

ADDENDUM TO VOUCHER PAYMENT CONTRACT: CHANGE OF OWNERSHIP OF PROPERTY

Owner Certification

Ownership Information:									
Owner(s) Name:									
Mailing Address:									
CityState Zip									
Phone ()									
Tax Information:									
I (we) understand the Housing Assistance Payments (HAP) will be submitted to the IRS under									
the Name and Tax Identification on the attached (W9) and listed below:									
NameTax ID									
Number:									
(Print clearly)									
•									
Check Information									
Please make all checks payable to: [] Owner [] Agent /Management Company									
(Please check one)									
Name									
Address 1									
Address 2									
City/Town,State,Zip									
I/We,, new owner(s) of the unit									
, new owner(s) or the unit									
leased to at,									
w									
under a Rental Assistance Program administered by Metro									
Housing Boston hereby agree to honor the terms and conditions of the Voucher Payment									
Contract and Lease for the above-named tenant and unit. Signed under the pains and penalties o									
perjury.									
By:									
Date Signature									
Title									



Request for Taxpayer Identification Number and Certification

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

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						
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	Exempt payee code (if any)					
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)						
	Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)					
	Other (see instructions)		(Applies to accounts maintained outside the U.S.)				
Spe		Requester's name a	nd address (optional)				
See							
	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	t I Taxpayer Identification Number (TIN)						
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	id Social sec	Social security number				
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>] - [] - []				
TIN, la	ater.	or					
	If the account is in more than one name, see the instructions for line 1. Also see What Name and	nd Employer	identification number				
Numb	per To Give the Requester for guidelines on whose number to enter.		-				
Par	t II Certification						
Unde	r penalties of perjury, I certify that:						
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and	have not been no	otified by the Internal Revenue				
3. I ar	m a U.S. citizen or other U.S. person (defined below); and						
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting	is correct					

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,

Sign Here	Signature of	Date ▶
		e not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
acquisition	n or abandonment of secure	property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,



People First. Housing Always.

Direct Deposit Enrollment Request Form Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check	<u>one)</u>			
New Request for Direct Deposit	OR	[] Change Cur	rent Direct Deposit Information
Section 2 : Customer / Vendor / Pa	vee Inform	nation		
Name				
Social Security # or Tax I.D. #		Daytime	Phone Number _	
Address		City, S	tate, Zip Code _	
E-mail Address (please print)				<u> </u>
Section 3 : Direct Deposit Informate [] Checking	tion: OR	[] Savings	
Account Holder's Name				-
Bank Name				-
Routing Number1				-
Account Number2				_
Substitute documentation for account wit account name; account number and routing information of a lauthorize Metro Housing Boston and Bank of If monies to which I am not entitled are deposit to return said funds. This authority will remain in me in writing.	f America to ma	ake electroni unt, I authori:	c deposits to the	e specified account. g Boston to direct the financial institution
Signature (required)		_ Date		
Call (617) 425-6616 if you have any questions. If deposit enrollment is processed and becomes a 1 The first nine numbers from the left at the bottochecking account is the bank routing number. The 2 Your account number is at the bottom of your conumber if using a check). If there are zeros before	ictive. om of your depo his number is a check or saving	osit slip if usi always nine o gs deposit sli	ng a savings acc ligits. o, after the bank	count or your check if using a routing number (and before the check
For internal use Only:				
Program: [] MTW / Section 8 or	[] MRVF	P / CoC Pi	ogram or [] HomeBASE / RAFT
Staff Name :				