



## Housing Authority of the City of Decatur, Georgia

---

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
www.decaturhousing.org

### Registering Property with Housing Choice Voucher Program

Dear Landlord:

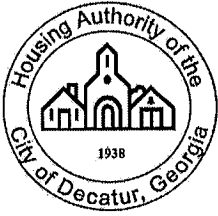
Decatur Housing Authority (DHA) is committed to providing to you the highest quality of service possible; therefore these procedures are implemented to ensure a pleasant transaction when registering your property with our agency. These procedures apply to single-family units (a single-family house, condominium, or townhouse).

**If you are registering your property for the first time please complete all of the attached forms.**

What follows is a list of items we need to register your property for participation in the Section 8 Housing Choice Voucher program. The completed documents may not be mailed or faxed, nor can you have the forms dropped off by someone other than yourself. We request that you personally bring in the forms to ensure that you are, in fact, the person to whom payments should be submitted. The Federal Tax ID/Social Security Number must match the given name of the property owner. If it does not match, your property will not be listed by DHA.

1. Current driver's license, or Georgia State photo identification or current work photo identification.
2. Social Security Card
3. Original or certified copy of the executed Warranty Deed or Quit Claim Deed. If an unexecuted deed is submitted, we must have a letter from the closing attorney stating that the original deed has been filed with DeKalb County.
4. A post office box will not be accepted as a mailing address unless proof of a home street address has also been submitted to DHA. You must show a current utility bill or piece of business mail addressed to you at the home street address you submitted.
5. A blank voided check for direct deposit.
6. Completed IRS Form W-9. DHA has blank forms available.
7. A management agreement, if the owner is using an agent. The management agreement must specify to what extent the owner gives the agent authorization to act on his/her behalf.

Please bring all of the above listed documents to DHA. An incomplete packet will not be accepted.



# Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
www.decaturhousing.org

## Housing Choice Voucher Program Owner Information Form

An owner who wishes to participate in the Housing Choice Voucher Program **MUST** complete and sign this form. A post office box cannot be used instead of a home mailing address. However, you may supply a post office box in addition to your street address. If you are an agent on behalf of an owner, a management agreement and your photo ID must be submitted along with this form.

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Owner Home Address

\_\_\_\_\_  
Owner Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Mobile Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Owner/Agent Signature

**If this is the first time this property is being registered with DHA, please provide the following information:**

- Photo Identification
- Social Security Card or Tax ID/EIN Number
- Proof of Home Address
- Recorded Copy of Warranty Deed or Quit Claim Deed (if the deed is not recorded, a letter from the closing attorney stating the deed has been filed with DeKalb County is also required)
- IRS Form W-9 (included in this packet)
- Blank Voided Check for Direct Deposit

**Name of Tenants:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Housing Authority of the City of Decatur, Georgia

750 Commerce Drive • Suite 400 • Decatur, Georgia 30030  
404-270-2100 • Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
www.decaurhousing.org

## Direct Deposit Information

### Landlord/Owner Data

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address for direct deposit  
notification (35 character limit)

\_\_\_\_\_  
Social Security Number/Tax Identification Number

-----

### Financial Institution Data

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please attach a copy of a voided check for deposit to a checking account or a voided savings deposit slip for deposit to a savings account.**

-----

I hereby authorize the Housing Authority of the City of Decatur, Georgia, to initiate deposits and/or correcting entries to previous deposits to my account if necessary. I understand this authorization will remain in effect until a written authorization requesting cancellation is submitted to the Housing Authority in such a time and manner as to afford the Housing Authority a reasonable amount of time to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Signature verifies that the above information is correct.*

# LANDLORD CHANGE OF INFORMATION FORM

Name \_\_\_\_\_  
Last First Middle Initial

Social Security Number \_\_\_\_\_

Old Address \_\_\_\_\_  
Street Apt. #

City State Zip Code

New Address \_\_\_\_\_  
Street Apt. #

City State Zip Code

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_  
(Limit to 35 characters!!!)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

**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:  
 Individual/sole proprietor or single-member LLC  
 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.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

**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) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**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.

<b>Social security number</b>																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td colspan="9"></td> </tr> </table>												-	-																	
-	-																													
<b>or</b>																														
<b>Employer identification number</b>																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td colspan="14"></td> </tr> </table>																-														
-																														

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

**Sign Here** | Signature of U.S. person ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**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](http://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.



# Housing Authority of the City of Decatur, Georgia

## LANDLORD BRIEFING REGISTRATION

**PLEASE WRITE LEGIBLY**

Email confirmation will be sent to the address as it appears. Completed forms should be submitted to the Receptionist. **INCOMPLETE FORMS WILL NOT BE ACCEPTED AND YOU WILL NOT BE REGISTERED.** All requested information must be provided. **You will need an email address to be registered.**

### CONTACT INFORMATION

Name: \_\_\_\_\_  
First Last

Mailing Address: \_\_\_\_\_  
Street Suite/Apartment #  
\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PROPERTY INFORMATION

Total number of rental units you own: \_\_\_\_\_ and/or manage: \_\_\_\_\_

Total number of Section 8 units you currently have under HAP contract: \_\_\_\_\_

### BRIEFING REGISTRATION

I will attend the Landlord Briefing session scheduled on (required): \_\_\_\_\_

Please select an alternate date in the event your first choice is full (required): \_\_\_\_\_

### REGISTRATION INSTRUCTIONS

**Seating is limited to twenty (15) people. Your registration form MUST be received NO LATER THAN FIVE (5) BUSINESS DAYS prior to the briefing. No Exceptions.** Confirmation will be received by email, so please write legibly. If you do not receive confirmation, you have not been registered. Choose a preferred and alternate briefing date. You will be rescheduled if you miss the first briefing (no action is required on you part). If you miss the alternate date, you will be required to submit a new registration form.

The Landlord Briefing is designed to help our landlords learn about the Decatur Housing Authority Section 8 Housing Choice Voucher program. Attendance is highly recommended. Pre-registration is required. You may pre-register by mail to the address below, by email to [ala@decaturha.org](mailto:ala@decaturha.org) (please attach your registration form), by fax at 404-270-2122 or you may bring your registration form to our office. **Each attendee must be registered separately.** If you have questions or need additional information please email [ala@decaturha.org](mailto:ala@decaturha.org).

**Send mail to:**  
Decatur Housing Authority  
750 Commerce Drive, Suite 400  
Decatur, GA 30030

**Landlord Briefing will be held at:**  
Decatur Housing Authority  
750 Commerce Drive, Suite 400  
Decatur, GA 30030