



## New Owner/Management Packet

Dear Valued Landlord Partner:

We would like to welcome you to the Housing Choice Voucher (HCV) program. We are excited to begin this partnership to help provide stable housing to low-income residents.

This packet will contain all of the forms we need to get you set up as a vendor in our system. The sooner we receive all completed forms and requested documents, the sooner your Housing Assistance Payment (HAP) subsidy can be deposited. The requested forms and documents are as follows:

- Information form
- Proof of Ownership
- Management Agreement or Termination Letter (*if applicable*)
- Direct Deposit Authorization Agreement with voided check
- Copy of Valid driver's license (or other state ID) for person signing W-9 of designated property
- W-9 with the IRS Request for Taxpayer Identification Number (EIN) by the legal Owner(s) or Managing Agent of the designated property

The Housing Authority's role in this relationship is to provide financial assistance to the tenant. While in certain circumstances we can serve as liaison between parties, we strive to remain outside of the tenant-landlord relationship to the greatest degree possible. Landlords should treat HCV tenants as they would any other. We simply request that you provide us with a copy of any notices you send that will affect the client's tenancy.

Landlords in our program are entitled to request rent increases every year. Landlords should submit the request at the time of the client's annual reexamination (you will receive a notice). Our program's federal regulations mandate that the request be made 60 days before it can be implemented. If the request is submitted after the recertification, we cannot guarantee it will be approved before the following year.

Finally, it is important that landlords communicate with us about any significant changes in lease terms or ownership of the unit. We thank you in advance for your cooperation in these program expectations, which are included at the end of this packet. For any questions or issues, please do not hesitate to contact any HCV Staff.

Please submit the packet to [albrown@orangecountync.gov](mailto:albrown@orangecountync.gov), or by fax or dropbox at the locations below. Thank you!

Sincerely,

Alycia Brown  
Orange County Housing Authority  
Housing Choice Voucher Program Manager  
919-245-2143

Mailing Address  
P.O. Box 8181  
Hillsborough, NC 27278

Hillsborough Office  
300 W. Tryon Street  
Hillsborough, NC 27278

Chapel Hill Office  
2501 Homestead Road  
Chapel Hill, NC 27516

Telephone (919) 245-2490 • Fax (919) 944-8496



**DRIVERS LICENSE**

**[Attach legible photocopy of Drivers' License here]**

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ORANGE COUNTY HOUSING AUTHORITY

CHANGE/TRANSFER OF OWNERSHIP - INFORMATION FORM

**Prior Owner/ Managing Agent Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_, NC \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_ **Type of Change:**    Change of Owner    Sale of Property

My signature below certifies the following:

1. I have purchased/acquired or entered into a management agreement for real property, located at the address listed above currently under lease to a Housing Choice Voucher Program (HCVP) Participant.
2. I agree to comply with and be governed by the terms and conditions of the currently Housing Assistance Payment (HAP) Contract and Tenancy Addendum originally entered into by and between the prior owner, the HCV Program Participant and the Orange County Housing Authority (OCHA).
3. I further agree to contact HCV Program to request the execution of a HAP Contract if I so desire and I will submit a new lease to coincide with new HAP Contract.
4. I understand the HCV Program will provide a copy of the current Lease, HAP Contract and Tenancy Addendum upon request.

**New Owner/Business DBA:** \_\_\_\_\_

**New Owner/Business DBA Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell/Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**New Owner/Business DBA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Type:**    Personal    Business    Trust

**OCHA Admin Only: Old Vendor ID#:** \_\_\_\_\_ **New Vendor ID#:** \_\_\_\_\_

**Received Date:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_ **To be effective:** \_\_\_\_\_

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**LANDLORD/OWNER CONTACT PERSON INFORMATION FORM**

**Landlord/Owner Information:**

**Landlord/Owner's Name:** \_\_\_\_\_

**Landlord/Owner's Mailing Address:** \_\_\_\_\_  
Mailing/Street Address

\_\_\_\_\_

City

State

Zip Code

**Landlord/Owner's Telephone:** \_\_\_\_\_ **Primary – Work Home Mobile**  
 \_\_\_\_\_ **Secondary – Work Home Mobile**

**Landlord/Owner's Email Address:** \_\_\_\_\_

*NOTE: This email address will receive all HAP EFT remittances from OC Finance.*

Permission to conduct/handle my account(s) with Orange County Housing is listed below:

**Person to Contact:** \_\_\_\_\_  
Print Name Title

**Contact Person's Phone Number:** \_\_\_\_\_ **Primary – Work Home Mobile**

**Contact Person's Email Address:**

**Landlord/Owner Signature**

**Date**

<b>Agency Use Only:</b>			
Date Received:		Effective Date:	
Change of Owner:	Yes      No	Completed by:	
Owner:	Previous      New	Vendor ID:	

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## PROOF OF OWNERSHIP

**[Insert proof of ownership here]**

Please note the following acceptable forms of proof of ownership:

- Recorded Deed from the Registrar of Deeds:
  - In person – Visit the office located at 228 S. Churton Street, Suite 300 Hillsborough, NC 27278, (cost: \$26.00 for the first fifteen pages and \$4.00 for any additional pages) and submit a request using your Property Address, Parcel ID, or Property Identification Number (PIN), or
  - Call 919-245-2675
  - Online — Visit <http://roam.orangecountync.gov/orangeweb/search.do> and use the search: INSTRUMENT TYPE SEARCH
- For property acquired within the last 60 days, submit the HUD-1 Settlement Statement along with the Unrecorded Deed.
- Court Order of Assignment (signed/stamped by Judge)

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# FINANCE AND ADMINISTRATIVE SERVICES

131 W. Margarget Lane, Suite 300  
Post Office Box 8181  
Hillsborough, North Carolina 27278

Phone (919) 245-2151

## AUTHORIZATION FOR VENDOR ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS

**Payee Information:** **Payee Tax ID (Personal):** \_\_\_\_\_ **or (Business):** \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee DBA: \_\_\_\_\_  
(Doing Business As, if applicable)

Remittance Address: \_\_\_\_\_

Remittance City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Routing # & Account #: \_\_\_\_\_ Routing \_\_\_\_\_ Account \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Type  
(please check only one)  Checking  Savings

As an authorized representative of the company, authorization is herein granted to the Orange County Department of Finance and Administrative Services to withdraw funds from the bank account listed above for payments or funds owed to the County in lieu of a printed check. **Please submit the completed form and a copy of a check or a letter from your financial institution, providing confirmation of your account information. The County may prenote to validate the account and routing details, resulting in your initial payment in the form of a paper check. A prenote (or prenotification) is a zero-dollar test to validate the bank account information. Prenotes are sent and verified before direct deposit can be processed.**

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

VENDOR #: \_\_\_\_\_

Munis Updated by: \_\_\_\_\_

**DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS**

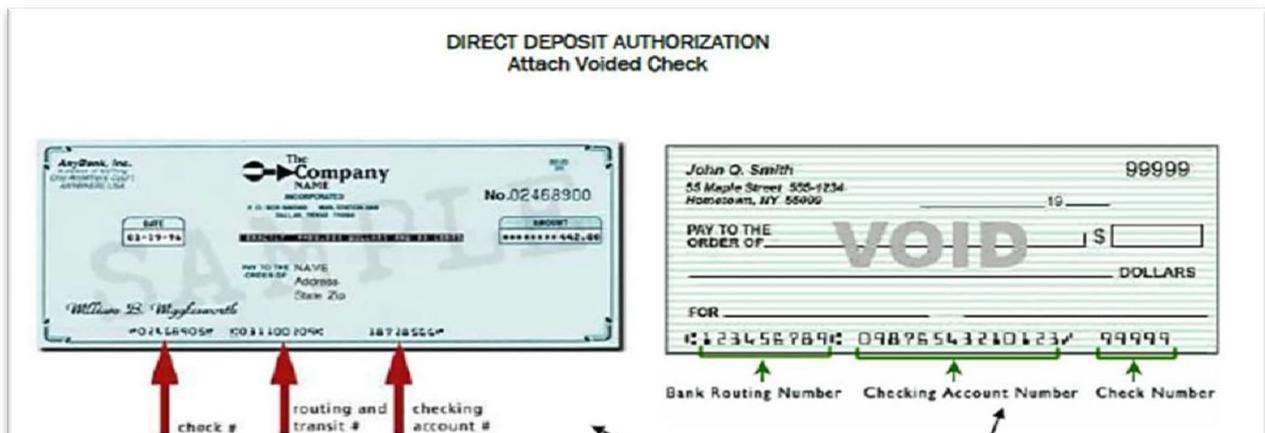
As a Property Owner/Manager participating in the Housing Choice Voucher (HCV) Program, it is required that you register for direct deposit in order to receive your Housing Assistance Payment (HAP). By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit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

**Initial:** \_\_\_\_\_

This authorization is to remain in full force and effect until the HCV Program has received written notification from the owner/landlord of its termination in such time and in such manner as to afford the HCV Program and the financial institution a reasonable opportunity to act upon it. The HCV Program may also terminate the direct deposit, if OCHA determines that eligibility is no longer met, and/or in order to recover any overpayments made. The payee certifies compliance with the HAP Contract by accepting direct deposit and that the unit(s) assisted under the HAP Contract is in full compliance with the contract terms.

**Initial:** \_\_\_\_\_

**INSTRUCTIONS:** Complete the Orange County Finance Department EFT Enrollment Form (see back page) and submit verification of the account notated on the form.



If you are unable to provide a voided check, a letter from your Financial Institution is acceptable. Letter must include:

- Entity/person information
- Routing/Account Number
- Signed by an authorized representative of the Financial Institution

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**Verification of Tax ID Number**

**Private Owner - Copy of SS Card**

**Business - Copy of IRS SS-4**

**[Attach legible photocopy of Tax ID number here]**

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## MANAGEMENT AGREEMENT

**[If applicable, insert management agreement here]**

Please ensure the following:

- That the Owner(s) listed in the management agreement is the same individual or entity listed on the proof of ownership documents.
- The Property Manager(s) listed in the management agreement is the same individual or entity listed on the W-9 form and the EIN verification letter.

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## Housing Choice Voucher Program Expectations - Landlords

### Enforcement of Lease Agreement

- Owners/Landlords are expected to enforce the lease agreement with the tenant/participant. Copies of notices of lease violation must be submitted to Orange County Housing Authority (OCHA).

### Tenant/Participant will pay only the rent specified by OCHA

- Written notification of rent amounts will be sent to you via US mail. Tenants are required to pay no more than their stated rent portion unless advised otherwise by OCHA. Notification of rent changes will be sent to both tenant and landlord.

### Rent Increases

- Landlords must give a 60-day notice to both the tenant and OCHA prior to the effective date of a rent increase. Please note that rent increase requests must be submitted to coincide with our annual recertification, and can only be submitted once per year. If you submit a rent increase request after the annual recertification, we may wait until the next year's recertification to process it.

### Inspections and Maintenance of Unit

- You may schedule periodic checks of the unit according to your lease. Tenant requests for repair should be resolved within thirty (30) days of request. If the matter is not resolved, tenants/participants can request a 'special inspection' from OCHA. For any emergency repairs, OCHA may issue a 24-hour notice. If you are unable to resolve tenant-caused damages directly with the tenant, please contact HCV staff. The tenant may not be held responsible for any OCHA payments that are withheld (abated) due to a failed inspection.

### Unauthorized Occupants

- Unauthorized occupants are a breach of contract and a program violation. Tenants must obtain approval from OCHA and their owners/landlords in order to add household members.

### Notifications of Changes to Unit

- Your lease determines how many days notice a tenant must give before vacating the unit. Owners must notify OCHA when ownership of the unit changes.