



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
Harold Burns
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. W 9 form (see attached)
3. Lead paint Form
4. Complete the following information
5. Direct Deposit information (see attached)

OLD OWNER NAME: _____

NEW owner Name, address & telephone number: _____

Address of property: _____

If multiple units, please list ALL units (please use a separate of paper if necessary to 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.

- _____
of Owner/Agent Date _____ Signature _____
- _____
Signature of Co-Owner/Agent Date _____
- Home Phone # _____ Email Address _____
- Cell Phone # _____ Business Phone# _____

Re Statement #11:

Reason_____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards Target Housing Rentals and Leases

Lead Warning Statement: Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint or lead-based paint hazards (check one below):

- ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____
- ☐ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

_____ (b) Records and reports available to the lessor (check one below):

- ☐ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).
- _____
- ☐ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

_____ (c) Lessee has received copies of all information listed above.

_____ (d) Lessee has received the pamphlet, *Protect Your Family From Lead in Your Home*.

Agent's Acknowledgment (initial)

_____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Lessor _____ Date _____

Lessor _____ Date _____

Lessee _____ Date _____

Lessee	Date
--------	------

Agent	Date
-------	------

Agent	Date
-------	------

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	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
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. 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.

Social security number								

or

Employer identification number								

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

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. person (including a U.S. resident alien).

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 ▶

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.

U.S. person. 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 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 recipient 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 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.



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Executive Director

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. If you are depositing into a saving account, please provide bank back up with account/routing numbers to ensure correct processing.

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. (see attached)

Thank you for your immediate attention to this matter.

Please complete this form if you are starting direct deposit OR changing your accounts

LL contact name (if different than owner)

Name: _____

Tele: _____

Email: _____



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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.

Landlord name _____

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIPCODE: _____

ROUTING NO.: _____ ACCOUNT NO.*: _____

ACCOUNT TYPE: Checking or Savings (please circle one)

***Your account 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: _____

EMAIL ADDRESS: _____

TELEPHONE #: _____

LIST TENANTS: _____



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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.