



1300 Broad Street N
Jacksonville, FL 32202

Phone: 904-552-5952

JaxHA.org   

Request For Tenancy Approval Packet (RFTA Packet Cover Page)

*****RETAIN A COPY OF THE COMPLETED PACKET FOR YOUR RECORDS*****

Dear Prospective Vendor,

Thank you for your interest in participating as an Owner/Property Manager/Agent for Jacksonville Housing's (JH) Housing Choice Voucher (HCV) Program. The following documents requested must be provided before JH can enter into a Housing Assistance Payment (HAP) Contract. A Housing Quality Standards (HQS) Inspection will only be scheduled once the JH has received the completed Request for Tenancy Approval Packet along with the Owner/Property Manager's required documents and the Participant has been approved for the unit. Ensure all documents are complete in their entirety to prevent delay.

The following documents are required:

Request for Tenancy Approval Documents:

- Request for Tenancy Approval Form HUD-52517 (2 Pages/Owner & Client)
- HAP Contract Form HUD-52641 (Signature Page/Owner Only)
- HCV Rental Inspection Check List (2 Pages/Owner & Client)
- Landlord Certification of Responsibility (3 Pages/Owner Only)
- Reminder Notice: 40% Rule & Prohibition of Side Payment Agreements* (1 Page)
- Notice of Restriction of Leasing to Relatives*
- Criminal & Drug Activity*
- VAWA Lease Addendum*
- Landlord Declaration* (1 Page/Only complete if unit is in the jurisdiction of Condominium or Homeowner's Association)
- Proposed Lease (Do not fully execute lease as corrections may be necessary)

Owner (Proof of Ownership) Documentation Required:

- W-9 & Proof of Tax ID & Identification (1 Page/IRS Form/New Owner, First Time Only)
 - Driver's License or Government Issued ID
 - Social Security Card for individuals
 - Trust, or Estate: Copy of IRS verification of EIN for companies or corporations.
 - Proof of Company, Trust, or Estate's authorized Executor
- Recorded Warranty Deed (HUD Closing Statement if Deed not recorded yet)
- Recent Tax Bill
- Designation Form (Owner Only)
- Property Management Agreement with W-9 & Proof of Tax ID (If Applicable)
- Direct Deposit Authorization (Include VOIDED Check or letter on Bank Letterhead with Routing and Account numbers. No Deposit Slips or Starter Checks Accepted)

Continue to next page...



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(RFTA Packet Cover Page, page 2)

*****RETAIN A COPY OF THE COMPLETED PACKET FOR YOUR RECORDS*****

Inspection Notice: The HQS Inspector(s) will contact you directly for an appointment within 14 calendar days, based on unit ready date and all documentation being received and approved.

*****Notice to Owner/Property Manager*****

For security purposes, you are welcome to submit your complete personal or business entity information and proof of ownership separately and apart from the entire RFTA Packet, for submission directly to the appropriate team listed below.

*****Notice to Family/Participant*****

To submit the remainder (or all) of the completed RFTA Packet, email it to the appropriate team listed below or provide it in person. Upon processing, the assigned Team will provide verification of the Inspection Request and the breakdown of the total contract rent:

1. Family Rent to Owner
2. HAP to Owner
3. Total = Contract Rent

*****Voucher Holders may NOT move into a unit before it has passed HQS Inspection.*****

Participant Name	Email Address (if Applicable)	Phone Number

Owner/Property MGR Name	Email Address (if Applicable)	Phone Number

To submit the completed RFTA Packet see below:

Designated Team	Email Address	Phone Number
Transitions Team (Regular HCV Vouchers: Initial Lease-up, Relocation, Portability Move-In)	Transitions@jaxha.org	904-630-3852
Boutique Programs Team (FUP, EHV, VASH, SRO, Mainstream)	Boutique.IR@jaxha.org	904-366-3424

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and
Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- ☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code			
7 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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
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); 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 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

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

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

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 their 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 their 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, 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 instructions for Part II 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, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

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 are no longer 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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

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 U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 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 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, 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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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 ITIN. Enter it in the entry space for the Social security number. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at www.SSA.gov. You may also get this form by calling 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/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. 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, 4, or 5 below indicates 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 line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

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 made in settlement of payment card and third-party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations 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 on line 1, and enter your business or DBA name, if any, on line 2. 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.)

***Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

****** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

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, 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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 877-777-4778 or TTY/TDD 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 (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft 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. commonwealths and territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



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Restrictions of Leasing to Relatives

Pursuant to 24 CFR 982.306, Jacksonville Housing may not approve a unit for lease if the owner is the parent, child, grandparent, grandchild, sister, or brother of the Housing Choice Voucher holder that is seeking to rent the unit. JH may approve such unit for rent, before occupancy, if the Housing Authority determines that approving the unit would provide a reasonable accommodation for a family member who is a person with disabilities as defined in 24 CFR 8.3 and the United States Fair Housing Act of 1937 Section (b) (3) E.

Applicant/Participant:

I, _____ acknowledge receipt of the above notice and hereby confirm that the landlord is not my relative as defined by the statement above.

Applicant/Participant Signature _____

Date _____

Owner/Property Manager/Agent:

I, _____ acknowledge receipt of the above notice and hereby confirm that the participant is not my relative as defined by the statement above.

Owner/Property Manager/Agent Signature _____

Date _____

18 U.S. Code § 1001 states that a person is guilty of a felony for knowingly and willingly making false or Fraudulent statements to any department of the United States Government.



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Reminder Notice

Unit Affordability

Pursuant to CFR 982.508, applicant families and families relocating cannot pay more than 40% of their adjusted gross income for rent at the time of move in. If the gross rent (Contract Rent & Utility Allowance) exceeds the Payment Standard, the family's portion of rent to the owner cannot exceed the affordability threshold; 40% of the family adjusted monthly income.

Jacksonville Housing will not authorize any Housing Assistance Payment on behalf of a family whose portion of Rent to Owner exceeds the affordability threshold (40%), during the Initial Lease-up period; first twelve months.

Side Payment Arrangements

I understand that side payments and arrangements are a federal offense. Any payment arrangements made between the tenant and the landlord must be in writing and have prior approval from Jacksonville Housing (i.e., for past due rent).

Payments made to the owner above the rental portion designated by the Housing Authority as the family's share are "SIDE PAYMENTS". Side payments are illegal and constitute fraud.

I understand that if I (or someone on my behalf) engage in making side payments to the owner or his/her representative, my Housing Choice Voucher assistance will be terminated.

By signing this statement, I agree to comply with the above referenced Housing Authority policies. I understand that failure to comply will result in termination of my Housing Choice Voucher Assistance and/or Housing Assistance Payment (HAP) Contract.

Applicant/Participant:	Owner/Property Manager/Agent:
Applicant/Participant Signature	Owner/Property Manager/Agent Signature
Date	Date

18 U.S. Code § 1001 states that a person is guilty of a felony for knowingly and willingly making false or Fraudulent statements to any department of the United States Government.



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Criminal & Drug Activity

Any Drug related criminal activity engaged in by the tenant, any household member, or any guest on or off the premises, or any person under the tenants' control on the premises are grounds for termination of tenancy.

TENANT MAY BE EVICTED IF IT IS DETERMINED THAT:

- ▶ Any household member is illegally using drugs.
- ▶ A pattern of illegal use of drugs by any household member interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.

THE FOLLOWING TYPES OF CRIMINAL ACTIVITY ARE GROUNDS FOR TERMINATION OF TENANCY:

- ▶ Commit any serious or repeated violation of the lease.
- ▶ Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
- ▶ Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises including:
 - o Housing Authority Employees
 - o Property Management Staff Residing on the Property

TENANCY MAY BE TERMINATED IF A TENANT IS:

Fleeing to avoid prosecution or confinement after conviction for a crime or attempting to commit a crime that is a felony under the laws of the place from which the individual is fleeing.

Applicant/Participant:	Owner/Property Manager/Agent:
Applicant/Participant Signature	Owner/Property Manager/Agent Signature
Date	Date



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Lease Addendum Violence Against Women & Justice Department Reauthorization Act of 2005

TENANT	UNIT NO. & ADDRESS	LANDLORD

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD50-066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Applicant/Participant:	Owner/Property Manager/Agent:
Applicant/Participant Signature	Owner/Property Manager/Agent Signature
Date	Date



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Housing Assistance Payment & Lease Acceptance Agreement

I/We, _____, do hereby accept and agree to abide by the terms of the HAP Contract with Jacksonville Housing and lease Agreement with the following tenant until the lease expires:

Tenant Name: _____

Unit Address: _____

I also understand that I cannot change any terms of the HAP Contract or Lease Agreement until the contract and lease has expired.

Please note if property is sold, the previous owner is required and responsible to provide the original executed HAP Contract and Lease Agreement to the new owner. The new owner must complete all documentation to receive a Vendor ID and subsequent HAP Payments.

Owner's Printed Name			
Mailing Address			
City, State, Zip			
Phone Number	Fax Number	Mobile Number	Email Address

HAP Payee (if different from owner information)			
Mailing Address			
City, State, Zip			
Phone Number	Fax Number	Mobile Number	Email Address

Signature

Date

Printed Name

Title



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**Jacksonville Housing Authority
Housing Assistance Division
Designation by Owner who will Manage and Lease Property**

Office Use Only:
Vendor Code

Resident Name	Resident Number	Housing Counselor

Part 1: Property Owner (Check the box)

Issue payment & IRS Form 1099 to ☐ Property Owner (Complete Part 1 & Form W-9) OR

Issue payment & IRS Form 1099 to ☐ Agent (Complete Part 1 & Part 2 and Form W-9)

Legal Name (Individual Property Ownership)		Business Name (Business Entity Property Ownership)	
Lease/Rental Address (Provide Proof of Ownership)			
Tax Identification Number (TIN)			
SSN _____		OR EIN _____ (SSN for Individual) (EIN for Business Entity)	
Mailing Address			
City, State Zip		Daytime Number	Fax Number
Email Address (Required to receive ledger and access the S8 Landlord Portal)			
Signature		Date	



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IRS Information

Housing Assistance Payments (HAP) is reported to the Internal Revenue Service (IRS) on Form 1099-MISC, Miscellaneous Income. It is important that JHA receive the correct taxpayer identification number (TIN) and name combination in order to avoid IRS backup withholding.

Purpose

The IRS requires JHA to have the correct TIN of the individual or business entity for the HAP payments received for the property or properties indicated on the front of this form and in conjunction with the IRS W-9.

Definition

A TIN is a Social Security Number (SSN) issued by the Social Security Administration (SSA) or an Employer Identification Number (EIN) issued by the IRS. A TIN can have only nine (9) numbers. It cannot have more or less than nine numbers nor can it have letters.

Determination

The SSN of a person may be determined by his or her social security card issued by the SSA. The EIN of a business entity may be validated by the payee contacting the IRS to get their employer identification number validated on the IRS Letter 147C.

Instructions

1. If you are an individual, provide the name and number shown on your Social Security Card.
2. If you are a group, but are not a business entity, you must provide the name and number of the person who represents your group and accepts responsibility for all HAP payments made to the group. This individual must provide the name and SSN as shown on that person's Social Security Card.
3. Business entities, which have been issued an EIN by the IRS, should provide the business name and EIN as shown on the IRS Letter 147C.

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 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 certification or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

06/2017



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Jacksonville Housing Authority Housing Choice Voucher Program

Certification of Responsibility

Landlord/Vendor/Property Management:

Please read each item below. Your signature at the bottom indicates that you understand and agree to all terms and the Housing Assistance Payments (HAP) Contract.

1. I certify that I am the owner or the legally designated property agent for any property for which I submit a Request for Tenancy Approval (RTA) and that the tenant or family does not own or have any interest in the contract unit.
2. I understand I must comply with equal opportunity requirements. I will not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with the HAP contract.
3. I understand that a landlord who participates in the HCV program becomes subject to the Equal Access Rule when the owner executes a HAP Contract with JHA. The Equal Access Rule [PHAs] 2014-20 (HA)], as defined by HUD, requires a private owner who participates in the HCV program to make housing available without regard to actual or perceived sexual orientation, gender identity, or marital status.
4. I understand that JHA employees, clients, agents, vendors, and other non-employees who conduct business with the Jacksonville Housing Authority are strictly prohibited from engaging in discrimination or harassment prohibited by its Fair Housing and Nondiscrimination Policy.
5. I understand I am responsible for carefully screening the family's suitability for tenancy to the same extent I screen an unassisted family. This may include 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.
6. I acknowledge that the Jacksonville Housing Authority (JHA) neither conducts nor is it responsible for the landlord's tenant screening. Furthermore, I acknowledge that JHA has no liability or responsibility to the owner or other persons for the family's behavior or the family's conduct in tenancy.
7. I understand the security deposit collected from assisted tenants must not exceed the private market or exceed the security deposit charged to unassisted tenants. I understand the landlord must give the JHA any information requested by the JHA on security deposits charged by the landlord for other units on the premises or elsewhere.

(1 of 5 – Certification of Responsibility)

8 | Page

v. HCV 04-2025

8. I certify the rent does not exceed the rent charged for comparable unassisted units in the area or on the same premises. I understand JHA will perform a rent reasonableness review before approving the contract rent amount.
9. I understand my obligation to offer a lease to the tenant, and the lease may not differ in form or content from any other lease I am currently using for any unassisted tenants. I understand it is my responsibility to ensure my lease complies with state and local law. The JHA will only review my lease to ensure that items required by the United States Department of Housing and Urban Development (HUD) are addressed.
10. I understand the family members listed on the Housing Assistance Payments (HAP) Contracts are the only individuals permitted to reside in the unit. I understand that JHA and the landlord must both grant written approval prior to adding other persons to the household (except for the birth, adoption, or court-awarded custody of a child). I understand the landlord is not permitted to live in the assisted unit while receiving any housing assistance payments.
11. I agree to comply with all the requirements contained in the lease, as well as HUD's Tenancy Addendum and Housing Assistance Payments (HAP) Contract, parts A and B. I understand it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum, and the HAP Contract.
12. I certify that I (including a principal or other interested party) am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family. If I am related, I have received written approval from JHA approving the rental of the unit, notwithstanding such a relationship, in order to provide reasonable accommodation for a family member who is a person with disabilities.
13. I understand if I fail to execute the HAP contract and/or other required documents in the timeframe set by JHA, JHA may void the approval of the tenant's authorization to move in. Should the transaction be voided by JHA, I understand that no Housing Assistance Payment Contract will be executed, and no payment will be made by JHA.
14. I acknowledge that HAP is considered paid on the date the check is issued, or electronic payments are transmitted.
15. I understand JHA is required to recoup HAP paid in error. If JHA determines the landlord is not entitled to HAP or any part of it, JHA, in addition to other remedies, may deduct the amount of the overpayment from any amounts due to the landlord. This may be done by withholding payment(s) owed to me, including HAP for other tenants. Should there be no other valid Section 8 contracts, I acknowledge my responsibility to repay JHA upon receipt of an overpayment invoice. If, for any reason, JHA turns your debt over to a collection agency, the additional cost of the collection agency will be passed on to the landlord. The landlord will incur an additional cost not to exceed 50% of the entire or remaining debt.

(2 of 5 – Certification of Responsibility)



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16. I understand I must submit to the tenant for their consideration and to JHA for their review of any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease revision.
17. I understand regulations require that the JHA receive a request for a rent increase at least sixty (60) days before the increase takes effect. In order for the rent increase to become effective at the time of recertification, the request must be received by the JHA at least sixty (60) days before the lease ends in the Rent Café Portal.
18. I understand the tenant's portion of the contract rent is determined by JHA and that it is illegal to charge additional amounts for rent or any other item not specified in the lease that has not been specifically approved by JHA. I certify I will not charge or accept additional money for rent from the assisted family, or any other public or private source. I understand that either requiring or accepting "side payments" for additional rent is grounds for disbarment by the JHA, possible criminal prosecution, and debt by me to the JHA.
19. I understand that JHA may deny or terminate my participation in JHA programs if I have a history of being abusive towards JHA staff or program participants.
20. I acknowledge I am not a Jacksonville Housing Authority employee or an elected official of Duval County as of the date of this certification. I further acknowledge that I am not the spouse, parent, or child of a JHA employee or elected official of Duval County as of the date of this certification. I understand that no JHA employee shall enter into a contract or transact any business in which he or a member of his immediate family has a financial interest (direct or indirect) with JHA or any person or agency acting for JHA and any such contract, agreement or business engagement entered in violation of this section shall render the transaction voidable.
21. I understand I may not assign the HAP Contract to a new owner without the prior written consent of JHA. I further understand my failure to timely notify JHA and/or any unauthorized transfer and/or assignment constitutes a breach of the HAP contract, which is then subject to immediate termination, recovery of any outstanding overpayments, or any other relief that may be sought against the owner by JHA and/or HUD.
22. I certify that as of the date of this Landlord Certification of Responsibility, the contract unit is not in foreclosure, and the mortgage is in good standing. I understand that I must advise JHA and the tenant, in writing, within fifteen (15) days of being notified of a pending foreclosure of this property.
23. I understand my obligations as specified in the Housing Assistance Payments (HAP) Contract to perform necessary maintenance, so the unit continues to comply with Housing Quality Standards (HQS) or NSPIRE inspection protocol throughout the assisted resident's tenancy.

(3 of 5 – Certification of Responsibility)

10 | Page

v. HCV 04-2025

24. I understand that should the assisted unit become vacant, I am responsible for notifying JHA immediately in writing. I also understand that the HAP Contract and payment will terminate immediately and that I will be required to repay JHA HAP for any month(s) paid after the family vacates the unit. If, for any reason, JHA turns your debt over to a collection agency, the additional cost of the collection agency will be passed on to the landlord. The landlord will incur an additional cost not to exceed 50% of the entire or remaining debt.
25. I understand I should attempt to resolve disputes with the tenant directly and should contact JHA, in writing, of any notices of lease violations for the tenant.
26. I understand I must comply with all state and local eviction procedures. At or before the time the eviction is filed, the tenant and JHA must receive a written notice specifying the grounds for termination of tenancy. Once the eviction is filed, the tenant and JHA must receive written verification.
27. I acknowledge that I have had the opportunity to attend one of the Landlord/Vendor/Property Manager Workshops to better understand the Housing Choice Voucher program and process and to ask any questions I may have. I understand my responsibilities to know the HCV Program requirements and that failure to abide by these requirements may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or other units, and/or being barred from participating in JHA's housing programs.
28. I understand I must notify JHA immediately in writing of a change of address or email address. Failure to do so may interrupt or delay vital correspondence that could affect the HAP.
29. I understand that JHA may terminate the HAP for the following offenses:
 - a. I _____ have _____ or have not, as of the date of this certification, been convicted of any violent criminal activity or that an officer, director, or executive of the entity entering into a contract or receiving funding from JHA.
 - b. I _____ have _____ or have not, as of the date of this certification, been convicted of any drug-related criminal activity, regardless of whether it is connected to a federal housing assistance program.
30. I understand if one or any of the previous certifications is found to be false, JHA will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary legal steps to collect these funds, including but not limited to filing a legal action against the owner. JHA's failure to take steps to recover HAP paid on previous certifications later found to be false does not waive any of JHA or HUD's rights to pursue repayment of the fund under the HAP. If, for any reason, JHA turns your debt over to a collection agency, the additional cost of the collection agency will be passed on to the landlord. The landlord will incur an additional cost not to exceed 50% of the entire or remaining debt.

(4 of 5 – Certification of Responsibility)

11 | Page

v. HCV 04-2025



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31. I understand as the owner or the legally designated agent, I am responsible for complying with VAWA 2013 (Violence Against Women Act) as applicable to HUD-covered housing programs. For more information, review Part C of Housing Assistance Payments (HAP) Contract: Tenancy Addendum, Section 8 Termination of Tenancy by Owner, Part F Protections for Victim of Abuse, and the Administration Plan, chapters 13 – Owners, and 16 Program Administration.

32. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal and/or state criminal law.

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.

IMPORTANT – Make sure #29 is filled in before returning to JHA

Legal Name (Individual Property Ownership)	Business Name (Business Entity Property Ownership)

Signature	Date

(5 of 5 – Certification of Responsibility)



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Jacksonville Housing Authority Section 8 Direct Deposit

IMPORTANT INFORMATION TO ENROLL IN DIRECT DEPOSIT

DIRECT DEPOSIT for SECTION 8 OWNERS ONLY

1. Complete the Direct Deposit Authorization form. Enter all the necessary information on the Authorization form (all Owners and Authorized Signatories must sign). Please do not omit any information.
2. Attach an original voided check (photocopy, deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account you will need to obtain the correct "Routing Number" from your bank in writing, along with the savings account number and submit both with the enclosed authorization form.
3. Please return the completed forms, together with your voided check to:
Jacksonville Housing Authority
Section 8 Department – 2nd Floor
Attn: Cathy Ponder-Hunt
1300 Broad Street
Jacksonville, FL 32202
4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application. Please do not fax or email the forms.
5. Please allow 60 to 90 days for your Direct Deposit Authorization application to be processed.

06/2011



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Jacksonville, FL 32202

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Direct Deposit Authorization Jacksonville Housing Authority

1300 Broad Street
Jacksonville, FL 32202

Part 1: Authorization Agreement for setup, Changes, or Cancellation

I (we) hereby request and authorize the Jacksonville Housing Authority to deposit the Housing Assistance Payment (HAP) by electronic funds transfer into the account specified below. I (we) also authorize the Jacksonville Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Furthermore, I (we) agree not to hold the Jacksonville Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my accounts.

This authorization will remain in effect until a written notice to terminate direct deposit is received by the Jacksonville Housing Authority. I (we) understand 60 days must be allowed for initiating or terminating the Direct Deposit Agreement. Notification of any change in financial institution is the responsibility of the undersigned.

Authorization Signature _____

Printed Name _____

Date _____

Part 2: Transaction Type (check one)

- ☐ New Setup ☐ Cancellation
☐ Change Financial Institution ☐ Change Account Number ☐ Change Account Type

Part 3: Payee Identification

**Owner Tax ID (Social Security
Number or Employer
Identification Number):** _____

Daytime Telephone Number: _____

Payee Name: _____

Alternate Telephone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____