

Housing Choice Voucher Program Change of Ownership Form

Instructions

1. Use this form for both the tenant-based and project-based Housing Choice Voucher (HCV) programs when there is a change in ownership for units under a HAP contract.
 - a. For the tenant-based program, if the change of ownership involves more than one tax ID number used by the new owner (i.e., 10 units with tenant-based vouchers are acquired under ABC Realty LLC and 10 units with tenant-based vouchers are acquired under XYZ Realty LLC), complete a separate form for each tax ID number, and include on the form all units acquired under that tax ID number.
 - b. For the project-based program, complete one form for the property and list all units under the Housing Assistance Payment (HAP) contract on page 4 of this form.
2. The **new owner** must complete, sign and date this form.
3. The **new owner** must upload the completed, signed, and dated form to: [mailto: tsmith@lynchburghousing.org](mailto:tsmith@lynchburghousing.org) If you have questions about this form, contact: Tabitha Smith at tsmith@lynchburghousing.org

Existing/Previous Owner Information

This section must be completed by the individual/entity currently listed with LRHA as the owner of the assisted unit(s).

Existing/Previous Owner:	Tax ID (SSN or EIN):
Vendor ID:	
Phone:	Email (required):

New Owner Information

This section must be completed by the individual/entity who will be listed with LRHA as the owner of the unit going forward.

New Owner:	Tax ID (SSN or EIN):		
Address:	City:	State:	ZIP:
Phone:	Email (required):		

New Agent/HAP Payee Information

This section must be completed by the individual/entity who will be listed with LRHA as the new agent/HAP Payee of the unit.

New HAP Payee:	Tax ID (SSN or EIN):		
Address:	City:	State:	ZIP:
Phone:	Email (required):		

Direct Deposit Bank Information

Owners are required to use direct deposit as the format for receipt of all HCV payments.

Account Holder's Name:	Name of Financial Institution:		
Routing Number:	Account Number:		
Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

Requirements for Owners to the HCV Program

LRHA may abate, suspend or terminate Housing Assistance Payments (HAP) if the requirements below are not met.

1. **Photo ID and Tax ID.** LRHA will not approve an owner for program participation unless the owner has a valid government-issued photo identification and a verified Employer Identification Number (EIN) or verified Social Security number.
2. **Tax Payment Requirement.** LRHA will not approve a unit for occupancy unless the owner is current on all local fines, assessments and/or payment agreements related to real estate taxes.
3. **Legal Ownership of the Unit.** LRHA will only enter into a contractual relationship with the legal owner or contracted agent/representative of a qualified unit. No tenancy will be approved without acceptable documentation of legal ownership (see Required Documents Checklist for examples).
4. **Conflict of Interest.** LRHA will not approve an owner in which any of the following classes of persons has any interest, direct or indirect, during tenure or for one year thereafter: Any present or former member or officer of LRHA (except a client commissioner); an employee of LRHA, or any contractor, subcontractor or agent of LRHA, who formulates policy or who influences decisions with respect to the programs; a public official, member of a governing body, or state or local legislator, who exercises functions or responsibilities with respect to the programs; or a member of the Congress of the United States.
5. **Leasing to Relatives.** LRHA will not approve a unit for occupancy if the owner is the spouse, parent, child, grandparent, grandchild, sister, or brother of any member of the voucher holder's family. LRHA may make an exception as a reasonable accommodation for a family member with a disability.

Important Payment Information

- LRHA can only place a payment hold once it receives proof of transfer (see Required Documents Checklist for examples) **or** the previous owner communicates directly with LRHA that they have sold the property.
- Any payments disbursed to the previous owner **prior** to said hold being placed that are owed to the new owner must be personally recovered by the new owner from the previous owner directly. LRHA will **not** recoup those payments and direct them to the new owner.
- It is the responsibility of the new and existing/previous owner to inform LRHA of an ownership change.
- Once the complete Change of Ownership packet is submitted to and approved by LRHA, payments to the new owner will begin retroactively from the first of the month following the final payment made to the previous owner.
- LRHA cannot make any payments without third-party verification of the new owner's Social Security number or Employer Identification Number.

Required Documents Checklist

The documents listed below must be submitted with this Change of Ownership form.

Item #	Document Title	Check
Forms: Complete, sign, and date each form as required. Ensure any required attachments are included.		
1.	HAP Payee Reassignment. Form must be completed, signed, dated, and include all required attachments before emailing to tsmith@lynchburghousing.org	
2.	W-9 Form. IRS W-9 form must be completed in its entirety for the HAP payee including the Taxpayer Identification Number (TIN) and signature. See https://www.irs.gov/pub/irs-pdf/fw9.pdf .	
3.	Direct Deposit Attachments. Include one of the following as an attachment: <ol style="list-style-type: none"> a. Voided check, or b. Letter on Bank Letterhead. The attachment must include: account name, routing number, and account number.	
4.	Agent Authorization Attachments (as applicable). If the owner uses an authorized agent/landlord to manage the unit and/or make decisions on their behalf, this completed form is required. A photo ID of the authorized agent is required and must be attached to the Agent Authorization form.	
Documents		
5.	Proof of Unit Ownership. Submit one of the following to document the new owner is the legal owner of the unit covered under the HAP contract being reassigned: <ol style="list-style-type: none"> a. Completed, signed and dated HUD 1 Settlement Sheet; or 	

Required Documents Checklist

The documents listed below must be submitted with this Change of Ownership form.

Item #	Document Title	Check
	b. Bureau of Real Estate Taxes Report (proof of property acquisition).	
6.	Photo ID. Valid, government-issued photo identification for the new owner.	
7.	Tax ID. Verification of Social Security number or Employer Identification Number (EIN). Examples: Social Security card or letter from the IRS stating the EIN. For EIN verification documents, contact the IRS (800-829-4933) and request LTR-147C.	
8.	Assignment of Tenant Information: Complete the Assignment of Tenant Information (see next page).	

Reassignment of Housing Assistance Payment (HAP) Contract:

For value received, the receipt of which is hereby acknowledged and intending to be legally bound hereby, the undersigned jointly and severally, hereby bargains, sells, assigns and transfers to the above listed new owner/agent/HAP payee (Assignee), its successors and assigns all monies due or to become due under and all right, title, interest and remedies and obligations in and under the Housing Assistance Payment contracts for the attached list of units, between the undersigned and the Lynchburg Redevelopment and Housing Authority, as Obligor, including the right to collect and retain monies due thereon. All Parties hereby acknowledge the terms of this Assignment and obligations incurred by the Assignee as a result of this Assignment.

Effective date of HAP Contract Reassignment: _____

Certifications

By signing below, both the existing/previous owner and the new owner certify that they agree to the Reassignment of Housing Assistance Payment Contract as stated in the preceding paragraph entitled *Reassignment of Housing Assistance Payment (HAP) Contract*.

By signing below, both the existing/previous owner and the new owner certify that all information provided here is true and correct.

By signing below, the new owner also certifies to comply with all Housing Choice Voucher owner certification, program, and document requirements.

LRHA will not approve an owner if LRHA has been informed that the owner has been debarred, suspended, or subject to a limited denial of participation under 24 CFR Part 24.

I hereby certify under penalty of perjury that all the information contained in this document is true and complete to the best of my knowledge. I understand that false statements or information are punishable under federal and state law. I also understand that false statements are grounds for termination from participation as an owner in the HCV program.

Existing/Previous Owner Signature:	Date:
New Owner Signature:	Date:

ASSIGNMENT OF TENANT INFORMATION

Complete and upload this form to reflect all tenants covered under the HAP contract where the change in ownership is being requested. Attach additional sheets as needed. Put an "X" in the box to designate whether the assisted tenants/units are covered under a Tenant-Based or Project-Based HAP Contract.

Tenant-Based Program
 Project-Based Program

No.	Tenant Name (Head of Household)	Unit Address	Unit #	Tenant ID#
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