



Section 8 Offices
23B Glade Street, West Haven, CT 06516
Tel: (203) 934-9266
Fax: (203) 937-0306
TTD/TTY 1-800-545-1833 X 901
Section 8 Inspection office
Tel: (203) 691-8444
Fax: (203) 691-8426

Equal Opportunity Housing

BOARD OF COMMISSIONERS

Rosemarie Paine, Chairwoman
John R. O'Connor, Vice-Chairman
Wayne A. Orio, Treasurer
Tracy L. Mooney
Jasmin Nugent

John P. Counter
Executive Director

Change of ownership

If you have purchased a property with a Section 8 resident in place please provide the following information:

1. Proof of ownership
2. Current tenant name(s) AND address
3. W 9 form (see attached)
4. Direct Deposit information (see attached)
5. Complete the following information

New owner Name, address & telephone number:

Address of property: _____

If multiple units please list ALL units

Name(s) of current Section 8 participants residing in unit(s)

SAVIN ROCK COMMUNITIES
SECTION 8 LANDLORD CERTIFICATION OF RESPONSIBILITY

1. I certify that I am the legal or the legally designated agent for the above referenced unit, and that the tenant has no ownership in this dwelling unit.
2. I understand that I must comply with equal opportunity requirements.
3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.
4. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.
5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants.
6. I understand that the family members listed on the Housing Assistance Payments Contract (form HUD-52641) are the only individuals permitted to reside in the unit. I understand that SAVIN ROCK COMMUNITIES and I must grant prior written approval for other persons to be added to the household. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.
7. I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B and C. I understand that it is imperative that I fully understand the terms and conditions of the lease, Tenancy Addendum (form HUD-52641-A), and the HAP Contract.
8. I understand that I must submit to the tenant for their consideration and the SAVIN ROCK COMMUNITIES for their review, any new lease or lease revision a minimum of forty-five (45) days in advance of the effective date of the lease or lease revision.
9. I understand that I must provide SAVIN ROCK COMMUNITIES with a written request for any rent increase a minimum of forty-five (45) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.
10. I understand that the tenant's portion of the contract rent is determined by SAVIN ROCK COMMUNITIES and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by SAVIN ROCK COMMUNITIES.
11. I understand that I may not lease a unit to my family members, including all occupants, who are related to me in any of the following ways: parent, child, grandparent, grandchild, sister or brother. I understand that the SAVIN ROCK COMMUNITIES may grant prior written approval if the rental unit will provide reasonable accommodations for a family member who is a person with disabilities.
12. I understand that I may not assign the HAP Contract to a new owner without the prior written consent of SAVIN ROCK COMMUNITIES.
13. I understand my obligations in compliance with the HAP Contract to perform necessary maintenance so that the unit continues to comply with Housing Quality Standards.

14. I understand that should the assisted unit become vacant, I am responsible for notifying SAVIN ROCK COMMUNITIES immediately, verbally and in writing. I also understand that the HAP Contract and payment will terminate immediately.
15. I understand that I should attempt to resolve disputes between the tenant and me and contact SAVIN ROCK COMMUNITIES, in writing only in serious disputes that we are unable to resolve.
16. I understand that I must promptly give SAVIN ROCK COMMUNITIES a copy of any owner-eviction notice to the tenant and to comply with all State and local eviction procedures.
17. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in SAVIN ROCK COMMUNITIES housing programs.
18. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law.

_____ Date _____ Signature
of Owner/Agent

_____ Date _____
Signature of Co-Owner/Agent

Home Phone # _____ Email Address _____

Cell Phone # _____ Business Phone# _____

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.

Re Statement #11:

_____ I am not renting to a relative.

_____ I am renting to a relative.

Relationship to owner _____

Reason _____

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>		
	<p>2 Business name/disregarded entity name, if different from above</p>		
	<p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ 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 is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>	
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p>		
	<p>7 List account number(s) here (optional)</p>		

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

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.

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

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)
 - 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.*



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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Dear Landlord:

The Savin Rock Communities has implemented a direct deposit system for the monthly Housing Assistance Payments (HAP) checks. Therefore, please complete and sign the form on the back of this letter, "Authorization Agreement". Please make sure that you return this form with a voided check so that we may accurately process the paperwork.

Also, if you choose, to keep track of and verify HAP payments we have included instructions on signing up for "HMS-PAL" which is an online system where you can look up your payments. Keep the instructions for your records.

Thank you for your immediate attention to this matter.

*****PLEASE DISREGARD IF YOU ALREADY HAVE DIRECT DEPOSIT******



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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: Savin Rock Communities

I (we) hereby authorize Savin Rock Communities to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my (our) Checking/Savings account indicated below at the depository named below, hereinafter called depository, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____ BRANCH: _____
 CITY: _____ STATE: _____ ZIPCODE: _____
 ROUTING NO.: _____ ACCOUNT NO.*: _____

ACCOUNT TYPE: Checking or Savings (please circle one)

***You must also enclose a voided check or letter from bank for verification. (No deposit slips)**

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

NAME ON ACCOUNT: _____
 (PRINT)

NAME OF SIGNEE (IF DIFFERENT) _____
 (PRINT)

SSN or TAX ID#: _____ (Please explain if different than one submitted on W-9)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____

TELEPHONE #: _____



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SAVIN ROCK COMMUNITIES is excited to introduce our Landlords to our new online **HMS PAL™** system. Using this system, you will be able to register and access information regarding your monthly Housing Assistance Payments (HAP) for all your current tenants. Landlords can use **HMS PAL™** regardless of whether you receive Direct Deposit or payments by check, but by choosing to sign up for Direct Deposit, you can help SAVIN ROCK COMMUNITIES reduce environmental waste, use less paper, and help us become more efficient.

Please take the time to visit the website and familiarize yourselves with the new system at: www.hmsforweb.com/pal. There are instructions provided to assist you in accessing your information. Each landlord will be required to register at **HMS PAL™** and set up a user account. After successful registration, you can log in and check your payment history and print out individual payment information. You will need an e-mail address to complete the on-line process. If you do not have an e-mail account, you can sign up for a free account at www.hotmail.com, www.gmail.com, www.msn.com, or www.yahoo.com. Obtain the email address before registering on the **HMS PAL™** site.

Through **HMS PAL™**, you will be able to view an 18 month payment history and current year to date totals. Your most current payment data will be available online on the day following a check run process. This includes mid-month payments that are applicable for new move-ins, lease ups, and payments that have been held for abatements. However, please allow 3-5 business days for the receipt of your actual payment in your bank account as it takes time for the bank to process your direct-deposits.

You can opt to receive email notifications that a recent payment has been posted to the web, by enabling email notifications. If you would like to receive an email notification, you must select to turn on email notifications after you log in to **HMS PAL™** by clicking on "Email Settings" in the left menu. All landlords who received a payment the previous day and have turned on email alerts will receive an email. The email will let you know that your current month's statement is available online, and it will provide you with a link that will bring you to the login page. If you have questions about how to use **HMS PAL™** please check the FAQ (Frequently asked Questions) link provided throughout the **HMS PAL™** website. If you forget your username or password, there is a "Forgot Password" link below the login dialogue that will email that information to your email address. If you have technical problems with the **HMS PAL™** site, you can email support@hmsforweb.com for assistance. If you have questions about payment dates, payment amounts, etc, you should contact SAVIN ROCK COMMUNITIES directly.

At SAVIN ROCK COMMUNITIES, we are always looking for ways to expedite and simplify our functions in order to better serve both our Landlords and clients. By implementing the usage of **HMS PAL™**, we hope to offer an easier and more convenient method for you to verify Housing Assistance Payment (HAP) information on a monthly basis. For any questions or comments regarding **HMS PAL™**, please email: support@hmsforweb.com. We look forward to receiving feedback from you in reference to the new system.