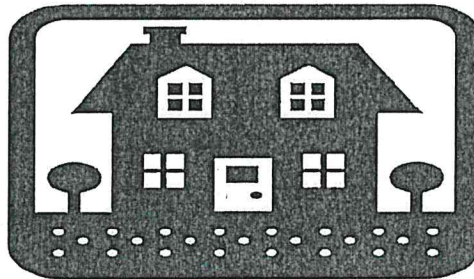


CHANGE OF LANDLORD PACKET



PLEASE RETURN ALL FORMS

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VI

Finance Department
ATTN: Renita Gordon
2180 Terry Road
Jackson, MS 39204

Mailing Address:

Mississippi Regional Housing Authority No. VI
P. O. Box 8746
Jackson MS 39284-8746

Tel. 601-714-3956

Fax 601-714-3970

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VI

P.O. Drawer 8746

JACKSON, MS

39284-8746

TELEPHONE (601) 373-7040

TTY (601) 714-3995

FAX (601) 714-3970

Dear Landlord:

The enclosed forms comprise the Change of Ownership Packet. In this Packet are the Change of Ownership Notice, a W-9 Form, and a Direct Deposit Form. Before the landlord of a property can be changed in the records of the Mississippi Regional Housing Authority No. VI, we must have the following required legal documentation for each individual property this change of ownership affects. Changes **will not** be made without these documents.

- ⇒ The enclosed Change of Landlord Notice number must be notarized;
- ⇒ Completed Form W-9 (The name on this form must be the legal name of the owner. This is the person or company that is responsible for the payment of income taxes on this property and must match the name of the legal owner on the Change of Landlord Notice and the Warranty Deed)

All completed documents must be submitted to MRHA VI before any changes will be made to the Housing Authority records. The original W-9 and Change of landlord forms must be submitted, copies will not be accepted.

You will also need to submit a new Direct Deposit form with a voided check for us to make sure your payments are deposited to the correct accounts. If payments are to be made to different landlords, a director deposit form, with a voided check attached, must be submitted for each landlord. If multiple Direct Deposit forms are submitted, please attach to each from a list of the properties that the Direct Deposit form incorporates.

Please return all completed documents to:

Mississippi Regional Housing Authority No. VI

ATTN: Renita Gordon, Accountant

P. O. Box 8746

Jackson, MS 39286

If you have any questions, regarding the completion of these documents, please contact Renita Gordon at 601-714-3956.

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CHANGE OF LANDLORD NOTICE

I, _____, have purchased
(Legal name of property owner)

The property located at: _____

Name of Tenant: _____

I am requesting that the ownership of the above stated unit be changed to the legal name above, and verified in the attached documents. I am also requesting that the Housing Assistance Payments, made on behalf of the family residing in the above stated unit, be made to the name and address listed below under landlord. I understand that the landlord name listed below must be my name or the name of the agent legally assigned to conduct business on my behalf.

Landlord Name: _____

Landlord Address: _____

Contact Phone Number: _____

Signature: _____

Date: _____

Contact Phone Number: _____

Sworn to and subscribed before me this _____ day of _____, 200____.

My Commission expires: _____

(Notary Public)

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.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 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 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. person (including a U.S. resident alien).

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 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

In 3 above, 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.

Note. If 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Insert the Management Agreement

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VI

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JACKSON, MS

39284-8746

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FAX (601) 714-3970

DIRECT DEPOSIT NOW AVAILABLE

ADVANTAGES:

- ☆ Money will be in your account on the 2nd banking day of the month.
(Checks are not mailed until the 2nd banking day of the month. Therefore, you are getting your money faster)
- ☆ Money is sent straight to your bank account eliminating the need for going to the bank and making a deposit.

A remittal notice will be mailed reflecting the amount of your payments, listing each tenant individually.

TO SIGN UP FOR DIRECT DEPOSIT:

Complete the Authorization Agreement for Direct Deposit form attached; enclose a voided check and a copy of valid drivers' license and mail the original form and copy of drivers' license with the voided check attached.

WHEN WILL DIRECTOR DEPOSIT TAKE EFFECT FOR YOU?

The first of the month following the submission of the Authorization for Direct Deposit form, providing there are no problems with the transmittal.

CONTACT PERSON: Renita Gordon, 601-714-3956

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VI

P.O. Drawer 8746

JACKSON, MS 39284-8746

TELEPHONE (601) 373-7040

FAX 601-373-9292

TTY (601) 714-3970

AUTHORIZATION AGREEMENT OF DIRECT DEPOSIT

I (We), hereinafter called Landlord, do hereby authorize Mississippi Regional Housing Authority No. VI, hereinafter called MRHA No. VI, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any or edit entries in error to my (out) account indicated below at the financial institution named below, hereinafter called Depository, to credit and/or debits same to such account.

Depository Name:	Branch Name:
City:	State:
Transit/ABA number:	Checking:
Account Number:	Savings:

This Authority is to remain in full force and effect until MRHA VI and the Depository have received written notification from me (us) of its termination in such time and in such manner as to afford the MRHA VI and the Depository a reasonable opportunity to act on it.

I understand that MRHA VI may revoke this authorization by notifying me (us) in writing at any time:

**PLEASE ATTACH A COPY OF A VALID DRIVERS' LICENSE TO THIS FORM IN
ORDER FOR CHANGES TO BE MADE. NO EXCEPTIONS**

Name: _____ Signature: _____

Tax ID or SS#: _____ Date: _____

**Please attach a voided check to this area. All checks must have a name and
address printed. (No starter/blank checks will be accepted)**

Please include a copy of a valid drivers' license.

For Mississippi Regional Housing Authority VI use only

Input By: _____

Date: _____

Revised Feb. 2020