

Landlord/Managers Information

Owners or prospective owners MUST complete and sign this form. If you are an agent/management company on behalf of the owner, a management agreement must be submitted along with this completed form.

Owner/Business Name <small>(This should be the same you want listed to receive your payment. The name and SSN or Tax ID Number must match)</small>		
Home Address	Mailing Address (If different from home address)	
City, State, Zip Code	City, State, Zip Code	
Home Telephone Number	Cell Number	Business/Work Number
Social Security Number	or Tax ID Number	E-Mail Address
Owner or Agent Signature		Date

This information must be submitted before an inspection will be performed on your rental property for your prospective tenant.

- ✓ Current Driver's License, State Issued Photo identification or Work Identification Card.
- ✓ Social Security Card or Employer Identification Number (EIN) you must provide a copy of the assigned number from internal Revenue Service (IRS). If you need a replacement you can call IRS at 1-800-829-4933.
- ✓ Recorded Warranty Deed, Closing Settlement Statement, Trust agreement, Recorded Quit Claim.
- ✓ Copy of Management Agreement (if applicable).
- ✓ Complete IRS-W-9 Form (TIN or SSN must match name listed on this form).
- ✓ Complete Direct Deposit Authorization Form with Voided check attached.

Columbia Housing HCV Leasing Team
 P. O. Box 40070
 Columbia, South Carolina 29240
 Office: 803.256.9377 Fax: 803.256.9424

**DIRECT DEPOSIT AUTHORIZATION
Authorization Agreement for Automatic Deposit (ACH Credits)**

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a **voided check or savings account deposit slip** to the Columbia Housing HCV Leasing Team P. O. Box 40070 Columbia, South Carolina 29240 or Fax to 803.256.9424.

Owner Number _____

New Authorization **Change in Authorization** **Termination of Authorization**

_____ Payee/Owner Name (Please Print) _____ E-Mail Address

_____ Rental Property Address _____ City, State, Zip Code

I hereby authorize Columbia Housing Authority (CHA), to deposit my Housing Assistance Payments (HAP's) to my account at the financial institution named below.

Checking Account Savings Account

_____ Name of Bank

_____ Address _____ City, State, Zip Code

_____ Routing Number _____ Account Number

^ This authorization is to remain in force and effect until the Agency has received written notification from me of its termination in such time and in such manner as to afford the agency and the financial institution a reasonable opportunity to act upon it.

_____ Name of Authorized Person (Please Print) _____ SSN OR FEI Number

_____ Address _____ City, State, Zip Code

_____ Signature of Authorized Person or Owner _____ Date:

_____ Telephone Number _____ Cell Number

Do not forget to attach a Voided Check or Saving Account Deposit Slip

COLUMBIA HOUSING SECTION 8. LANDLORD CERTIFICATION

Instructions for completing form: If owner is managing his/her own property, complete the top portion only. If agent is managing unit, agent completes top portion and owner completes bottom portion.

Street Address of Assisted Unit

City, State, Zip Code

Owner of Assisted Unit

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

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by Columbia Housing are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations under the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards,

Tenant Rent Payments

I understand that the Housing Authority determines the tenant's portion of the contract rent, and that ***it is illegal to charge any additional amounts for rent which Columbia Housing has specifically approved.***

Reporting Vacancies to Columbia Housing

I understand that should the assisted unit become vacant, I am responsible for notifying Columbia Housing immediately in writing.

Administrative and Criminal Action for Intentional Violations

I understand that failure to comply with the terms and responsibilities of a Columbia Housing Payments contract is grounds for terminations of participation in the Section 8 Program. I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature

Date

OWNER CERTIFICATION

(Please complete only if Agent is not the Owner)

I certify that I am the legal owner of the above referenced unit and that I have designated _____ as the agent of said property.

Signature of Owner

Date

Street Address of Assisted Unit

City, State, Zip Code

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