



Lucas Metropolitan Housing
424 Jackson St
Toledo, OH 43604
419-259-9448 Fax 419-259-9495
www.lucasmha.org

HCVP REQUEST FOR CHANGE OF OWNERSHIP / MANAGEMENT

The property located at: _____
has recently been purchased OR the management company has changed.

The current tenant residing at this property: _____

All of the following required documentation must be attached to this form to complete this Change of Ownership / Management:

- ✓ Completed Form W-9 (attached)
- ✓ Completed Direct Deposit Authorization Form (attached)
- ✓ Copy of voided check or direct deposit information from bank for verification
- ✓ Copy of Deed recorded with the county if ownership changed OR copy of Management Agreement if under new management
- ✓ Copy of valid government issued Photo ID (ie. Driver's License, State Identification Card, US Passport) of new owner / managing agent

A full and complete packet of all required documents must be submitted separately for each tenant / unit. Attach one packet per email with the tenant name / unit address in the email subject line.

Email documentation packet as a 'printable attachment' to: changeofownership@lucasmha.org,
Or US mail, or in person at our office located at: LMH, 424 Jackson St., Toledo, OH 43604.

- *Subsidy payments, on behalf of your tenant from LMH, is effective the month after the change request is received by LMH. Failure to include all required documents may delay processing.*
- *Payment may be issued to the previous owner if the change request is received the 20th of the month or later, and the new owner/manager should settle monies owed with the previous owner.*

Owner/Managing Agent Signature: _____

Owner/Managing Agent Phone Number: _____

Owner/Managing Agent Email Address: _____

Owner/Managing Agent Mailing Address: _____

www.Lucasmha.org/landlords

Set up an account in LMH Landlord Portal to view your payments and other information:
[LMH Landlord Portal Account](#)

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Lucas Metropolitan Housing to initiate deposit entries and to initiate, if necessary, debit entries to adjustment for any credit entries processed in error to my account indicated below.

This authority is to remain in effect until revoked by me in writing.

Account Holder Information:

Name: First and Last or Company

EIN or Social Security Number

Unit Address include City, State, and Zip Code

Mailing Address if different from above

Bank Information:

Name of Financial Institution

Account Type (Checking/Savings)

Bank Routing # (9 digits)

Account Number

Signature

Date

If Company, please print name and title of authorized signer

*** Note: Attach a voided check or direct deposit information from bank for verification.**
Form is considered incomplete and direct deposit will not be updated if verification information is not attached and legible.

Mail to: LMH, 424 Jackson Street, Toledo, OH 43604, Attn: Accounting

For Housing Authority Use Only

Date received _____

Received by _____

Date sent to Accounting _____