



McKEAN COUNTY

HOUSING AUTHORITY

415 West Main Street, Suite 1 • Smethport, Pennsylvania 16749
T (814) 887-5563 • F (814) 887-2013

www.mckeancountyhousing.com

Patricia Dennis, Executive Director

Dear Landlord;

Thank you for your interest in becoming a Section 8 Landlord. In order to complete your file, please complete the following required documents and return them to our office as soon as possible.

- W9
- Property Owner Application
- Property Owner Certification – this form should be completed for each unit owned by the landlord.
- Property Manager Authorization – If you do not wish to list a Property Manager please indicated that by putting “N/A” at the top of this form.
- Rent Reasonableness Assessment Data Sheet – this form should be completed for each unit owned by the landlord.
- Authorization Agreement for Direct Deposit

The McKean County Housing Authority must verify that you are the legal owner of record for the rental property. Please provide our office with documentation verifying that you are the legal owner of record. Examples of acceptable verification of ownership status include:

- Recorded warranty deed, which includes the instrument number stamped from the Recorder, appropriate signatures, each property address, name or the owner(s), and notary information.
- A recorded deed must be presented if the property is jointly owned.
- Auditor-Stamped Sales Disclosure form.
- Trust Agreement

If you have any questions and/or concerns please feel free to contact Casey at 814-887-5563, ext. 119.

Thank you for your cooperation and understanding.

Casey Buckner
Section 8 Coordinator



Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <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) ▶ _____	
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.

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

Social security number	
	- -
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).

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 4.

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.

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 684 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

PROPERTY OWNER APPLICATION/INFORMATION SHEET

Please complete all of the information requested on this form. All fields are required.

APPLICATION DATE: _____

PROPERTY OWNER OF UNIT Business contact information (a PO Box is not acceptable for a street address):

Name of Owner/Company Officer: _____ Title _____
Company Name _____ Phone Number _____
Street Address _____ Fax Number _____
City, State, Zip _____ Alternate phone number _____
E-Mail address _____

OWNER TAX INFORMATION (The Request for Tenancy Approval cannot be processed without this information.)

The Internal Revenue Service requires that MCHA prepare and submit IRS Form 1099, *Statement of Recipients of Miscellaneous Income*, for all recipients who receive income during a calendar year. In order to be compliant with Federal law, please supply the following information:

Entity Name: _____ Federal Tax ID / Social Security Number _____
Entity Address: _____

A copy of the annual IRS Form 1099 showing the total amount of rental assistance paid by MCHA will be sent to the owner of the property, as per IRS requirements.

Indicate type of business entity and attach corresponding documentation: (check one)

- Sole Proprietorship
- Partnership
- Limited Liability Partnership (LLP or PLL)
- Limited Partnership (LP or Ltd.)
- Limited Liability Company (LLC or Ltd.)
- Corporation

A copy of the owner's photo ID
Federal Tax Form 1065, or Partnership Agreement
Federal Tax Form 1065, or Partnership Agreement
Federal Tax Form 1065, or Partnership Agreement
Federal Tax Form 1065, or Partnership Agreement
A copy of the Articles of Incorporation or
Certificate of Legal Existence/Good Standing

List the names of all principals/corporate officers:

PROPERTY OWNER APPLICATION/INFORMATION SHEET - continued

IMPORTANT NOTICE

Under 24 CFR 982.306(c)(3), MCHA may deny approval of an assisted tenancy if "the owner has engaged in any drug-related criminal activity or any violent criminal activity".

MANAGEMENT COMPANY INFORMATION

If someone other than the owner will be managing the property, please complete the attached *Property Manager Authorization Form* (included in this RTA packet), and if possible, attach a copy of your management agreement.

ADEQUATE LEGAL SITE CONTROL

MCHA will verify that the legal owner of record reported on the Request for Tenant Approval matches McKean County Tax Records. If there is a discrepancy, verification of ownership status is required or the landlord must demonstrate adequate legal site control of the proposed rental property prior to lease approval. Examples of acceptable verification of ownership status include:

- Recorded Warranty Deed, which includes the instrument number stamped from the Recorder, appropriate signatures, each property address, name of the owner(s), and notary information.
- A Recorded deed must be presented if the property is jointly owned.
- Auditor-Stamped Sales Disclosure form.
- Trust Agreement

PAYMENTS

ALL HAP CHECKS WILL BE DIRECT DEPOSIT. A separate Direct Deposit form will be included with the HAP Contract, Tenancy Addendum and W-9 Form packet. To ensure the confidentiality of your data, please return the direct deposit form separately – **AS DIRECTED ON THE FORM.**

Preferred method of communications:

- | | |
|--|--|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Home phone number |
| <input type="checkbox"/> Cell phone number | <input type="checkbox"/> Via Fax number |
| <input type="checkbox"/> Business Phone Number | <input type="checkbox"/> By mail |

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.

FOR OFFICE USE ONLY:

Information entered by: _____	Date entered: _____	Vendor #: _____
Client's name: _____	#: _____	Housing Specialist: _____
Owner's name: _____	Tax I.D.: _____	
Minor children in HH? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of children in HH under 6 yrs. of age: _____	

PROPERTY OWNER CERTIFICATION FORM

My Initials to the right of each item below certify that I have read and understand it or the item has been explained to me (if necessary).

NAME: _____

DATE: _____

OWNERSHIP OF ASSISTED UNIT _____

ADDRESS: _____

I certify that I am the legal owner or the legally designated agent for the above-referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever. I further certify that the property subject to this HAP Contract is not currently in foreclosure or receivership.

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 construed as a program violation.

PROHIBITION ON SIDE PAYMENTS _____

I understand that the tenant's portion of the contract rent and any other agreements must be approved by MCHA and that I am not permitted to charge any additional amounts for rent or any other item not specified on the lease and not specifically approved by MCHA.

REQUIRED LISTING OF PRINCIPALS _____

I understand that prior to approval of the HAP Contract by MCHA, I must submit and/or update the HCV Program's *Property Owner Application*, 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 additions to or deletions from the list of principals must be reported to MCHA in writing within 10 calendar days of the change.

PROHIBITION ON LEASING TO RELATIVES _____

I certify that no member of the tenant family is the parent, child, grandparent, grandchild, sister or brother of the owner, any principal, or the legally designated agent.

VAWA REQUIREMENTS _____

I understand that under HUD's mandated Violence Against Women Act, MCHA may terminate my HAP Contract and allow a family to transfer. MCHA would provide me with 30-day notice of contract termination.

HQS COMPLIANCE _____

I understand that it is my obligation under the HPA 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 Housing Quality Standards.

FORECLOSURE _____

I certify that there are no foreclosure proceedings underway with this property.

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 listed until the taxes have been paid in full, or a payment arrangement has been accepted by the McKean County Auditor's Office. Proof of payment will be required to list the unit.

ACC, TRANSFER, & ANNUAL INITIAL INSPECTION FAIL RATE _____

I understand that the goal of MCHA's Inspections Department is for units to pass their initial inspection. This can be greatly enhanced by an owner's pre-inspection walk and an owner accompanying the MCHA inspector on inspection day. An unacceptable compliance rate is subject to program suspension, non-listing of future Request for Tenancy Approvals (RFTA) and/or termination.

DIRECT DEPOSIT _____

I understand that all owners will be required to utilize direct deposit of HAP payments.

RENT REASONABLE _____

Any tenant transfers, new tenant move-ins, or rental increases may not exceed the reasonable rent as most recently determined or re-determined by MCHA.

VACANCIES _____

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

UNAUTHORIZED PERSONS _____

I understand it is a program violation to allow anyone not approved by MCHA and listed on the HAP Contract Cover Letter/Annual Recertification Addendum to reside in the assisted unit or to be listed on the Residential Lease Agreement.

SIGNATURE: _____

DATE: _____

REVIEWED BY: _____

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.

PROPERTY MANAGER AUTHORIZATION

The Management Company/Agent for the unit listed below is either licensed by the State of Pennsylvania, or is employed by me in accordance with Pennsylvania Code 35.201. (If an Agent or Management Agreement is available, please provide a copy.)

Property Address: _____

Tenant Name(s): _____

I, _____ (owner's name), hereby authorize
_____ (property manager's name) known hereafter as my Agent, to conduct the
business indicated in Section C below with MCHA on my behalf for the unit listed above.

As appropriate, fill in either Section A or Section B below:

Section A – Property Manager licensed by the State of Pennsylvania:

Real Estate Broker: _____
(Signature of Broker)

Broker #: _____

Or

Real Estate Agent: _____
(Signature of Real Estate Agent)

Agent Sales #: _____

And

Real Estate Broker: _____
(Signature and License # of Managing Broker)

Broker #: _____

Section B – Property Manager is an employee of the owner, as defined by Pennsylvania Division of Real Estate.

Section C – My Property Manager is authorized to conduct the following business on my behalf:

Check all that apply

- Contract with MCHA and tenant (i.e., negotiate rent, execute tenant lease and HAP Contract)
- Receive Housing Assistance Payments (HAP) and tenant rental payments
- Grant access to the rental unit
- Access contract and payment information
- Other (attach additional sheets if necessary)

This authorization is for the above unit only.

(Signature of Legal Owner)

(Date)

Section D – Contract Information for my Property Manager is as follows:

Company Name: _____

Phone Number: _____

Contact Name: _____

Fax Number: _____

Address: _____

E-Mail Address: _____

Please keep a copy of this authorization on file as it may be requested for verification purposes.

RENT REASONABLENESS ASSESSMENT DATA SHEET

MCHA is required to assess whether the proposed rent for your unit is comparable to similar units within its local market. MCHA's Rent Reasonableness assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and correct. If the MCHA Housing Inspector is unable to verify the information provided, MCHA will need to re-assess the proposed rent and may need to request that it be lowered, which will delay the processing of your contract approval.

Unit Street #: _____ Apt #: _____

City, State & Zip: _____

Tenant Name(s): _____

The Unit:

Requested Rent: _____

Square Footage: _____

Number of Bedrooms: _____ Number of Full Bathrooms: _____ Number of ½ Baths: _____

Building Type: (check one)

- Single Family Semi-Detached: Manufactured Home Garden/Walk Up High Rise
- Duplex
- Row House
- Townhouse

Unit Condition: Excellent Good Fair Poor

Street Condition: Good Average Poor

Property Amenities: (check only those that apply)

- | | |
|---|---|
| <input type="checkbox"/> Built-In Dishwasher | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Range |
| <input type="checkbox"/> Central A/C Unit | <input type="checkbox"/> Cable Ready |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Working Security System |
| <input type="checkbox"/> Off Street Parking | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Window A/C Unit | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Washer & Dryer Hook-Up | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Other Laundry Facilities | <input type="checkbox"/> Finished Basement |
| <input type="checkbox"/> Working Fireplace | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Carpeting | |

Signature _____

Date _____

Printed Name _____

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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

COMPANY NAME: MCKEAN COUNTY HOUSING AUTHORITY

I (we) hereby authorize MCKEAN COUNTY HOUSING AUTHORITY, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account/Savings Account (select one) 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: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Is this account: (check one)

Checking Account

Savings Account

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

Name(s): _____ ID Number: _____

(Please Print)

Date: _____

Signature(s): _____

Note: Written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Note: This authorizes the COMPANY named above to deposit money into my account for payment due as agreed upon.