit of Ownership** for each property index number (PIN) where a change has occurred
- ☐ **Authorization for the Release of Information – Owner Form** (for individual property owners only)
- ☐ **Management Authorization Form** (if applicable; for foreclosure/receivership, attach court order in lieu of form)
- ☐ **Property Owner Certification Form** for each property index number (PIN) where a change has occurred
- ☐ **Direct Deposit Authorization Agreement** and voided check (must match the W-9)
- ☐ **W-9 Form** signed and dated by the entity or individual responsible for tax liabilities (Form 1099-MISC) relevant to the referenced property or properties. The name and tax ID number listed on the W-9 form must match the information listed on the IRS verification letter or Social Security card.

### Please note the following:

- For a change request to take effect by a particular check issuance date, CHA must receive the completed packet before the data entry cut-off date for the subsequent check run. A copy of the most recent Payment Processing Calendar is available for download on CHA's website at [www.thecha.org/forms](http://www.thecha.org/forms) or via the HCV Owner Portal at [chahcvportal.org](http://chahcvportal.org) (once logged in, click 'Resources within the site menu'). Failure to submit the packet before this date will result in payment to the property owner/manager currently on file.
- Late requests forfeit any past payments. CHA does not prorate HAP between two property owners (e.g., if the property was purchased on the 5<sup>th</sup> of the month, CHA will pay the entire month to the previous property owner and the following month to the new property owner).



This document serves as notice of a **(select one):**

- For the following property or properties that participate in CHA's HCV Program:

If you have more than two (2) properties where the change has occurred, please make copies of this page. You may also print and attach your own computer-generated list of properties and PINs.

Date of Sale / Settlement / Management Agreement: \_\_\_\_\_

What is your preferred language? \_\_\_\_\_

Date \_\_\_\_\_

Complete the list below to include all of the voucher-assisted tenants currently residing at the property or properties where the change of ownership/management has occurred. If you have more than 12 voucher-assisted tenants at the property or properties, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

| #   | Voucher # | Name | Property Address | Unit | Relation?*                                               |
|-----|-----------|------|------------------|------|----------------------------------------------------------|
| 1.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.  |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. |           |      |                  |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*A relation is defined as the property owner (including a principal or other interested party) being the spouse, domestic partner, parent (mother/father), child, grandparent, grandchild, sister, or brother of any member of the voucher-assisted household. Unless CHA has determined (and has notified the property owner and the participant family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a participant family member who is a person with disabilities, renting to/from a relative is prohibited by CHA.



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## SUPPORTING DOCUMENTATION

Please complete and/or include the appropriate documentation for the type of change that you are requesting.

☐ **Change of Ownership:**

- Complete an **Affidavit of Ownership** for each property index number (PIN) where a change has occurred.
  - For an individual ownership, complete the **Authorization for the Release of Information Form** and attach a copy of your state-issued photo ID and Social Security card below.
  - For a company ownership, attach a copy of the IRS Employer Identification Number (EIN) verification letter (Letter 147C) below.
- If you are utilizing a property management company, complete the **Management Authorization Form**.

☐ **Change of Management:**

- Attach a termination letter for the previous property management company.
- Complete an **Affidavit of Ownership** for each property index number (PIN) where a change has occurred.
  - For an individual ownership, complete the **Authorization for the Release of Information Form** and attach a copy of your state-issued photo ID and Social Security card below.
  - For a company ownership, attach a copy of the IRS Employer Identification Number (EIN) verification letter (Letter 147C).
- If you are adding a new property management company, complete the **Management Authorization Form**.

If applicable, include copies of photo ID, Social Security card,  
letter 147C and/or property management termination letter here.



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## HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT ASSIGNMENT

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Date: \_\_\_\_\_

I (We), \_\_\_\_\_  
(Name(s) listed on IRS Form W-9)

am (are) the new property owner(s)/manager(s) of the housing unit(s) located at:

\_\_\_\_\_  
(Address Range) (Street) (Ave. /St. /etc.) (City, State) (ZIP Code)

The following are the HCV Program participants who reside at the property:

|           |       |                  |        |          |
|-----------|-------|------------------|--------|----------|
| Voucher # | Name  | Property Address | Unit # | ZIP Code |
| _____     | _____ | _____            | _____  | _____    |
| Voucher # | Name  | Property Address | Unit # | ZIP Code |
| _____     | _____ | _____            | _____  | _____    |
| Voucher # | Name  | Property Address | Unit # | ZIP Code |
| _____     | _____ | _____            | _____  | _____    |
| Voucher # | Name  | Property Address | Unit # | ZIP Code |
| _____     | _____ | _____            | _____  | _____    |
| Voucher # | Name  | Property Address | Unit # | ZIP Code |
| _____     | _____ | _____            | _____  | _____    |

If you have more than five (5) voucher-assisted tenants at the property, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

I (We) intend to carry out the terms and conditions listed in the current lease and HAP Contract. I **(We) have attached all required documentation.**

\_\_\_\_\_  
Signature of **New** Property Owner/Manager

\_\_\_\_\_  
Date



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## HOUSING CHOICE VOUCHER (HCV) PROGRAM AFFIDAVIT OF OWNERSHIP

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Date: \_\_\_\_\_

Dear Property Owner:

The Chicago Housing Authority (CHA) conducts a property owner screening for all Request for Tenancy Approval (RTA) submissions. Therefore, the legal deeded property owner(s) must complete the appropriate sections of this form. Failure to do so may result in the denial of the RTA. In addition, if the property will be managed by an entity other than the property owner, a Management Authorization form must also be completed by the property owner and managing agent, and submitted with the RTA.

Please fill out the appropriate section in full for your Ownership Type (Individual/Sole Proprietor, Business, Court Appointed Receiver or Trust) and submit the completed document with the Request for Tenancy Approval or Change of Ownership/Management request via email to [ownerinfo@thecha.org](mailto:ownerinfo@thecha.org). If preferred, you may also drop off the form in person at the CHA Central Office, Owner Services department.

Please note the following:

- This form (one per property) is required for each property owner participating in the HCV Program.
- All information reported will be verified via internal quality control. If we are unable to substantiate any items indicated, the property owner will be contacted and asked to provide verification of their selections on the affidavit.

### PROPERTY INFORMATION

Property Index Number (PIN):   -   -    -    -

Property Street Address (include range, if assigned to single PIN)

Property City, State, ZIP Code

PROPERTY STATUS (must be completed)

| Please check the correct response below:                                                              | YES | NO |
|-------------------------------------------------------------------------------------------------------|-----|----|
| All real estate taxes and assessments are paid in full.                                               |     |    |
| This property is free of State and Federal tax liens. <b>Note:</b> Taxes must be in the owner's name. |     |    |
| This property is free of judgements, liens, claims and litigation.                                    |     |    |
| This property has a reverse mortgage.                                                                 |     |    |



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HCV Program Affidavit of Ownership – Page 2

**Types of Ownership – please only complete the section that corresponds to your ownership type**

- Individual/Sole Proprietor Ownership: Complete Section A only
- Business Ownership: Complete Section B only
- Court Appointed Receiver Ownership: Complete Section C only
- Trust Ownership: Complete Section D only

***SECTION A: INDIVIDUAL/SOLE PROPRIETOR OWNERSHIP***

Social Security Number (SSN) must match the owner name on file with the Social Security Administration.

Property Owner Name (to be used for tax purposes)

Phone Number

Property Owner Address

(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

City, State, ZIP Code

Email Address

Property Owner SSN:  -  -   
(must match Part 1 of IRS W-9 Form if receiving HAP)

***SECTION B: BUSINESS OWNERSHIP***

Select the type of Business Ownership below in accordance with the tax status.

- ☐ Partnership      ☐ Corporation      ☐ Limited Partnership      ☐ Limited Liability Company  
☐ Single Member LLC      ☐ Trust / Estate

Business Name

Business Phone Number

Business Address

(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

City, State, ZIP Code

Email Address

Business Tax ID#/EIN issue by the IRS:  -   
(must match Part 1 of IRS W-9 Form if receiving HAP)



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HCV Program Affidavit of Ownership – Page 3

**SECTION B: BUSINESS OWNERSHIP (cont.)**

**Names and Titles of Partners, Shareholders or Members**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

I certify that the company listed in this section (B.) is active and in good standing with the state of incorporation.

\_\_\_\_\_  
Authorized Agent Signature Name (printed) Title

**SECTION C: COURT APPOINTED RECEIVER WITH SPECIFIC AUTHORITY TO CONTRACT, LEASE AND ACCEPT RENT**

\_\_\_\_\_  
Receiver Name (to be used for tax purposes) Phone Number

\_\_\_\_\_  
Receiver Address City, State, ZIP Code  
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)

\_\_\_\_\_  
Email Address

Receiver SSN:    -   -     (must match Part 1 of IRS W-9 Form if receiving HAP)

- OR -

Business Tax ID#/EIN issue by the IRS:   -         
(must match Part 1 of IRS W-9 Form if receiving HAP)

Case Number: \_\_\_\_\_ Date Entered: \_\_\_\_\_

**SECTION D: TRUST AGREEMENT (AFFIANT MUST HAVE POWER OF DIRECTION TO CONTRACT, LEASE AND ACCEPT RENT FOR PROPERTY HELD IN TRUST)**

\_\_\_\_\_  
Name (to be used for tax purposes) Phone Number

\_\_\_\_\_  
Address City, State, ZIP Code  
(Principal place of business where records will be kept; PO Box alone or c/o is unacceptable.)



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HCV Program Affidavit of Ownership – Page 4

**SECTION D: TRUST AGREEMENT (cont.)**

Email Address \_\_\_\_\_

SSN:    -   -     (must match Part 1 of IRS W-9 Form if receiving HAP)

- OR -

Business Tax ID#/EIN issue by the IRS:   -         
(must match Part 1 of IRS W-9 Form if receiving HAP)

Trust Agreement Number: \_\_\_\_\_

Name of Trustee with Power of Direction: \_\_\_\_\_

**AFFIANT'S (PROPERTY OWNER'S) SIGNATURE**

Pursuant to 18 USC1001, whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Property owners and managing agents who violate this law may also be debarred from future participation in the Chicago Housing Authority's Housing Choice Voucher Program.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (printed)

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



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**AUTHORIZATION FOR THE RELEASE OF INFORMATION — OWNER**

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The Chicago Housing Authority (CHA) will use enhanced screening criteria such as a credit and criminal background check in order to determine the eligibility of an individual property owner or manager to participate in the Housing Choice Voucher (HCV) Program. Therefore, it is required that you sign this authorization form and submit it with your Request for Tenancy Approval (RTA).

**Consent:** I consent to allow HUD or CHA to request and obtain personal information for the purpose of verifying my eligibility for participation in the HCV Program. Authorization is given to perform a complete investigation (including criminal background check) and verification of all information provided in the RTA packet. Furthermore, I hereby certify that I have personally filled in and/or reviewed all property owner/manager information listed in the RTA packet.

I understand that this release waives any privilege or confidentiality existing under federal or state law regarding such information and that CHA, under this consent form, cannot use this information to deny, reduce or terminate participation without first conducting an independent verification. In addition, I am allowed to contest those determinations. My signature below authorizes all relevant entities to release credit and criminal record information.

---

*Property Owner Name* *Owner # (if applicable)*

---

*Property Owner Social Security Number/Tax ID Number* *Date of Birth (if applicable)*

---

*Property Owner Signature* *Date*

---

*Property Manager Name (if applicable)* *Owner # (if applicable)*

---

*Property Manager Social Security Number/Tax ID Number* *Date of Birth (if applicable)*

---

*Property Manager Signature* *Date*



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### MANAGEMENT AUTHORIZATION

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I, \_\_\_\_\_,

owner of the property located at: \_\_\_\_\_

PIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ authorize \_\_\_\_\_

to manage the above property. I authorize the property manager/management company listed above to conduct the following business with the Chicago Housing Authority (CHA), effective \_\_\_\_\_:

**Please check all those that apply:**

- ☐ Authorization to receive Housing Assistance Payments  
**Note:** Social Security Number or Business Tax ID#/EIN issued by the IRS is required and must match Part 1 of IRS W-9 form for the party that will receive payment.
- ☐ Authorization to execute the Housing Assistance Payment (HAP) Contract, Request for Tenancy Approval (RTA) and all other required documentation requested by CHA
- ☐ Act as a Property Owner Representative to conduct business with CHA, which may include, but is not limited to, submitting rent increase requests, being present for inspections and attending meetings.

Property owner certifies legal ownership of the property or legal entity which owns the property and has assigned the above responsibilities to the managing party listed below.

**Fraud and False Statements:** Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

\_\_\_\_\_  
Property Owner/Signer Name (print)      Property Owner/Signer (signature)      Date

\_\_\_\_\_  
Property Manager Name (print)      Property Manager (signature)      Date

\_\_\_\_\_  
Management Company

\_\_\_\_\_  
Property Manager/Management Company Address      City      State      ZIP Code

\_\_\_\_\_  
Property Manager/Management Company Office Phone      Property Manager/Management Company Cell Phone



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## PROPERTY OWNER CERTIFICATION FORM

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

Unit Address: \_\_\_\_\_

Property Index Number (PIN):   -   -    -    -

**Property Owner/Affiant:** Please *initial* to the right of each item below, certifying that you have read, understand, and agree to the terms of participation in the Housing Choice Voucher (HCV) Program.

### OWNERSHIP OF ASSISTED UNIT\_\_\_\_\_

I certify that I am the legal owner and/or authorized agent for the above-referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

### PROOF OF OWNERSHIP\_\_\_\_\_

I understand that prior to approval of the HAP Contract by CHA, I must submit and/or update the HCV Program's Affidavit of Ownership, listing the names and current addresses of all individuals having an ownership interest in the property, regardless of the legal entity that may hold title. I further understand that any changes to the list of owners and/or authorized agents must be reported to CHA in writing within 10 calendar days of the change.

### UNIT PROPERTY TAXES\_\_\_\_\_

I understand the status of a unit's property taxes will be checked against public records. A unit found to be delinquent in the payment of property taxes will not be eligible for lease under the HCV Program until the taxes have been paid in full. Proof of payment will be required.

### PROHIBITION ON LEASING TO RELATIVES\_\_\_\_\_

I certify that no member of the tenant family (related by blood or marriage) is the spouse, domestic partner, parent, child, grandparent, grandchild, sister or brother of the property owner, any principal, or the authorized agent without CHA's prior approval of a Reasonable Accommodation.

### CHA INSPECTION STANDARDS COMPLIANCE\_\_\_\_\_

I understand that it is my obligation under the HAP Contract to perform necessary maintenance and to provide those utilities as contracted in my lease with the tenant so that the unit continues to comply with CHA Inspection Standards. I understand that I (or my representative) am solely responsible for the coordination of, and must be present for, initial inspection(s). I also understand that I have an equal responsibility with the HCV participant for ensuring that all subsequent CHA inspections of the unit under contract take place.

### INSPECTION FAIL RATE\_\_\_\_\_

I understand that the goal is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk-through and an owner accompanying the CHA inspector on inspection day. Non-compliance could lead to denial of the RTA, suspension of the owner from the Program and/or HAP Contract termination.

### CITY BUILDING CODE VIOLATIONS\_\_\_\_\_

I understand that outstanding City of Chicago building code violations are a violation of CHA Inspection Standards. All units are subject to ongoing cross-referencing once the unit is on the Program. Proof of closed orders is required.



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**LEAD-BASED PAINT VIOLATIONS\_\_\_\_\_**

I understand that lead orders issued by the Chicago Department of Public Health are a violation of CHA Inspection Standards. Units with outstanding lead orders will not be eligible for lease under the HCV Program, and units are subject to cross-referencing during the term of the assisted tenancy. Proof of closed orders must be submitted.

**TERMS OF THE LEASE\_\_\_\_\_**

I certify that the terms of the lease that I use for voucher holders, including the length of the lease, which shall not exceed two years, adhere to the normal standards for market rate leases in Chicago.

**RENT REASONABLENESS\_\_\_\_\_**

I understand that any tenant transfers, new tenant move-ins or rental increases may not exceed the reasonable rent as most recently determined or re-determined by CHA. During the HAP Contract term, rent paid to the property owner may not exceed rent charged by the property owner for other comparable unassisted units on the premises.

**DIRECT DEPOSIT\_\_\_\_\_**

I understand that all property owners will be required to utilize direct deposit of Housing Assistance Payments.

**TENANT RENT COLLECTION REQUIREMENT\_\_\_\_\_**

I understand that it is my responsibility to collect the tenant's portion of the rent and that failure to collect the tenant's portion of the rent on a timely basis will be considered a Program violation.

**PROHIBITION OF SIDE PAYMENTS\_\_\_\_\_**

I understand that the tenant's portion of the Contract Rent and any other agreements must be approved by CHA and that the property owner is not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by CHA.

**UNAUTHORIZED PERSONS\_\_\_\_\_**

I understand it is a Program violation to allow anyone not approved by CHA and listed as a tenant on the HAP Contract to reside in the assisted unit or to be listed on the Lease Agreement.

**VACANCIES\_\_\_\_\_**

I understand that should the assisted unit become vacant, I am responsible for notifying CHA immediately. I understand that relocating tenants to other units requires CHA's prior consent. Death of an assisted tenant who is the sole household member immediately terminates the HAP Contract.

**VAWA REQUIREMENTS\_\_\_\_\_**

I understand that under HUD's mandated Violence Against Women Act, CHA may terminate my HAP Contract and allow a family to move/transfer.

**CRIMINAL ACTIVITY/QUALITY OF LIFE AT UNIT\_\_\_\_\_**

I understand that under the HAP Contract, as the property owner/manager I may terminate the lease agreement if any member of the household, a guest or another person under a resident's control engages in criminal activity that threatens the health or safety of or right to peaceful enjoyment of the premises by other residents and persons residing in the immediate vicinity of the premises; any violent criminal activity on or near the premises; and/or any drug-related criminal activity on or near the premises.

**RETALIATION\_\_\_\_\_**

I understand that under the Chicago Residential Landlord and Tenant Ordinance, it is declared to be against public policy of the City of Chicago and CHA for a property owner or manager to take retaliatory action, including harassment, against a tenant, except for violation of a rental agreement or violation of a law or ordinance. A property owner or manager may not knowingly terminate a tenancy, increase rent, decrease services, bring or threaten to bring a lawsuit against a tenant for possession or refuse to renew a lease or tenancy because the tenant has in good faith requested a CHA inspection, a City inspection, repairs/work orders, and/or exercised any lawful remedy as it pertains to the lease agreement and overall tenancy.



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**OWNER ORIENTATION\_\_\_\_\_**

I am aware that training sessions or “owner briefings” are available and that CHA strongly encourages owners and/or authorized agents to attend periodically. I certify that, as a property owner participating in the HCV Program, I fully understand the expectations of CHA and will comply with the rules of the Program.

**CODE OF CONDUCT\_\_\_\_\_**

I understand that it is a Program violation to threaten or engage in, or allow staff to threaten or engage in, abusive or violent behavior or criminal activity toward CHA staff or its contractor. *Abusive or violent behavior includes verbal as well as physical actions. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may also be considered abusive or violent behavior. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.*

**FAIR NOTICE ORDINANCE\_\_\_\_\_**

I understand the legal requirements that I must adhere to as outlined in the Chicago Residential Landlord and Tenant Ordinance (updated July 2020) with regard to the amount of notice given to a tenant when deciding to: (1) terminate periodic tenancy; (2) not renew a fixed-term rental agreement; or, (3) increase the rental rate.

**INSPECTOR GENERAL\_\_\_\_\_**

I understand that I have a *duty to report* to the Office of the Inspector General (OIG) any fraud, mismanagement, waste of funds or resources, abuse of authority, misconduct, conflict of interest, ethical violations or other improper acts involving CHA business. I understand that I have a *duty to cooperate* with the OIG in any and all inquiries. I understand that failure to report and failure to cooperate with the OIG shall result in disciplinary action, such as removal from the HCV Program and disqualification from further transactions with CHA.

**CONFLICT OF INTEREST\_\_\_\_\_**

I understand that I have a *duty to report* to the OIG any known conflict of interest as per Form HUD-52641, Housing Assistance Payments Contract (HAP Contract), Part B, Section 13. As such, any employee, contractor, subcontractor or agent of CHA, or any immediate family member (spouse, domestic partner, parent, child, etc., related by blood or marriage) as well as any public official, member of a governing body, or State or local legislator who exercises functions or responsibilities with respect to the program, or any member of the U.S. Congress may not have any direct or indirect interest in the HAP Contract or in any benefits or payments under the contract during their tenure or for one year thereafter. I understand that I must inform the HCV Program participant that their voucher will be ported out to the Housing Authority of Cook County.

**ILLINOIS HUMAN RIGHTS ACT COMPLIANCE\_\_\_\_\_**

I understand that it is my obligation as a housing provider to comply with the Illinois Human Rights Act ([dhr.illinois.gov](http://dhr.illinois.gov)), which mandates that I treat all applicants equally, regardless of their source of income, and refrain from implementing policies that, intentionally or not, result in discrimination against individuals receiving housing assistance.

**REQUESTED RENT\_\_\_\_\_**

I certify that the proposed rent or ‘Asking Rent’ listed in Box 8 of the HUD Request for Tenancy Approval (Form HUD-52517) does not exceed the rent charged for other comparable unassisted units on the premises.

**Property Owner/Affiant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



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## DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

As a property owner participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that you may incur fees and/or other penalties payable to CHA.

**Please visit** our website at [www.thecha.org/forms](http://www.thecha.org/forms) to download the direct deposit registration form. Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, email or fax as indicated below:

- 1. Mail:** CHA Housing Choice Voucher Program  
Attn: Direct Deposit  
60 E. Van Buren Street, 9th Floor  
Chicago, IL 60605
- 2. Email:** [directdeposit@thecha.org](mailto:directdeposit@thecha.org)
- 3. Fax:** 312-786-6966

If you have any questions regarding direct deposit of your HAP, please contact the CHA Customer Call Center at 312-935-2600 or email [directdeposit@thecha.org](mailto:directdeposit@thecha.org).

Thank you for your cooperation in this matter. We appreciate your continued support of the HCV Program.

### Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

|          |                                                                                                                                                                                                       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | <b>Date</b> — Date of form being filled for submission and on Form W-9 must match                                                                                                                     |
| <b>B</b> | <b>Owner #</b> — From HAP statement, if known                                                                                                                                                         |
| <b>C</b> | <b>Voucher # for Participant</b>                                                                                                                                                                      |
| <b>D</b> | <b>Name of Financial Institution/Account #/Routing # and Transit #/Type of Account</b> — Whatever is listed on the verification document, see checking account/savings deposit slip sample attachment |
| <b>E</b> | <b>The name indicated as the Payee Name and on Form W-9 must match</b>                                                                                                                                |
| <b>F</b> | <b>The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match</b>                                                                                                              |
| <b>G</b> | <b>Authorized Person</b> — Email, Address, City, State, ZIP Code, Phone, Signature                                                                                                                    |



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## DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check or savings account deposit slip to: **CHA Housing Choice Voucher Program, Attn: Direct Deposit, 60 E. Van Buren, 9th Floor, Chicago, IL 60605**, email it to [directdeposit@thecha.org](mailto:directdeposit@thecha.org) or fax it to **312-786-6966**.

Date: \_\_\_\_\_ (A) Property Owner# (from HAP statement): \_\_\_\_\_ (B) Voucher #: \_\_\_\_\_ (C)

☐ NEW ENROLLMENT ☐ CHANGE BANK ACCOUNT INFORMATION

I hereby authorize the Chicago Housing Authority (CHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payment (HAP) into my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing and Transit Number: \_\_\_\_\_

Type of Account (check one): ☐ Checking ☐ Savings

(D)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

This authorization is to remain in full force and effect until the HCV Program has received written notification from me of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit if CHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the financial institution and that I may incur fees and/or other penalties payable to CHA. **The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.**

**Payee or an authorized person must complete the following and sign this request. Please print legibly.**

Payee Name: \_\_\_\_\_ (E) SSN or Federal Tax I.D. #: \_\_\_\_\_ (F)

Name of Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Required)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

(G)

Signature of Property Owner or Authorized Person: **X** \_\_\_\_\_

### Failure to answer all questions and provide all documentation will result in delay of processing your request.

Pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of property owners and/or management agents or any law by an employee or agent of CHA will result in penalties and fines.

Rev. 12272024, Eff. 12302024, CHA-0032: ACH Docs

CHA Customer Call Center / TTY: 312-935-2600 / 312-461-0079 • [hcv@thecha.org](mailto:hcv@thecha.org) • [www.thecha.org/hcv](http://www.thecha.org/hcv)

**DIRECT DEPOSIT AUTHORIZATION**  
**Attach Voided Check**  
**or**  
**Savings Account Deposit Slip**

↑ check #      ↑ routing and transit #      ↑ checking account #

↑ Bank Routing Number      ↑ Checking Account Number      ↑ Check Number

CHICKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

**DEPOSIT TICKET**

First/Last Name  
Address  
City, State Zip

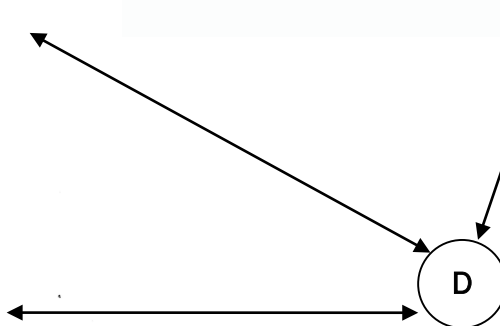
DATE \_\_\_\_\_  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL  
SIGN HERE IF CASH RECEIVED FROM DEPOSIT \_\_\_\_\_

First Bank of You

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

⑆0150 ⑆ 3034 ⑆ 0015075100 ⑆ 909

71-7403/2719  
CASH ☒ 25  
CHECKS ☐  
S ☐  
CHECKS OR TOTAL FROM OTHER SIDE \_\_\_\_\_  
TOTAL ITEMS ☐ SUB TOTAL \_\_\_\_\_  
LESS CASH \_\_\_\_\_  
NET DEPOSIT \$ \_\_\_\_\_



**Please Note:** The following verification documents must be provided:

- Voided check/savings deposit slip must include:
  - Encoding (the numbers on the bottom of your check/savings deposit slip)
  - Entity/Person must be the same as printed on the Direct Deposit Form
    - If starter checks, please hand write entity/person name

OR

- Letter from your Financial Institution
  - Must include the entity/person information
  - Routing/Account Number
  - Signed by an authorized representative of the Financial Institution

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.<br>See Specific Instructions on page 3. | <b>1</b> 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><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<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> 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.<br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|                                                        | <b>3b</b> 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 . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Requester's name and address (optional)                                                                                                                                                                                                                                                                            |
|                                                        | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>7</b> 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.

|                                       |  |  |  |   |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |  |

**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.

|                      |                                     |             |
|----------------------|-------------------------------------|-------------|
| <b>Sign<br/>Here</b> | <b>Signature of<br/>U.S. person</b> | <b>Date</b> |
|                      |                                     |             |

**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](http://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