

SECTION 8 DIVISION

400 Harriet Tubman Street • Knoxville, TN 37915 865.403.1234 • Fax 865.594.8790 800.848.0298 (Tennessee Relay Center) www.kcdc.org

For New Landlord Registration and Existing Landlord Updates

This application is required in order to process any request and may be emailed to section8info@kcdc.org or faxed to 865-594-8790.

New Landlords:					
Add New Owner and Account Number	Referred By:				
Type of Bank Account: Checkin					
Savings Existing Landlord Updates:					
Existing Editatora Oparios.					
Update landlord Bank Account Number Type of Bank Account: Checkin Savings					
Change Landlord Name					
Update Landlord Mailing Address					
Make Landlord Inactive					
The following documentation is required and may be	e emailed to section8info@kcdc.org or faxed to 865-594-8790.				
Checklist 1 Bank account verification (voided check or deposit slip) 2 Proof of ownership (HUD-1 statement or tax statement) or Management Agreement 3 State Issued Photo ID					
Must be Completed by New and Existing Landlords					
1 Tax Identification Number or Social Security Number	r				
2 Telephone Number Including Area Code	¥				
3 Property Owners Name (Print)					
4 Landlord/Company Name (Same as 3 ?)					
5 Correspondance Address					
City	State Zip Code				
6 Email Address					
7 Rental Property Address Or					
Multiple Duementies	State Zip Code Bedrooms				
8 Tenant Name (If single family dwelling)					
Signature	Date				
	Section 19 Company Com				



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	2 Business name/disregarded entity name, if different from above						
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC	Exempt payee code (if any)					
충흥	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶						
Print or type. c Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)					
T 🚆	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(2.5)					
bec	Uther (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name	(Applies to accounts maintained outside the U.S.) and address (optional)					
See S	Trequesters marile	and address (optional)					
ഗ്	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)						
	your this in the appropriate box. The this provided materialis have given on the treated	curity number					
	p 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 <i>How to get a</i>							
TIN, la							
	in the account is in more than one harne, see the methodishe for into 1.7 like occ vinativame and	r identification number					
Numb	er To Give the Requester for guidelines on whose number to enter.	-					
Par	II Certification						
Unde	penalties of perjury, I certify that:						
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be is not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (conger subject to backup withholding; and	notified by the Internal Revenue					
3. I ar	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

Sign	Signature of
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.
acquisition	or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments
you have to	alled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

U.S. person ▶ **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.

Purpose of Form

Here

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



901 Broadway, N.E. • Knoxville, TN 37917-6699 865.403.1100 • Fax 865.403.1117 800.848.0298 (Tennessee Relay Center) www.kcdc.org

Vendor/Owner File Information

Please complete the following information and return along with a voided check. This information will allow us to establish an ACH transaction for payment purposes. By providing this information the vendor hereby agrees to ACH Direct Deposit payment.

Employer Identification Number (EIN) Bank Routing Number: or Social Security Number:						
Telephone Number	(includi	ing Area Code):		Account Numb	oer:	
Name on Account	(print or t	ype):		Type of Accou	ınt:	
				Offecking		
Company Name (p.	rint or typ	e):		Savings		
Address (including Zip Code):						
Please check the appropriate boxes for our payment reporting requirements with Housing and Urban Development (HUD) and City of Knoxville regarding Minority Business Enterprise and Small Business Enterprise.						
1. The business is	at least 5	1% owned and ope	erated by a wom	an		Yes □ No □
				Yes □ No □		
	Total gross receipts of not more than \$10,000,000 average over a three-year					
period OR employs no more than 99 persons on a full-time basis				Yes □ No □		
 3. Th business is at least 51% owned and operated by a veteran 4. Th business is owned & operated by persons at least 51% of the following ethnic background: 						
Asian/Pacific Black Hasidic Jew Hispanic Native American						ouna.
Signature:				Date:		





Section 8 Housing Department

400 Harriet Tubman St. * Knoxville, TN 37915 865.403.1234 * Fax 865.594.8790 section8info@kcdc.org www.kcdc.org

Housing Assistance Payments

- I. The owner will receive a Housing Assistance Payment (HAP) from KCDC on behalf of the tenant. The HAP will be a direct deposit into an account set up by the owner. The owner's acceptance of the HAP indicates that the family occupies the unit, the family's contribution toward rent has been collected, and the unit remains in a decent, safe, and sanitary condition. If any of these conditions do not exist, the owner should contact a Section 8 representative immediately.
- II. Change of Ownership KCDC requires a written request by the owner who executed the HAP contract to make changes regarding who is to receive KCDC's rent payment or the address the rent payment should be sent.

In addition, KCDC requires a written request from the new owner to process a change of ownership. All the following documents must accompany the written request:

Deed of Trust showing the transfer of title,

Direct deposit information

- Tax Identification Number or Social Security Number, and
- Owner Signature Date



SECTION 8 DIVISION



400 Harriet Tubman Street • Knoxville, TN 37915 865.403.1234 • Fax 865.594.8790 800.848.0298 (Tennessee Relay Center) www.kcdc.org

Owner's Obligations and Responsibilities

- 1. The landlord must comply with all responsibilities and obligations assigned to the landlord in the executed Lease and Contract. The landlord retains all rights and responsibilities for enforcing the Lease, collecting tenant's portion of rent, and instigating eviction procedures.
- The Contract Rent listed in the Contract is the maximum amount the landlord can require for rent, including all services, maintenance, and utilities that the owner agreed to provide in accordance with the Lease. TO COLLECT MORE THAN THIS AMOUNT CONSTITUTES FRAUD AGAINST THE FEDERAL GOVERNMENT.
- 3. The owner is required to periodically monitor the condition of the unit and to insure that it continuously meets the Housing Quality Standards.
- 4. The owner is required to perform ongoing maintenance and repairs as necessary to maintain a standard condition in the unit.
- 5. The owner is responsible for periodically monitoring the unit to insure that the eligible family occupies the residence.
- 6. The owner certifies that: (a) the owner is maintaining the contract unit in accordance with the HQS, (b) the contract unit is leased to the tenant, and the lease is in accordance with this contract and program requirements, (c) the rent to owner does not exceed rents charged by the owner for other comparable unassisted units, (d) the family does not own or have any interest in the contract unit, and if the owner is a cooperative, the family may be a member of the cooperative, (e) to the best of the owner's knowledge, the members of the family reside in the contract unit, and the unit is the family's only residence.
- 7. Transfer of Property Ownership: The property owner purchasing this unit agrees to (a) meet with a KCDC representative pending the sale, (b) provide required information, i.e., name, address, social security number, authorization agreement for automatic deposit, and proof of paid taxes (c) notify the assisted tenant, and (d) request the tenant's security deposit and leasing documents as part of the settlement and closing of this sale.
- 8. The owner may submit a rental increase or request a new lease 60 days prior to the annual certification month. The request must be sent to the tenant and KCDC must receive a copy. Please include the resident's full address on the rent increase, the amount and effective date of the increase, and the reason for the increase.

, ,	ions as a landlord participating in the Section 8 Housing I them as required by the executed Contract and Lease.
Landlord's signature	Date
c: Tenant file Landlord	

Supplement Form for Multiple Rental Properties

Tenant Name	Street Address	City	Zip Code	Bedroom Size