

Date Attending Briefing: _____

5 Business Day Due Date: _____

OWNERS'S CHECKLIST

Fill out the attached documents and return to the RHA within 5 business days of the date of this notice. **ONLY complete packets with all requested verifications will be accepted.** The RHA will not accept a yellow inspection packet until a complete packet has been returned.

If after 5 business days, the RHA has not received the completed packet, the tenant will be provided another yellow inspection packet if necessary, to search for another unit. A landlord may request one extension in writing (maximum 5 business days).

Individual Landlord:

- complete the attached forms with name and contact information of individual
- Social Security Card
- ID
- Proof of Ownership
- Voided Check

Company/LLC:

- complete the attached forms with name and contact for the company/LLC with the same name as listed in Fort Bend Central Appraisal District(FBCAD)
- Provide proof of purchase if name is different from FBCAD
- EIN number confirmed on SS-4 for the Company/LLC matching the FBCAD
- Voided Check with name of Company/LLC

Management Company:

- complete the attached forms with name for the individual/company who will receive a 1099 at the end of the year and whose name is listed on Fort Bend Central Appraisal District
- Provide contact information for individual who will be communicating with the housing authority.
- Proof of purchase of the owner listed in FBCAD
- Management agreement between the owner listed in FBCAD and the management company listing the unit address to be inspected.
- Provide docs stated above for individual or Company depending upon who will receive the 1099
- Voided check of individual/company who will be accepting rent for the requested unit.

Signature

By signing the document, I have attended the briefing and understand all documents must be returned by the Due Date listed above in order to process the inspection request.



NEW OWNER IDENTIFICATION FORM

ALL information and requested documents must be supplied on these forms in full or they will be returned for completion, which will delay the Inspection and Assistance Payment process.

TAXPAYER CERTIFICATION AND IDENTIFICATION NUMBER PLEASE PRINT:

NAME: _____
(Must be name of person, company, etc. who is responsible for the IRS reporting—a 1099 is issued in this name at the end of the year.)

ADDRESS: _____
(Address where the check is to be mailed—cannot be tenant's unit.)

Date of Birth: _____

Phone number: _____ E-mail Address _____

If you stated above that your agency is an "LLC", please circle which of the following two options best describes your agency:

- Limited Liability COMPANY
- Limited Liability CORPORATION

If you are providing a P.O. Box for delivery of your check, please provide a residential address:

SOCIAL SECURITY #/FEDERAL I.D. # _____
(Must match above name for 1099 reporting—"on file" not acceptable)

The following information is requested on the person whose tax I.D. number is listed above: MALE: _____ FEMALE: _____

RACE: Black Asian ETHNICITY: Hispanic
 White American Indian Non-Hispanic
 Other

NAME(S) OF ANY OR ALL OTHER PERSON(S) ON DEED OR MORTGAGE:

ALL ELECTED OFFICIALS MUST DISCLOSE THEIR POSITIONS IN ORDER TO DETERMINE POSSIBILITY OF CONFLICT OF INTEREST.

ARE YOU (the owner of the property) AN ELECTED OFFICIAL? _____ If YES, please disclose the position you hold: _____

Please provide the following items along with this form:

1. The attached W9 filled out.
2. Copy of Valid Government Issued ID
2. Copy of proof of ownership (Deed or Trust, Settlement Statement, Property Tax Statement)
3. Copy of Social Security Card and/or Copy of IRS Form SS-4 for EIN Number

All these items can be emailed to kbrown@rosenbergha.org or Faxed to 281-232-2920 ATTN: Kim Brown. kbrown@rosenbergha.org
Any questions can be directed to the above email address or call (281) 342-1456x13. kbrown@rosenbergha.org or call (281) 342-1456x13.

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see Instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	Rosenberg Housing Authority 117 Lane Drive, Suite 18 Rosenberg, TX 77471	
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 the "Name" line 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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 ▶
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General Instructions

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

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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.

DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO: Rosenberg Housing Authority
 117 Lane Dr. Ste 18
 Rosenberg, TX 77471

PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID <i>(Social Security Number or Employer Identification Number)</i>		Work Phone Number	Home Phone Number	
Name		E-mail Address		
Address	City	State	ZIP Code	

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the Rosenberg Housing Authority to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Printed Name	Date
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PART 4: Financial Institution *(Contact your financial institution for this information, if necessary.)*

Financial Institution Name		City	State	ZIP Code
Routing Transit Number	Customer Account Number		Type of Account	
Representative Name <i>(Please print)</i>		Title		<input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings
Representative Signature				

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** - Select if payee is not currently on direct deposit.
 - The payee or financial institution representative must complete Part 4.
- **CANCELLATION** - Select if payee wishes to stop direct deposit.
 - Do not complete Part 4.
- **CHANGE FINANCIAL INSTITUTION**
 - The payee or new financial institution representative must complete Part 4.
- **CHANGE ACCOUNT NUMBER**
 - The payee or financial institution representative must complete Part 4.
- **CHANGE ACCOUNT TYPE**
 - The payee or financial institution representative must complete Part 4.

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section must be completed by the payee or a financial institution representative.

NOTE: Alterations to routing and/or account number must be initialed by the payee.



Attention Owners

*****Please be advised*****

- 1. To initiate the inspection process, you MUST attend a Landlord Briefing. Briefings are held in the office every Wednesday at 10am and 2pm. No appointment is required.**
- 2. Create an Account on Bob.ai to fill out and submit new owner certification and requested verification documents.**
- 3. Initiate the eRFTA process through Bob.ai for the voucher holder you wish to lease to.**

With **bob.ai**

You can do anything with your account:

- Create, sign, and submit your RFTA in as little as 15 minutes!
- Track your Inspector on their way to your unit inspection!
- Chat with your RHA case manager and your landlord!
- Check and return only the parts that matter, not the whole RFTA!
- Enjoy instant signing, feedback, and information!
- Search for housing with filters, from the number of bedrooms to housing for accessibility and seniors!
- Calculate your rent and estimated utilities!
- So much more!

Scan the QR code in the corner to create your account.



SCAN ME

What do I do next?
Create an account
today at <https://bob.ai>

If you need assistance
please call Rosenberg TIA at
(281) 342-1456

117 Lane Drive Suite 18

Rosenberg Texas 77471

281.342.1456