



**DOCUMENTS REQUEST  
HAP CONTRACT EXECUTION**

Date:

RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_ :

The Housing Authority of South Bend (HASB) is requesting additional documentation to complete the Housing Assistance Payment (HAP) Contract process. The listed documentation is requested for the property at

Please ensure you thoroughly review the list of documents and the instructions provided to confirm the correct information is submitted to HASB. Incorrect or incomplete documentation submitted will cause a delay of payment.

This will be the **ONLY** notice requesting these documents. If HASB does not receive the requested documentation by \_\_\_\_\_ the HAP contract process will be voided and HASB **will not pay** any HAP to the owner.

The participant is eligible to move into the unit once the unit has passed inspection.

Provided all owner documents are received, payment and a rent adjustment notification should be expected within 60 days of the lease effective date. HASB will pay the owner retroactively to the lease effective date which must be on or after the pass inspection date. The participant is expected to pay their estimated tenant portion, provided to them at their voucher issuance briefing, while awaiting the rent adjustment notice.

**Please utilize this correspondence as a cover page with the supporting documentation.**

**ATTN: HAP Contract Requested Documents  
HCV Director  
501 Alonzo Watson Drive  
South Bend, IN 46601  
OR  
[constancejohnson@sbhaonline.com](mailto:constancejohnson@sbhaonline.com)**

**\*SEE OTHER SIDE FOR A LIST OF ALL OWNER DOCUMENTS REQUIRED\***

## DOCUMENTS REQUEST HAP CONTRACT EXECUTION

Below is a list of the documents needed to generate the Housing Assistance Payment (HAP) Contract. Please review the instructions carefully. Failure to supply the correct information within the requested timeframe may result in the HAP Contract process being voided and the participant receiving new RFTA/Moving papers.

Any questions or concerns during the HAP Contract process should be directed to: [constancejohnson@sbhaonline.com](mailto:constancejohnson@sbhaonline.com)

	DOCUMENT	INSTRUCTIONS
<input type="checkbox"/>	W-9 (Enclosed)	<ul style="list-style-type: none"> <li>• Must list the physical mailing address, PO Boxes are NOT acceptable <i>Please note:</i> The name on the bank account that you provide must match the TIN/EIN that you have provided. A 1099 will be issued for all payments which exceed \$600 per year.</li> </ul>
<input type="checkbox"/>	Direct Deposit Form (Enclosed) and a Voided Check	<ul style="list-style-type: none"> <li>• Completely filled out</li> <li>• Signed and dated by the Owner or Management Representative</li> <li>• Information matches page 2 of the RFTA ("Person or business that pays income taxes on income received from this property")</li> <li>• W-9 shall be completed for every new owner with a different tax identification number</li> <li>• Email address must be indicated on document</li> </ul>
<input type="checkbox"/>	Proof of Ownership	<ul style="list-style-type: none"> <li>• Recorded Warranty Deed, Quit Claim Deed, Trustee's Deed, Deed is Trust The Deed must be recorded by the Recorder of Deeds. Notarized deeds are not acceptable.</li> </ul>
<input type="checkbox"/>	Social Security Card (SS Card) OR Taxpayer Identification Number (TIN) Certification	<ul style="list-style-type: none"> <li>• Owner SSN and W-9 match or</li> <li>• TIN ( IRS Business EIN Letter) and W-9</li> <li>• If a individual is receiving the funds a SS Card is required OR If an organization or business is receiving the funds then a TIN Certification is required</li> </ul>
<input type="checkbox"/>	Picture ID or Drivers License of Owner/Management Representative signing the contract	<ul style="list-style-type: none"> <li>• Photo ID matches Social Security Number</li> <li>• Photo ID matches management representative authorized to sign</li> <li>• Authorization letter from employer is acceptable if a management company is signing the HAP contract</li> </ul>
<input type="checkbox"/>	Management Authorization Form OR Power of Attorney (if applicable)	<ul style="list-style-type: none"> <li>• Must include:               <ul style="list-style-type: none"> <li>○ Name of Owner and Management Company</li> <li>○ Unit(s) managed</li> <li>○ Management agreement term</li> <li>○ Authorization of lease-up, HAP payment, document execution and utility responsibility (if applicable)</li> <li>○ Signatures of Owner and Management company representative</li> </ul> </li> </ul>
<input type="checkbox"/>	An Executed (signed) Lease	<ul style="list-style-type: none"> <li>• Must include:               <ul style="list-style-type: none"> <li>○ Lease end date ending at the end of the month (example January 31<sup>st</sup> or February 28<sup>th</sup>. Leases will not be accepted ending any day other than the end of the month.</li> <li>○ List of names of all occupants including children</li> <li>○ Utility responsibilities. MUST include gas, electric, water, sewer and trash removal. Please ensure the utilities match the original information submitted to HASB .</li> <li>○ Leases are to begin on or after the pass inspection date.</li> <li>○ Appliance responsibilities. Must include who is supplying the refrigerator, stove, and air conditioner (if applicable).</li> </ul> </li> </ul>

*Any incorrect or incomplete documentation submitted will cause a delay of payment.*