

---

# Change of Ownership Request Instructions

---

<b>PLEASE RETURN YOUR REQUEST VIA:</b>	<b>Email:</b> <a href="mailto:dtros@hpd.nyc.gov">dtros@hpd.nyc.gov</a>	<b>Mail:</b> HPD Division of Tenant Resources Owner Registration Unit 100 Gold Street, Room 1-0 New York, NY 10038	<b>Questions regarding this form:</b> Call the Owner Registration Unit at (917) 286-4300
	<b>Fax:</b> (212) 863-8526		

---

The Department of Housing Preservation & Development (HPD) must be notified in advance of the sale of an assisted property.

**Seller Responsibility:** Owners of subsidized properties must notify HPD of their intent to sell at least 30 days in advance of the anticipated closing date. HPD will reconcile payments with the seller and will hold future payments based on the anticipated date of sale reported on the *Notice of Intent to Sell-Change of Ownership Request* form. It is the seller's responsibility to notify HPD of any change in the date of sale to avoid an interruption of subsidy payment. Notification should be sent to [dtros@hpd.nyc.gov](mailto:dtros@hpd.nyc.gov). Failure to timely notify HPD of the intent to sell, will result in the seller having to reconcile payments with the purchaser.

**Purchaser Responsibility:** HPD will only release payments to the purchaser once property ownership documentation has been supplied and the HAP contract assigned. The purchaser must be eligible for participation in the Housing Choice Voucher (HCV) program and meet all requirements for owners detailed in the federal regulations that apply to this program (24CFR982.306) and HPD's Administrative Plan. Purchasers must complete the vendor validation process for the City of New York in order to receive payments. The purchaser should submit the required documents within 30 days of the date of sale.

## Payments

HPD may pay up to 60 days in retroactive payments to the purchaser if:

- 1) the seller has provided HPD with sufficient notice of the pending sale, such that no subsidy payments are issued for a period after the date of sale **and**
- 2) the purchaser submits the required documents within 30 days of the date of sale

If the conditions stated above are not met the following policies may apply:

- If any HAP payments were made to the seller after the date of sale, it will be the purchaser's responsibility to contact and obtain these funds from the seller.
- If HPD requests additional information from the purchaser and does not receive a response within the stated deadline, the purchaser will not be entitled to retroactive payments.

## CHANGE OF OWNERSHIP REQUIRED DOCUMENTS:

### PROOF OF OWNERSHIP

- Copy of the Deed
- Proprietary Lease and/or Shares Certificate for Coops and Condos
- Notarized letter designating the HAP payee, signed by all parties on the deed.
  - If the property is owned by multiple parties, only one party may receive payments from HPD.  
The party to be paid must supply their tax ID number/SSN on the Substitute Form W-9.
- Copy of Attorney's Letter from the Closing (unless the deed is already registered).
- Copy of the Management Agreement (if any).
- Nominee Agreement (if applicable).

### VENDOR VALIDATION

- Completed City of New York Substitute Form W-9. Legal Business Name **MUST** match IRS letter or, Social Security card for individuals.
- Tax ID Number Verification:
  - Clear Copy of signed Social Security Card for individuals or
  - The IRS issued Employer Identification Number (EIN) letter or IRS 147C or SS-4 letter. The issue date of this letter must be within the last 24 months of submission to HPD.

### ASSIGNMENT OF HAPs

- Assignment of Housing Assistance Payment (HAP) Contract Request form.

## ASSIGNMENT OF HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT REQUEST FORM

To be completed by the proposed purchaser/ HAP payee. Please see the *Change of Ownership Request* instructions page for a full list of required documents.

<b>NAME OF PROPOSED HAP CONTRACT PAYEE</b>				
<b>PROPOSED HAP CONTRACT PAYEE ADDRESS:</b>			<b>PHONE:</b>	
			<b>EMAIL:</b>	
<b>ADDRESS OF ASSISTED UNIT(S)</b>	<b>UNIT</b>	<b>CITY</b>	<b>ZIP CODE</b>	<b>DATE OF SALE</b>

**CERTIFICATION:**

I, \_\_\_\_\_ agree to accept all of the conditions, obligations and benefits of the Housing Choice Voucher Program HAP contract (available at: [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a)) for the address referenced above.

**The following statements are true:**

- That I/we are not the parent, child, grandparent, grandchild, sister or brother of any member of a family currently covered by the Housing Choice Voucher HAP contract referenced above. OR;
  - I/we are a close family relative of the assisted tenant; however, a Reasonable Accommodation has been requested.
- That I/we have not been debarred, suspended, or subject to a limited denial of participation under HUD regulations, 24 CFR, Part 24.
- That the federal government has not instituted legal action against me/us for violation of the Fair Housing Act or other federal equal opportunity requirements.

**It is further understood that:**

- HPD may pay up to 60 days in retroactive payments to the purchaser if:
  - 1) the seller has provided HPD with sufficient notice of the pending sale, such that no subsidy payments are issued for a period after the date of sale **and**
  - 2) the purchaser submits the required documents within 30 days of the date of sale
    - If these conditions are not met the following policies may apply:
      - If any HAP payments were made to the seller after the date of sale, it will be the purchaser’s responsibility to contact and obtain these funds from the seller.
      - If HPD requests additional information from the purchaser and does not receive a response within the stated deadline, the purchaser will not be entitled to retroactive payments.
- It may take two months from the date HPD receives the complete request to approve and issue payments to the purchaser.

**PROPOSED HAP CONTRACT PAYEE ACKNOWLEDGMENT**

*I hereby certify that the information provided is true and correct to the best of my knowledge. I understand that false statements or misrepresentations are a criminal offense under section 1001 of title 18 of the U.S Code.*

<b>AUTHORIZED AGENT’S NAME</b>	<b>PRINT:</b>	<b>SIGN:</b>	<b>DATE:</b>
--------------------------------	---------------	--------------	--------------

<b>HPD USE ONLY:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied:</b>	
<b>REVIEWED BY</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>



## The City of New York Substitute Form W-9 Instructions

The New York City Housing Preservation and Development Agency, like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The NYC Housing Preservation and Development Agency uses Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid Backup Withholding as mandated by the IRS.\* We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States (Rev. Proc. 84-65 §11.01). You are required to give us the information.

Any vendor or other payee who wishes to do business with the NYC Housing Preservation and Development Agency must complete the Substitute Form W-9.

### **Part I: Vendor Information**

1. **Legal Business Name:** An organization should enter the name in IRS records, IRS Letter CP575 or IRS Letter 147C. For individuals, enter the name of the person who will do business with the City of New York as it appears on the Social Security card, or other required Federal tax documents. *Do not abbreviate names.*
2. **DBA (Doing Business As):** Enter your DBA in designated line, if applicable.
3. **Entity Type:** Mark the Entity Type of the individual or organization that will do business with the City of New York.

### **Part II: Taxpayer Identification Number and Taxpayer Identification Type**

1. **Taxpayer Identification Number:** Enter your nine-digit TIN. See the table and Special Note below for instructions on the type of taxpayer number you should report.
2. **Taxpayer Identification Type:** Mark the appropriate option.  
The following table gives the Taxpayer Identification Type that is appropriate for each Entity Type.

Entity Type	Taxpayer Identification Type
<ul style="list-style-type: none"> <li>▪ Church or Church-Controlled Organization</li> <li>▪ Personal Service Corporation</li> <li>▪ Non-Profit Corporation</li> <li>▪ Corporation / LLC</li> <li>▪ Government</li> <li>▪ Individual/Sole Proprietor <i>who has employees other than him or herself</i></li> <li>▪ Trust</li> <li>▪ Joint Venture</li> <li>▪ Partnership / LLC</li> <li>▪ Single Member LLC <i>who has employees other than him or herself</i></li> <li>▪ Estate</li> </ul>	Employer Identification Number
<ul style="list-style-type: none"> <li>▪ City of New York Employee</li> <li>▪ Individual/Sole Proprietor <i>who does not have employees other than him or herself</i></li> <li>▪ Single Member LLC <i>who does not have employees other than him or herself</i></li> </ul>	Social Security Number
Resident Alien/Non-Resident	Individual Tax Identification Number
Non-United States Business Entity	N/A
Custodian account of a minor	The minor's Social Security Number

### **Part III: Vendor Addresses**

1. List the locations for tax reporting purposes, administrative and where payments should be delivered.

### **Part IV: Backup Withholding and FATCA Exemptions**

If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

**Backup Withholding Exemption Codes:** Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. ***If you do not fall under the categories below, leave this field blank.***

The following codes identify payees that are exempt from Backup Withholding:

\* Backup Withholding - According to IRS Regulations, ACS must withhold 28% of all payments if a vendor or payee fails to provide ACS its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN.

**The City of New York**  
**Substitute Form W-9 Instructions**

---

- 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 possession of the United States, 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 possession of the United States
- 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

**FATCA Exemption Codes:** 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. ***If you are only submitting this form for an account you hold in the United States, leave this field blank.***

The following codes identify payees that are exempt from FATCA Reporting:

- 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 possession of the United States, 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 Reg. 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 Reg. 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

**Part V: Certification**

Please sign and date form in appropriate space. Provide preparer's name, telephone number, and e-mail address. Preparer should be employed by organization.

---

\* Backup Withholding - According to IRS Regulations, ACS must withhold 28% of all payments if a vendor or payee fails to provide ACS its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN.

# SAMPLE IRS 147C/SS-4 LETTER

Issued within the last 24 months



CINCINNATI OH 45999-0038

Name of your company

In reply refer to: 0219273869

Jul. 07, 2018 LTR 147C 0

12-3456789 000000 00

00002512

BODC: SB

Entity Name

123 FIRST AVE STE 2  
SAN FRANCISCO, CA 94555

Employer Identification Number (EIN)

Employer identification number: 12-3456789

IRS Contact information  
(To request this letter)

Dear Taxpayer:

Thank you for your inquiry of Jun. 20, 2018.

Your employer identification number (EIN) is 12-3456789. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

If you have questions, you can call us toll free at 1-800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include this letter and provide in the spaces below, your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone number ( ) \_\_\_\_\_ Hours \_\_\_\_\_



127988