



NEW VENDOR PACKET

Date: _____

Dear Property Owner or Manager:

In order for the Orange County Housing Authority (OCHA) Housing Choice Voucher Program (HCVP) office to process your request to be set up as a vendor with the OCHA, the following documentation is required from the legal Owner(s)/Managing Agent(s) of the property.

Failure to do so may result in the termination of the Housing Assistance Payment (HAP) Contract for the unit(s).

- Completed Information form (*page 2*)
- Proof of Ownership (*see acceptable forms of proof inside packet – page 3*)
- Management Agreement or Termination Letter (*if applicable – page 4*)
- Completed Direct Deposit Authorization Agreement with voided check (*page 6*)
Note: *If in receivership, DO NOT fill in the SSN or EIN (HADC will populate this information)*
- *Copy of Valid driver's license or state identification card for person signing W-9 for the designated property*
- Completed W-9 or IRS Employer Identification Number (EIN) by the legal Owner(s) or Managing Agent of the referenced property (*page 8*)

Individuals — Must complete W-9, submit a copy of Photo Id and Social Security Card

Company or business — must submit a signed W-9 and a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C). You can call the IRS Business Specialty Tax Line at 1-800-829-4933 to secure a copy.

Note: *The name and tax ID number (Employee Identification Number (EIN) or Social Security number (SSN) listed on the W-9 form must match the information listed on the verification letter.*

Email the entire completed packet to albrownc@orangecountync.gov or drop it off at the main or satellite office OCHA address listed below. If you have any questions, please contact the OCHA office at (919) 245-2490.

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

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516





INFORMATION FORM

New Owner/Managing Agent Information (circle one):

Name: _____

Address: _____
Street City, State Zip Code

Telephone: (_____) _____ Primary — Work/Home/Cell (circle one)

(_____) _____ Secondary – Work/Home/Cell (circle one)

E-mail Address (**required**): _____

NOTE: This email address will receive all HAP remittances, newsletters, and any correspondence from HADC.

Contact Name/Title: _____
Print Name Title

List telephone number if different from Owner/Managing Agent

Telephone: (_____) _____
Primary-Work/Home/Cell(circle one)

Owner(s) or Managing Agent(s) Signature(s) Date

All OCHA Owner Inquires can be answered in person or during our Owner Briefings. These meetings are held every other month. Please visit the OCHA website to register. The OCHA strongly encourages every owner to attend an Owner Briefing. It is the OCHA's position, owners who attend a briefing have a far better success rate in working with the HCVP and its clients than owners who choose not to attend.

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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 TYPESEARCH
- 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)





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.



DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

As a Property Owner 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.

Once completed, please submit the form along with a copy of your voided check or savings account deposit slip via mail, e-mail or fax as indicated below:

1. Mail: OCHA Housing Choice Voucher Program
 Attn: Direct Deposit
 PO Box 8181
 Hillsborough, NC 27278

2. Email: HCVPOwnerInquiries@orangecountync.gov

3. Fax: 919-644-3056

If you have any questions regarding direct deposit of you HAP, please contact the OCHA at 919-245-2490 or HCVPOwnerInquiries@orangecountync.gov

Direct Deposit Form Key Register Correctly the First Time by Following These Guidelines

<input type="radio"/> A	Date - Date of form being filled for submission and on Form W-9 must match
<input type="radio"/> B	Owner # - From HAP check stub, if known
<input type="radio"/> D	Name of Financial Institution/Account #/ Routing # and Transit #/Type of Account – Whatever is listed on the verification document see checking account/savings deposit slip sample attachment
<input type="radio"/> E	The name indicated as the Payee Name and on Form W-9 must match
<input type="radio"/> F	The numbers indicated as the SSN or Federal Tax I.D. # and on Form W-9 must match
<input type="radio"/> G	Authorized Person - E-mail, Address, City, State, Zip, Phone, Signature

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DIRECT DEPOSIT AUTHORIZATION AGREEMENT (ACH CREDITS)

To implement direct deposit of Housing Assistance Payments, complete and send this form, along with a completed W-9 and voided check for deposit into checking or savings account, and a deposit slip for deposit into savings account to: OCHA Housing Authority, Housing Choice Voucher Program, Direct Deposit, P.O. Box 8181, Hillsborough, NC 27278, or email it to HCVPOwnerInquiries@orangecountync.gov or fax it to (919) 644-3056.

Date: _____ (A) Owner ID: _____ (B)

Please check the appropriate box:

New Enrollment Bank Account Information

I hereby authorize the Orange County Housing Authority (OCHA) Housing Choice Voucher (HCV) Program to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named below. I acknowledge the origination of the ACH transaction to my account must comply with the provision of U.S. Law.

Name of Financial Institution: _____	
Account Number: _____	Routing and Transit Number: _____
Type of Account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authorization is to remain in full force and effect until the HCV Program has received written notification from me 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. Additionally, if any action taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that 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 I may incur fees and/or other penalties payable to OCHA. 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.

Payee or an authorized person must complete the following and sign this request.

Payee Name: _____ (D) SSN or Federal Tax I.D.: _____ (E)
(Please Print Legibly)

Name of Contact Person: _____ Title: _____
(Please Print Legibly) (F)

E-Mail Address: _____ (REQUIRED)	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone: Office (_____) _____	Cell: (_____) _____
Signature of Owner or Authorized Person: X _____	

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ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS PAGE

NOTE: STARTER CHECKS ARE NOT ACCEPTABLE

DIRECT DEPOSIT AUTHORIZATION
Attach Voided Check
or
Savings Account Deposit Slip

↑ check #

↑ routing and transit #

↑ checking account #

↑ Bank Routing Number

↑ Checking Account Number

↑ Check Number

DEPOSIT TICKET

First/Last Name _____
Address _____
City, State Zip _____

DATE _____

First Bank of You _____

⑆0150 ⑆3034 ⑆0015075100 ⑆ • 909

71-183/2718
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← (C) →

Please Note: The following verification documents must be provided:

- Voided check/savings deposit slip must include:
 - Encoding (the numbers on the bottom of your check/savings deposit slip)
 - Entity/Person # must be the same as printed on the Direct Deposit Form

OR

- Letter from your Financial Institution
 - Must include the entity/person information
 - Routing/Account Number
 - Signed by an authorized representative of the Financial Institution



DRIVERS LICENSE

[Attach legible photocopy of Drivers' License here]

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