



Ocala
Housing Authority

HUD Certified Housing Counseling Agency

CHIEF EXECUTIVE OFFICER

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FL Licensed Real Estate &
Mortgage Broker
NMLS #383663

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EQUAL HOUSING
OPPORTUNITY

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**Ocala Housing Authority
Landlord Guide to the Housing Choice Voucher Program**

Under the Ocala Housing Authority's (OHA) Housing Choice Voucher Program, the OHA will pay directly to the Owner/Landlord a portion of the monthly rental payment on behalf of the family towards the rent of a home that meets their needs.

Please note the following

- **The OHA has not screened this family's behavior or their suitability for tenancy.** Such screening is the owner's responsibility. The OHA recommends that all Owners/Landlords screen families prior to accepting them as a tenant.
- **This family is obligated to pay their own security deposit.** The amount of the security deposit charged by an Owner/Landlord cannot be in excess of private market practice or the amount the Owner/Landlord charges for unassisted units. When the family moves out, subject to State and local law, you may use the security deposit, including any interest on the deposit, in accordance with the lease, for reimbursement of any unpaid rent payable by the tenant, damages to the unit or for other amounts owed under the lease.
- **The OHA does not provide a lease.** Owner/Landlords must use their own lease.

The Lease Agreement

What Every Owner Needs to Know

- The OHA Section 8 Housing Choice Voucher Program does not prohibit or inhibit the normal owner/tenant responsibility as prescribed by the Florida state statutes and the Housing Assistance Payment (HAP) Contract. The OHA acts only as a subsidy agent, paying a portion of the rent on the tenant's behalf directly to the landlord based on the family's income. The Housing Authority does not interfere with normal landlord/tenant interrelationships. However, the Housing Authority can act as arbitrator to help resolve problems and, upon written request, the Housing Counselor will counsel the family regarding a repeated problem the landlord maybe experiencing with a tenant, only after the landlord has personally tried to resolve the matter first himself/herself.

Important Facts Regarding the Lease Agreement

1. The lease must be consistent with State and local law.
2. Must Contain the FULL address of the unit to be subsidized
3. Must Contain the names of the owner and the tenant
4. Must contain the amount of the monthly rent to owner
5. The lease must be in a standard form and should generally be the same lease used for other unassisted tenants.
6. The lease must contain a word-for-word account of which party (owner or tenant) is responsible for the utilities

7. The lease should specifically indicate any additional fees that are not included in the contract rent (cable, phone, wash/dryer etc.)
8. The lease must be approved by the OHA.
9. It must be understood that the Housing Choice Voucher Program *Tenancy Addendum* is an automatic addendum to every tenant lease. If there is any conflict between the Tenancy Addendum and provision of the owner/tenant lease – then the Tenancy Addendum shall control.

It is a common misconception that the OHA is responsible for the lease enforcement of HCV Section 8 participants. The individual landlord/owner is responsible for enforcing the terms/conditions of the lease agreement (no pet policy, failure to pay rent etc.) However the landlord should always provide the agency copies of notices sent to the tenant regarding lease violations (7 day Notices, 3 Day notices, Warnings etc.). In general, a Section 8 Participant should be treated no differently than any other unassisted tenant. If our client is committing serious/repeated violations of the lease – then the landlord should enforce the lease in accordance with Florida law (providing copies of all paper work to the OHA).

Note: All prospective, new and current owners should be reasonably familiar with the Florida Landlord/Tenant Law. Information regarding Florida’s laws regarding landlord/tenant issues can be obtained via 1-800-HELP-FLA (English), 1-800-FL-AYUDA (Spanish) or www.800helpfla.com.

Should you have any questions or need assistance in completing these forms,
please do not hesitate to contact _____,
HCV Section 8 Housing Counselor, at (352) _____, during
the hours of 8:30 A.M. – 4:30 P.M.

Sincerely,

Housing Choice Voucher Counselor
Ocala Housing Authority

Revised March/2020

Ocala Housing Authority

Housing Choice Voucher (Section 8) Program



Date: _____

Dear Prospective Landlord:

Thank you for your interest in participating in the Ocala Housing Authority's Section 8 Program. Our program provides \$5 million dollars annually directly to private landlords on behalf of eligible families. In order to ensure that the OHA receives the necessary documents to establish your eligibility to participate in the program, and to validate proof of ownership, please complete the attached Landlord Packet in accordance with the checklist below and submit to our office. We are unable to accept any documents that are not completed in its entirety of that have insufficient information.

Completed:

- _____
1. Owner Eligibility Form:
 - Must have owner's and co-owner signature
 - Notary Signature
 - Notary Section must be complete in its entirety

 2. Social Security Card: Owner & Co-Owner (Not needed when using a Corporation FEI Number)
 - SS Card must match Payee
 - SS Number must Match W-9

 3. W-9
 - SS Number on W-9 must Match SS Card
 - Must be signed by Payee

 4. Recorded Warranty Deed:
 - Legal Description must match Addresses of rental unit
 - Must be Dated
 - Must be signed by Grantor/Seller
 - Must be Notarized
 - Must be a Recorded Deed

 5. Management Agreement:
(IF unit is being managed by a Management Company)
 - Management Agreement must be signed by Owner and Co-Owner if applicable, and dated

 6. Property Tax Bill:
 - Legal Description must Match the Rental Property
 - Owner's name must match Warranty Deed

 7. Photo I.D. - Owner & Co-Owner (Not needed when using a Corporation FEI Number)
 - Driver's License
 - Other (must have picture)

 8. Direct Deposit Information
 - ACH Application Form
 - Voided Check
 - Deposit Slip for Savings Account (verify routing number with your bank)



OCALA HOUSING AUTHORITY
1629 NW 4TH STREET
PO BOX 2468
OCALA, FL 34478-2468
PH: 352-369-2636/FAX: 352-369-2642

PROPERTY TRANSFER AGREEMENT

The Housing Assistance Payment Contract (HAP) is between the Public Housing Agency (PHA) and the owner. The HAP contract is entered to provide assistance for the family under the Section 8 Voucher Program.

The PHA has approved leasing of the unit in accordance with requirements of the Section 8 Voucher Program.

During the HAP contract term, the rent to owner may at no time exceed the reasonable rent for the contract unit as most recently determined or re-determined by the PHA in accordance to HUD requirements.

The term of the HAP contract begins on the first day of the initial term of the lease, and terminates on the last day of the term of the lease (including the initial lease term and any extension). Month to month terms after the initial lease terms are bound by the HAP contract until termination of tenancy by the owner or the family.

The owner and the tenant may not make any change in the tenancy addendum. However, if the tenant and the owner agree to any other changes in the lease, such changes must be in writing, and the owner must immediately give the PHA a copy of such changes. The lease, including any changes, must be in accordance with the requirements of the tenancy addendum.

In case of any conflict between the provision of the tenancy addendum as required by HUD, and any other provision of the lease or any other agreement between the owner and the tenant, the requirements of the HUD-required tenancy addendum shall control.

I agree to be bound by and comply with the existing HAP contract for the property located at _____ . I understand no changes can be made until the existing lease term ends. I also understand that any changes I wish to make on month to month lease terms must be made at the time of the tenant re-certification with the PHA and in accordance with HUD regulations.

Property

Owner/Managing Agent

Date



Equal opportunity Employer



Ocala Housing Authority

****Please attach a voided check**

ACH (AUTOMATED CLEARING HOUSE) CREDITS (NOT WIRE TRANSFERS)

REQUEST TYPE:

NEW CHANGE CANCELLATION, CANCELLATION REASON:

NAME _____ DATE _____

Federal Identification Number or Social Security Number _____

(Under which you are doing business with the OHA)

Address _____ Phone: _____

I (We) hereby authorize the Ocala Housing Authority, to initiate credit entries to my (our) (select type of account) ___ Checking or ___ Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. **For payment statement** - Email: _____

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

AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION

I authorize the Ocala Housing Authority to process payments owed to me via Automated Clearing House (ACH) deposits. The OHA shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize the OHA to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the OHA to withhold any payment owed to me by the OHA until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the OHA. The change or revocation is effective on the day the OHA processes the request.

I certify that I have read and agree to comply with the OHA's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.

I authorize the OHA to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate.

Print Name _____	Authorized Signature (required) _____	Title _____	Date _____
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Additional Authorized Signers			
Print Name _____	Authorized Signature _____	Title _____	Date _____

Print Name _____	Authorized Signature _____	Title _____	Date _____
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Print Name _____	Authorized Signature _____	Title _____	Date _____
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DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NO. _____

CONTACT NAME: _____ TELEPHONE NO: _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 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?* on page 2 for further information.

**Application and Determination of Owner Eligibility for Participation in
The Ocala Housing Authority Section 8 Program**

Rental Property Information

Date: _____

(If certifying for an apartment complex or a community, you may complete this form for the entire complex) _____

Street Address _____ City _____ State _____ Zip _____
Is unit currently occupied by a Section 8 Tenant? ___ Yes ___ No ___

If so, Tenant's Name: _____ Household Size: _____ Unit Size: _____

Lease Expiration Date: _____

Transfer of Housing Assistance Payments Contract and Lease Agreement

I hereby, agree to accept the existing Section 8 Tenant, effective _____, _____, the Housing Assistance Payments Contract dated _____, _____, by the Ocala Housing Authority and the previous Owner/Property Manger _____ is hereby transferred into the following name(s) for the remainder of the period started on said Lease and Housing Assistance Payments Contract for the unit located at _____ and rented to _____ known as the resident. This transfer is subject to the same terms and conditions of the original lease and Housing Assistance Payments Contract.

Owner's Information

Owner's Name: _____

Co-Owner's Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Have you ever participated in the Ocala Housing Authority's Section 8 Program? Yes ___

No ___, If yes, then what time period _____, and under what name

_____.

Owner Eligibility

Conflict of Interest: The Annual Contributions Contract (ACC) and the Housing Assistance Payments Contract, contains Conflict of Interest Provisions which may prohibit some owners from participating in the Ocala Housing Authority's Section 8 Program. In accordance with the Annual Contributions Contract, Section 2.13; Paragraph A., neither the PHA nor any of its contractors or their subcontractors shall enter into a contract, subcontract, or arrangement in connection with the Program in which any of the following classes of persons has an interest, direct or indirect, during tenure or for one year thereafter:

- Any present or former member or officer of the PHA (except tenant commissioners).
- Any employee of the PHA who formulates policy or who influences decisions with respect to the Program.
- Any public official, member of a governing body, or State or local legislator who exercises functions or responsibilities to the Program.

Any member of the classes described above must disclose their interest or prospective interest to the Ocala Housing Authority and the Department of Housing and Urban Development The Housing Assistance Payments Contracts for the Section 8 Program contains conflict of interest provisions, which states "No present or former member or officer of the PHA (except tenant commissioners), no employee of the PHA who formulates policy or influences decisions with respect to the Section 8 Program and no public official or member of a governing body or State or local legislator who exercises functions or responsibilities with respect to the Section 8 Program, during this person's tenure or for one year thereafter, shall have any direct or indirect interest in this Contract or in any proceeds or benefits arising from the Contract". Therefore, it is requested that the legal owner of the below referenced unit for which this document is being executed, hereby certifies that he/she is eligible to participate in the Ocala Housing Authority's Section 8 Program.

U.S. Department of Housing and Urban Development clearly states that leasing to a parent, child, grandparent, grandchild, sister, brother or any member of the family is prohibited.

Disclosure of Relationship

Do you have a relative, related by blood, marriage or operation of law which is a present or former member or officer of the Ocala Housing Authority (OHA) (with the exception of Tenant Commissioners), or an employee of the OHA who formulates policy or influences decisions with respect to the Section 8 Program, or a public official or member of a governing body or State or local legislator? ___ Yes ___ No if yes, please provide the following information.

Relative's Name: _____ Place of Employment: _____

Responsibilities and Duties in Relation to the Section 8 Program: _____

Are you related by blood or marriage to the tenant; head of household, co-head or any family member you are leasing to or proposing to lease to? ___ Yes ___ No, if yes, please provide the relationship:

Have you used any other name(s) previously ___ Yes ___ No, if yes, please list ALL former names and respective date(s) used: _____, _____, _____.
If more than 3 former names, please write on the back of this sheet.

Management of Rental Unit

Is the referenced unit going to be managed by any other person other than the owner? ___ Yes ___ No if yes, please provide the following information:

Name of Manager or Agency: _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Management Agreement

I, _____, legal owner of property located at _____, Ocala Florida, Parcel # _____, agree to the following:

- 1) The Ocala Housing Authority is authorized to make all Housing Assistance Payments (HAP) for the referenced property payable to: _____, effective, _____.
- 2) The Manger has full authority to manage the referenced property, including all communications with the Ocala Housing Authority and tenant, execution of all documents applicable to this property for participation in the Housing Choice Voucher Program, and any applicable repairs necessary to maintain the property within the Housing Quality Standards (HQS).

Housing Assistance Payment (HAP)

I, _____, owner of the referenced Property authorize the Housing Assistance Payment to be made payable to:

Name: _____ SSN/TIN: _____

(A W-9 and Social Security Card must be attached)

Housing Assistance Payments and the 1099 should be mailed in the name that the HAP is payable

to, and mailed to the following address: _____
Address _____ City _____ State _____ Zip _____

Notary Acknowledgement

(Attention: Must be signed by owner and co-owner; also notary must acknowledge both signatures)

Signature of Owner

Signature of Co-Owner

The forgoing Instrument was acknowledged before me this _____ day of _____, _____

By _____, Who is
Name of Person(s) Acknowledged

(circle one) Personally known to me or who has Produced _____
Form of Identification
as Identification and who Did/Did Not take an Oath.
(circle one)

Signature of Notary: _____

My Commission Expires: _____ Print Name of Notary: _____

