



Change of Ownership Packet

I. New Landlord with Section 8 :

Individuals	Corporations/business accounts
<input type="checkbox"/> Picture Id	<input type="checkbox"/> EIN letter issued by IRS
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> W-9
<input type="checkbox"/> W-9	<input type="checkbox"/> Warranty deed
<input type="checkbox"/> Warranty deed in your name	<input type="checkbox"/> Proof of insurance
<input type="checkbox"/> Proof of insurance	<input type="checkbox"/> Direct Deposit form/voided check
<input type="checkbox"/> Direct Deposit form/voided check	<input type="checkbox"/> HAP Contract Transfer
<input type="checkbox"/> HAP Contract Transfer	<input type="checkbox"/> Landlord Information form
<input type="checkbox"/> Landlord Information form	<input type="checkbox"/> Change Form
<input type="checkbox"/> Change Form	

OR

II. Active Landlord with Section 8:

Individuals	Corporations/business accounts
<input type="checkbox"/> Warranty deed in your name	<input type="checkbox"/> Warranty deed
<input type="checkbox"/> Proof of insurance	<input type="checkbox"/> Proof of insurance
<input type="checkbox"/> HAP Contract Transfer	<input type="checkbox"/> HAP Contract Transfer
<input type="checkbox"/> Change Form	<input type="checkbox"/> Change Form
<input type="checkbox"/> Direct Deposit form/voided check	<input type="checkbox"/> Direct Deposit form/voided check

If a management company will manage the property, please provide copy of the management agreement



Landlord Information Form

Date:							
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Owner(s) legal name as it appears on recorded deed:			
Social Security # / Federal I. D. # for the above named person to appear on Tax Form 1099-Miscellaneous Income:			

Owner Information

Day Phone		Evening Phone		Fax	
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Physical Address:

Street					
City		State		Zip	

Make checks payable to:			
Email:			

Mailing Address:

Street					
City		State		Zip	

Will owner of property manage units?	Yes		No	
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If "No", Provide Name And Address Of Manager Or Management Firm:

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Day Phone		Evening Phone		Fax	
Street					
City		State		Zip	



Change Form

	Previous Owner	Current Owner
Name		
Address		
City, State, & Zip		
Email		
Phone Number		
Fax Number		
Vendor ID		N/A
SSN/Tax ID #		
	Signature	Signature
	Date	Date

Change for current tenants

	Tenant Name	Complete Property Address	City, State & Zip
1			
2			
3			
4			
5			
6			
7			



HAP CONTRACT TRANSFER

(Attachment to original HAP Contract)

Effective, _____, ALL valid and active Housing Assistance Payments Contracts signed by Lakeland Housing Authority and the **Previous Owner**, _____ for the dwelling(s) located at the following address: _____, shall be transferred to the **New Owner**, _____.

By signature of this document

- the previous owner is released from the responsibilities of the original HAP Contract, as well as, the right to any future Housing Assistance Payments.
- the new owner understands that he/she is bound by the same terms and conditions of the original Housing Assistance Payments Contract
- the new owner certifies that he/she has no relation by blood, marriage or operation of law with the tenant and further understands no such relationship with any future tenant is permitted, unless is approved (in writing) by the Lakeland Housing Authority.
- the new owner certifies that he/she has not committed fraud, bribery or any other corrupt or criminal act in connection with any Federal Housing assistance program and understands that any such act against this program or any other Federal Housing assistance program may/should result in disbarment by the Lakeland Housing Authority and referral to the HUD Office of the Inspector General.
- the new owner certifies that he/she has received a copy of the HAP Contract and agrees to abide by its terms, conditions and responsibilities.

New Owner: _____

New Owner Address: _____

New Owner Email: _____

OWNER'S WARRANTY DEED OF LEGAL CAPACITY. The OWNER warrants that he/she has a legal right to execute this Contract and to lease the dwelling unit covered by this Contract and has provided such proof to the Lakeland Housing Authority.

PREVIOUS OWNER (Print Name): _____

Signature: _____ Date: _____

NEW OWNER (Print Name): _____

Signature: _____ Date: _____



For New & Active Landlords

Lakeland Housing Authority Landlord
Direct Deposit Authorization

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Lakeland Housing Authority, hereinafter called LHA, to directly deposit my Housing Assistance Payment (HAP) in the bank account listed below. Also, to initiate credit entries to my (our) Checking Savings account (select one) indicated below, hereinafter called DEPOSITORY, to credit the same to such account.

This authorization is to remain in force until LHA has received written authorization from me of its termination or change in such time and in such manner as to afford LHA and Depository a reasonable opportunity to act on it.

Landlord/Vendor Information:

NAME: _____ VENDOR NO: _____
ADDRESS: _____
EMAIL ADDRESS: _____
TELEPHONE NO: _____
LANDLORD/VENDOR SIGNATURE: _____

Banking Information:

FINANCIAL INSTITUTION: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE NO: () _____
PERSONAL ACCOUNT NUMBER: _____
BANK ROUTING NUMBER: _____

ATTACH A VOIDED CHECK

Form for voided check with fields for Name, Address, City, State, Zip, Pay to the order of, Bank Information, For, Bank routing number, and account number.

Please return ALL documents to:

Lakeland Housing Authority
430 Hartsell Avenue
Lakeland, FL 33815