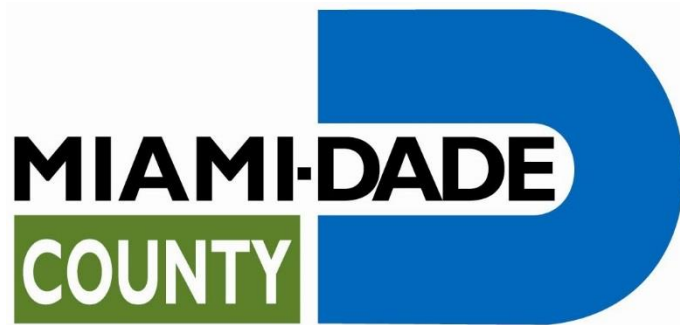


New Owner/Vendor/Payee Packet



Housing Choice Voucher (HCV) Program

v1.0

This form must be submitted within 10 calendar days of the Request for Tenancy Approval. Incomplete packets may result in processing delays. Please visit our office or contact us at **305-403-3222** for assistance in completing this form.

Miami Dade Public Housing and Community Development

Housing Choice Voucher Program

7400 NW 19th St.

Miami, FL 33126-1750

Main: 305-403-3222 / Fax: 786-358-5893 / TTD/TTY 1-800-955-8771 or dial 771

Si necesita ayuda con este formulario, llame al 305-403-3222

Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

Welcome to the Miami-Dade County Housing Choice Voucher (MDHCV) Program!

We are thrilled to have you join the thousands of owners in Miami-Dade providing decent, safe, and sanitary units to low-income families. In order to approve you as an owner, we must collect some information from you and/or your organization. Below is a list of documents included in this package that must be submitted for our review:

- 1) Property Owner Application / Information Sheet
- 2) IRS Form W-9 (**You must submit proof of TAX ID or SSN**)
- 3) Ethics Disclosure Statement for all PHCD Programs
- 4) Landlord Certification of Responsibility
- 5) Miami-Dade Vendor Affidavits Form
- 6) Authorization Agreement for Direct Deposit (**MUST SUBMIT ORIGINAL DOCUMENT**)
- 7) Owner Consent Form

As for the unit, Miami Dade will also review:

- 1) Property Appraiser for Legal Ownership
- 2) Local Property Taxes/Fines/Assessments
- 3) Homestead Exemption

Submission Instructions

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. **Incomplete packages may result in processing delays.** Submit this completed package through any of the following convenient ways:

- 1) via email to landlord@mdvoucher.com
- 2) via fax to 786-358-5893
- 3) in person or by mail to the MDHCV Program Office located at:
Miami Dade HCV Office – 7400 Corporate Center Dr. Bay H., Miami, FL 33130

Property Application / Information Sheet

Please complete all of the information requested on this form. All fields are required.

Application Date: _____

Type of Application: ☐ New Owner ☐ New HAP Payee

Legal Property Owner of the Unit

PHCD will verify ownership with the Miami-Dade Property Appraisal's Office. Discrepancies must be supported through warranty deed, recent closing documents, ground leases, or other supporting documentation.

Company/Owner Name: _____

Name of Owner/Company Officer: _____

Title: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Type of Business

Indicate the type of business and attach corresponding documentation: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | A Copy/Visual verification of the Owner's Government Issued ID |
| <input type="checkbox"/> Partnership | Federal Tax Form 1065 or Partnership Agreement |
| <input type="checkbox"/> Limited Liability Partnership (LLP or PLL) | Federal Tax Form 1065 or Partnership Agreement |
| <input type="checkbox"/> Limited Partnership | Federal Tax Form 1065 or Partnership Agreement |
| <input type="checkbox"/> Limited Liability Company (LLC or Ltd.) | Federal Tax Form 1065 or Articles of Organization |
| <input type="checkbox"/> Corporation | Articles of Information or Certificate of Legal Existence AND
Corporate Resolution authorizing the contracting of the unit |

HAP Payee

Identify who will get paid on behalf of the owner and attach corresponding documentation: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Same as above | Complete this packet |
| <input type="checkbox"/> Existing PHCD HAP Payee | Complete this packet
Power of Attorney or Management Agreement
Vendor Name: _____
Vendor Number: _____ |
| <input type="checkbox"/> New PHCD HAP Payee | Payee Name: _____
Power of Attorney or Management Agreement
Complete this packet for <u>Owner</u>
Complete New Owner/Vendor/Payee Packet for <u>Payee</u> |



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
ETHICS DISCLOSURE STATEMENT FOR ALL PHCD PROGRAMS

Applicant: _____ Mailing Address: _____
Co-Applicant: _____ Zip Code: _____
E-mail Address: _____ Telephone: _____

The Miami-Dade County Conflict of Interest and Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees and their immediate family members to apply for direct housing assistance programs from the County's Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met. Check if any of the following applies to you:

1. Please mark the PHCD Program you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Section 8 Housing Choice Voucher (HCV) | <input type="checkbox"/> Public Housing Rental |
| <input type="checkbox"/> Project-Based Voucher (PBV) | <input type="checkbox"/> Tenant-Based Rental Assistance (TBRA-maximum 2 years) |
| <input type="checkbox"/> Veterans Affairs Supportive Voucher (VASH) | <input type="checkbox"/> Home-ownership Program (Second Mortgages) |
| <input type="checkbox"/> Moderate Rehabilitation | <input type="checkbox"/> Home-owner Rehabilitation Program |
| <input type="checkbox"/> Substantial Rehabilitation | <input type="checkbox"/> Home-owner Beautification Program |
| <input type="checkbox"/> Shelter Plus Care (S+C) | <input type="checkbox"/> Other (please list): _____ |

2. Mark the type of participation you are seeking for the program marked above:

- ☐ Owner/Landlord ☐ Housing Assistance Applicant

3. ☐ **I/we do not** currently work for Miami-Dade County.

4. ☐ **I/we am/are a School Board or Federal Employee.** *These employees are not covered under Section 2-11.1 of the Miami-Dade County Conflict of Interest and Code of Ethics Ordinance.*

IF YOU MARKED BOXES 3 OR 4, NO FURTHER ACTION IS NEEDED. THE PHCD REPRESENTATIVE MUST PLACE THIS FORM IN APPLICANT'S FILE.

5. ☐ **I/we am/are a Miami-Dade County Employee (including Jackson Public Health Trust Employees).**
Please provide the department and division you are working for:

6. ☐ **I/we am/are an appointed or elected County Official.**

7. ☐ **I/we am/are *immediate family to a Miami-Dade County employee, appointed or elected official.**
() Immediate family is defined as spouse, domestic partner, parents, stepparents, children and stepchildren.*

Please provide the following information regarding the Miami-Dade County employee, appointed or elected official:

Name of employee, appointed
or elected official: _____

Department, Division, or
Board: _____

IF YOU MARKED BOXES 5, 6, or 7, THE APPLICANT MUST OBTAIN THE REQUEST FOR OPINION APPLICATION AT <http://ethics.miamidade.gov/frequently-used-forms.asp>. THE APPLICATION MUST BE FULLY COMPLETED AND SENT TO THE CONTACT PERSON INDICATED.

Signature of Applicant: _____

Signature of Co-Applicant: _____

Date: _____

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.





Carlos A. Gimenez, Mayor

www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750

Miami, FL 33152-1750

TTD/TTY Florida Relay Service

1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893

Si necesita ayuda con este formulario, llame al 305-403-3222

Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

Landlord Certification of Responsibility

Owner/Agent _____
Tenant Name _____

Vendor # _____
Client #: _____

Landlord must initial each line.

____1. I certify that I am the owner or the legally designated agent for the above referenced unit, and that the tenant has no ownership interest in this dwelling unit.

____2. I understand that I must comply with equal opportunity requirements.

____3. I understand that I should carefully screen the family for suitability for tenancy, including the family's background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.

____4. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.

____5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants. I understand that it is my responsibility to ensure that my lease complies with state and local law. Miami-Dade Housing Choice Voucher Program ("MDHCV") will only review my lease to ensure that the United States Department of Housing and Urban Development ("HUD") required items are addressed.

____6. I understand that the family members listed on the Housing Assistance Payments Contract are the only individuals permitted to reside in the unit. I understand that MDHCV and I must grant prior written approval for other persons to be added to the household (except for the birth, adoption, or court-awarded custody of a child). I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

____7. I agree to comply with all requirements contained in the lease, tenancy addendum, Housing Assistance Payments Contract, parts A, B, and the Lease Special Stipulations. I understand that it is imperative that I fully understand the terms and conditions of the lease, tenancy addendum, Lease Special Stipulations and the HAP Contract.

____8. 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 notification from MDHCV that it will approve rental of the unit, notwithstanding such relationship, to provide reasonable accommodation for a family member who is a person with disabilities.

____9. I understand that if I fail to execute the HAP contract and/or other required documents in the timeframe set by MDHCV, the approval of the tenant's authorization to move-in may be voided. Should the transaction be voided by MDHCV, I understand that I will not receive HAPs, or late payments.

___10. I acknowledge that HAPs are considered paid on the date the check is issued or electronic payments are transmitted.

___11. I understand that MDHCV has the right to recoup HAPs paid erroneously by withholding payment owed to me, including HAPs for other tenants or through other assisted housing programs administered by MDHCV. Should there be no other valid Section 8 contracts, I must repay MDHCV upon receipt of an overpayment notice.

___12. I understand that I must submit to the tenant for their consideration and to MDHCV for their review any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease/revision.

___13. I understand that I must provide MDHCV with a written request for any rent increase a minimum of sixty (60) days in advance of the increase and in accordance with the provisions of the lease and HAP Contract.

___14. I understand that the tenant's portion of the contract rent is determined by MDHCV and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by MDHCV.

___15. I understand that MDHCV may deny or terminate participation, if I have a history of being abusive towards MDHCV staff or program participants.

CAUTION: Initial 16a or 16b only, but NOT both

___16a. I acknowledge that I am not a Miami-Dade County employee or an elected official of Miami-Dade County as of the date of this certification. I further acknowledge that I am not the spouse, parent or child of a Miami-Dade County employee or elected official of Miami-Dade County as of the date of this certification. I understand that no Miami-Dade County 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 Miami-Dade County or any person or agency acting for Miami-Dade County and any such contract, agreement or business engagement entered in violation of this section shall render the transaction voidable.

or

___16b. I acknowledge that I am currently a Miami-Dade County employee and that prior to the execution of the HAP obtained an ethics opinion, dated _____, 20__ from the Miami-Dade Commission on Ethics and Public Trust granting me authorization to participate as a landlord in the Section 8 Housing Choice Voucher Program and that I have provided a copy of said opinion to MDHCV on _____, 20____.

___17. I understand that I may not assign the HAP Contract to a new owner without the prior written consent of MDHCV and that I must complete and sign the MDHCV Transfer of Payments Form within ten (10) days of the contemplated transfer/assignment in order to have the Housing Assistance Payments (HAP) transferred to the new owner, agent, or entity. I further understand that my failure to timely notify MDHCV and/or any unauthorized transfer/assignment constitutes a breach of the HAP subject to immediate termination, recovery of any outstanding overpayments or any other relief that may be sought against the Owner by MDHCV and/or HUD.

___18. I understand that I must advise MDHCV and the tenant, in writing, within fifteen (15) days of being notified of pending foreclosure of this property.

___19. I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

___20. I understand that should the assisted unit become vacant, I am responsible for notifying MDHCV immediately in writing. I also understand that the HAP Contract and payment will terminate immediately.

___21. I understand that I should attempt to resolve disputes between the tenant and me and contact MDHCV, in writing, only in serious disputes that we are unable to resolve.

___22. I understand that I must provide the tenant and MDHCV with a written notice specifying the grounds for termination of tenancy, at or before the commencement of the eviction action and a copy of the eviction notice and to comply with all State and local eviction procedures.

___23. I acknowledge that I have been briefed on the Housing Choice Voucher Program. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in MDHCV's housing programs.

___24. I understand that I must notify MDHCV immediately in writing of a change in my mailing address. Failure to do so may interrupt correspondence such as deficiency repair letters and may delay mail delivery or electronic transfer of rental assistance payments.

___25. I acknowledge that I ___ have ___ have not as of the date of this certification been convicted of a felony during the past ten (10) years or that an officer, director, or executive of the entity entering into a contract or receiving funding from the County ___ has ___ has not as of the date of this affidavit been convicted of a felony during the past (10) years. I further acknowledge that if I am or an officer, director, or executive of the entity is subsequently convicted of a felony whether connected to a federal housing assistance program, MDHCV may terminate the HAP.

___26. I understand that if one or any of the previous certifications is found to be false, MDHCV will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary and legal steps to collect these funds, including but not limited to filing a legal action against the owner. MDHCV's failure to initiate steps to recover the funds within thirty (30) day from the date one or both of the previous certifications is found to be false, does not waive any of MDHCV or HUD's rights under the HAP.

___27. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law.

Owner/Agent Name

Signature

Date

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.



Miami-Dade County

VENDOR AFFIDAVITS FORM

(Uniform County Affidavits)

Department of Procurement Management Vendor Services Section

111 NW 1st Street, Suite 1300, Miami, Florida 33128-1974

Telephone: 305-375-5773

www.miamidade.gov/dpm

The completion of the Vendor Affidavits Form allows vendors to comply with affidavit requirements outlined in Section 2-8.1 of the Code of Miami-Dade County. Vendors are required to have a complete Vendor Registration Package on file, including required affidavits, prior to the award of any County contract. **It is the vendor's responsibility to keep all affidavit information up to date and accurate by submitting any updates to the Department of Procurement Management, Vendor Services Section.**

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

In order to establish a file for your firm, you must enter your firm's FEIN. This number becomes your "County Vendor Number". Please enter your Federal Employee Identification Number (FEIN) or if none, then enter the owner's Social Security Number (SSN).

☐ FEIN _____

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

The North American Industry Classification System (NAICS) is the standard used by the federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.

☐ NAICS Code _____

A) Name of Entity, Individual(s), Partners or Corporation

B) Doing Business As (If same as line A, leave blank)

Street Address (P.O. Box Number is not permitted)

City

State (U.S.A.)

Country

Zip Code

1. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT

(Sec. 2-8.1 of the Miami-Dade County Code)

Firms registered to do business with Miami-Dade County, shall require the person contracting or transacting such business with the County to disclose under oath his or her full legal name, and business address. Such contract or transaction shall also require the disclosure under oath of the full legal name and business address of all individuals having any interest (legal, equitable, beneficial or otherwise) in the contract other than subcontractors, materialmen, suppliers, laborers or lenders. Post office box addresses shall not be accepted hereunder. If the contract or business transaction is with a corporation the foregoing information shall be provided for each officer and director and each stockholder holding, directly or indirectly, five (5) percent or more of the outstanding stock in the corporation. If the contract or business transaction is with a partnership, the foregoing information shall be provided for each partner. If the contract or business transaction is with a trust, the foregoing information shall be provided for the trustee and each beneficiary of the trust. The foregoing disclosure requirements shall not apply to contracts with publicly-traded corporations, or to contracts with the United States or any department or agency thereof, the State or any political subdivision or agency thereof, or any municipality of this State. Use duplicate page if needed for additional names.

If no officer, director or stockholder owns (5%) or more of stock, please write "None" below.

PRINCIPALS

FULL LEGAL NAME	TITLE	ADDRESS

OWNERS

CHECK BOXES BELOW

FULL LEGAL NAME	TITLE	% OF OWNERSHIP	ADDRESS	GENDER		RACE / ETHNICITY							
				M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Alaskan Native	Other		

If a percentage of the firm is owned by a publicly traded corporation or by another corporation, indicate below in the space "Other Corporations".

OTHER CORPORATIONS	% OF OWNERSHIP												

2. **MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT**

(County Ordinance No. 90-133, amending Section 2-8-1(d)(2) of the Miami-Dade County Code)

The following information is for compliance with all items in the aforementioned Section:

1. Does your firm have a collective bargaining agreement with its employees? Yes _____ No _____
2. Does your firm provide paid health care benefits for its employees? Yes _____ No _____
3. Provide a current breakdown (number of persons) in your firm's work force indicating race, national origin and gender.

		NUMBER OF EMPLOYEES	
		<u>Males</u>	<u>Females</u>
White			
Black			
Hispanic			
Asian/Pacific Islander			
Native American/Alaskan Native			
Other			
Total Number of Employees			
		Total Employees	

3. **MIAMI-DADE COUNTY EMPLOYMENT DRUG-FREE WORKPLACE CERTIFICATION**

(Section 2-8.1.2(b) of the Miami- Dade County Code)

All persons and entities that contract with Miami-Dade County are required to certify that they will maintain a drug-free workplace and such persons and entities are required to provide notice to employees and to impose sanctions for drug violations occurring in the workplace.

In compliance with Ordinance No. 92-1.5 of the Code of Miami-Dade County, the above named firm is providing a drug-free workplace. A written statement to each employee shall inform the employee about:

1. Danger of drug abuse in the workplace
2. The firms' policy of maintaining a drug-free environment at all workplaces
3. Availability of drug counseling, rehabilitation and employee assistance programs
4. Penalties that may be imposed upon employees for drug abuse violations

The firm shall also require an employee to sign a statement, as a condition of employment that the employee will abide by the terms of the drug-free workplace policy and notify the employer of any criminal drug conviction occurring no later than five (5) days after receiving notice of such conviction and impose appropriate personnel action against the employee up to and including termination. Firms may also comply with the County's Drug Free Workplace Certification where a person or entity is required to have a drug-free workplace policy by another local, state or federal agency, or maintains such a policy of its own accord and such policy meets the intent of this ordinance.

4. **MIAMI-DADE COUNTY DISABILITY AND NONDISCRIMINATION AFFIDAVIT**

(Article 1, Section 2-8.1.5 Resolution R182-00 Amending R-385-95 of the Miami-Dade County Code)

Firms transacting business with Miami-Dade County shall provide an affidavit indicating compliance with all requirements of the Americans with Disabilities Act (A.D.A.).

I, state that this firm, is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor shall comply with all applicable requirements of the laws including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (A.D.A.), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. Sections 225 and 611 including Titles I, II, III, IV and V.

The Rehabilitation Act of 1973, 29 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

I, hereby affirm that I am in compliance with the below sections:

Section 2-10.4(4)(a) of the Code of Miami-Dade County (Ordinance No. 82-37), which requires that all properly licensed architectural, engineering, landscape architectural, and land surveyors have an affirmative action plan on file with Miami-Dade County.

Section 2-8.1.5 of the Code of Miami-Dade County, which requires that firms that have annual gross revenues in excess of five (5) million dollars have an affirmative action plan and procurement policy on file with Miami-Dade County. Firms that have a Board of Directors that are representative of the population make-up of the nation may be exempt.

5. **MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT**

(Section 10.38 of the Miami-Dade County Code)

Firms wishing to do business with Miami-Dade County must certify that its contractors, subcontractors, officers, principals, stockholders, or affiliates are not debarred by the County before submitting a bid.

I, confirm that none of this firms' agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami- Dade County.

6. **MIAMI-DADE COUNTY VENDOR OBLIGATION TO COUNTY AFFIDAVIT**

(Section 2-8.1 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that all delinquent and currently due fees, taxes and parking tickets have been paid and no individual or entity in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

I, confirm that all delinquent and currently due fees or taxes including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and Local Business Tax Receipt collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above firm, have been paid.

7. **MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT**

(Article 1, Section 2-8.1 (i) and 2-11 (b)(1) of the Miami-Dade County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1 (c) of the County Code)

Firms wishing to transact business with Miami-Dade County must certify that it has adopted a Code that complies with the requirements of Section 2-8.1 of the County Code. The Code of Business Ethics shall apply to all business that the contractor does with the County and shall, at a minimum; require the contractor to comply with all applicable governmental rules and regulations.

I confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

8. **MIAMI-DADE COUNTY FAMILY LEAVE AFFIDAVIT**

(Article V of Chapter 11, of the Miami-Dade County Code)

Firms contracting business with Miami-Dade County, which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year, are required to certify that they provide family leave to their employees.

Firms with less than the number of employees indicated above are exempt from this requirement, but must indicate by letter (signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

I confirm that if applicable, this firm complies with Article V of Chapter 11 of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees.

9. **MIAMI-DADE COUNTY LIVING WAGE AFFIDAVIT**

(Section 2-8.9 of the Miami-Dade County Code)

All applicable contractors entering into a contract with the County shall agree to pay the prevailing living wage required by this section of the County Code.

I confirm that if applicable, this firm complies with Section 2-8.9 of the County Code, which requires that all applicable employers entering a contract with Miami-Dade County shall pay the prevailing living wage required by the section of the County Code.

10. **MIAMI-DADE COUNTY DOMESTIC LEAVE AND REPORTING AFFIDAVIT**

(Article 8, Section 11A-60 - 11A-67 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that it is in compliance with the Domestic Leave Ordinance.

I confirm that if applicable, this firm complies with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during the current or preceding calendar year.

AFFIRMATION

I, being duly sworn, do attest under penalty of perjury that the entity is in compliance with all requirements outlined in these Miami-Dade County Vendor Affidavits.

I also attest that I will comply with and keep current all statements sworn to in the above affidavits and registration application. I will notify the Miami-Dade County, Vendor Services Section immediately if any of the statements attested hereto are no longer valid.

(Signature of Affiant)

(Date)

Printed Name of Affiant and Title

NOTARY PUBLIC INFORMATION

Notary Public –
State of: _____

State

County of _____

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____ 20 _____

by _____ He or she is personally known to me ☐ Or has produced identification ☐

Type of Identification Produced _____

Signature of Notary Public

(Serial Number)

Print or Stamp of Notary Public

Expiration Date

Notary Public Seal
(When applicable)

DIRECT DEPOSIT AUTHORIZATION
For HAP Payee Only or Owners that will receive HAP Payments Directly

INSTRUCTIONS

As a Property Owner participating in the Housing Choice Voucher (HCV) Program, it is required that the HAP Payee register for direct deposit to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, MDHCV assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to MDHCV by the financial institution and that you may incur fees and/or other penalties payable to MDHCV.

By Mail: Miami Dade Housing Choice Voucher Program
Attn: Finance
PO BOX 521750
Miami, FL 33152-1750

<p>Section 1 (To be completed by Vendor)</p>	<p>a. <u>If you are an existing vendor only complete Section 1</u> b. Mark the correct box if you are a new owner, making a change to an existing account or want to delete the account on file. c. Are you an existing owner at MDHCV? Mark yes or no and provide your vendor ID# d. Provide the tax id number if you are a company and provide your SSN# if you are a sole owner. The party identified will receive the 1099 at the end of the year. The information provided must match the W9 form provided e. Address provided must match the address of must match the W9 form provided</p>
<p>Section 2 (To be completed by Bank)</p>	<p>a. Enter the Financial/Banks institution name, mailing address, contact number b. Determine if the account information provided is a checking or savings account c. Enter the account number d. Enter the routing number (the first nine digits before the account number bottom left corner of the check) e. Enter the bank stamp f. Signature of the authorized bank official</p>
<p>Section 3 (To be completed by Bank)</p>	<p>This section to be completed by Miami Dade and Public Housing Finance Division Accounting Staff</p>
<p>ATTACH (To be submitted by Vendor)</p>	<div data-bbox="753 1409 1183 1640" data-label="Image"> </div> <p style="text-align: center;">ATTACH A VOIDED CHECK</p>



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
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Customer Service Number: 305-403-3222/ Fax: 786-358-5893

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Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize the Miami-Dade Public Housing Agency to initiate credit entries to my (our) account in the financial institution named below and authorize the financial institution to credit the same to my (our) account. This authorization is to remain in effect unless revoked by the vendor in writing to the Miami Dade Public Housing Agency. Account changes must be reported to the Miami-Dade Public Housing Agency thirty (30) days prior to the actual change. Failure to report information timely may result in breach of HAP contract and termination and delay or forfeiture of the attempted and future payments.

If you are an existing vendor only complete Section 1.

EXISTING LANDLORD? ___ NO ___ YES VENDOR #: _____ VENDOR NAME: _____

SECTION 1-(To be completed by vendor)

TYPE of TRANSACTION (select one): ☐ ADD (new Vendor) ☐ CHANGE ☐ DELETE/CANCEL

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

PAYEE PRINTED NAME _____

PAYEE SIGNATURE _____

CO-PAYEE PRINTED NAME _____

CO-PAYEE SIGNATURE _____

SECTION 2-(To be completed by financial Institution)

DIRECT DEPOSIT TO BE MADE TO FINANCIAL INSTITUTION NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____

TYPE of ACCOUNT: ☐ CHECKING ☐ SAVINGS

BANK ROUTING NUMBER: [THE FIRST NINE DIGITS PRIOR TO THE ACCOUNT NUMBER IN THE BOTTOM LEFT CORNER OF THE CHECK]

--	--	--	--	--	--	--	--	--	--

PLEASE NOTE SOME BANKS HAVE DIFFERENT ROUTING NUMBERS FOR ACH OR DIRECT DEPOSITS

BANK STAMP _____

BANK ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE: _____

BANK OFFICIAL (Please Print Legibly) _____

SECTION 3 - (To be completed by MDPHA Finance Division's Accounting Staff)

ACH BANK CODE: _____

DATE RECEIVED: _____

VENDOR NUMBER: _____ ACH PROCESSED DATE: _____

CASH MANAGEMENT APPROVAL BY: _____ SIGNATURE: _____

DISBURSEMENT OFFICER APPROVAL BY: _____ SIGNATURE: _____

AUTHORIZATION FOR DIRECT DEPOSIT ORIGINALS WILL ONLY BE ACCEPTED. NO FAXED OR ELECTRONICALLY MAILED AGREEMENTS WILL BE ACCEPTED.

****MUST BE SUBMITTED IN ORIGINAL. FAX, E-MAIL, OR COPIES WILL NOT BE ACCEPTED.****

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:

- ☐ 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.

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 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.

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 1096 (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:

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. 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
4. 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.

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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

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

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, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the 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 his or her 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 his or her 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 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include 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 Part II instructions on page 3 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 under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 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 no longer are 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, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **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. 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 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** 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.

d. **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. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity 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, "Business name/disregarded entity name." 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, you may enter it on line 2.

Line 3

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

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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 in 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 possession, 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 possession
- 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
- 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 Income, 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) written or printed 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 possession, 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.

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 individual taxpayer identification number (ITIN). Enter it in the social security number box. 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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 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 1-800-772-1213. 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/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "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, generally you will 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.

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 items 1, 4, or 5 below indicate 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (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 and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. 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.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

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 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 credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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 1-877-777-4778 or TTY/TDD 1-800-829-4059.

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 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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 possessions for use in administering their laws. The information also may 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, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
 Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
 Miami, FL 33152-1750
 TTD/TTY Florida Relay Service
 1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893

**Si necesita ayuda con este formulario, llame al 305-403-3222
 Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222**

OWNER CONSENT FORM

Date: _____

Client #: _____

Tenant's Name: _____

Address: _____

To whom it may concern:

This is to certify that I/we the undersigned owners hereby authorize _____
 to ☐ collect payments ☐ execute all necessary documents for the above mentioned property.

All checks should be payable as follows:

Name: _____

Street Address: _____

City, State, Zip Code: _____

 Signature

 Signature

 Print Name

 Print Name

SUBSCRIBED AND SWORN TO (or affirmed) before me this ____ day of _____ 20____

by _____. He/she is personally known to me or has presented as

_____ as identification
 (Type of Identification)

 Signature of Notary

 Serial Number

 Print or Stamp of Notary

 Expiration Date

Notary Public – Stamp of State _____
 (state)

Notary Seal

Owner Consent Form



Submission Instructions

Complete ownership information must be received within 10 calendar days of the Request for Tenancy Approval being submitted. **Ownership applications that remain incomplete past 10 days will result in the unit being rejected until a new request is submitted.**

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. Incomplete packages may result in processing delays. Submit this completed package through any of the following convenient ways:

- 1) via email to landlord@mdvoucher.com
- 2) via fax to 786-358-5893
- 3) in person or by mail to the MDHCV Program Office located at:

Miami Dade HCV Office – 7400 Corporate Center Dr. Bay H., Miami, FL 33130

IMPORTANT: Direct Deposit Information **MUST** be received in original.

PHCD Staff Use Only	
Date Received:	_____
Method of Receipt:	_____
New Vendor Date (if Applicable):	_____
New Vendor Number:	_____
Comments:	_____

