



## **TERMS AND CONDITIONS FOR DIRECT DEPOSIT PARTICIPATION**

*If you are a person with disabilities and require a reasonable accommodation to complete this form, please contact our office at (727) 461-5777, TTY: 800-955-8771.*

### **Mandatory Participation**

Any owner, landlord, or PHA, hereinafter called the "Payee," who receives Housing Assistance Payments (HAP) from Clearwater Housing Authority (CHA), is required to enroll in Direct Deposit. CHA does not issue paper checks for HAP.

### **Landlord Portal in Rent Café**

Landlords must register for access to the landlord portal. A registration code will be provided once the account is set up. The portal may be accessed from the CHA home page at [www.clearwaterhousingauth.org](http://www.clearwaterhousingauth.org). You may also send a written request for the registration code to [info@clearwaterhousingauth.org](mailto:info@clearwaterhousingauth.org). Landlords can use the portal to update bank account information, view the ledger, view inspection results, view tenant caseworker information, and update contact information.

### **Financial Institution Information and Certification**

The Payee must complete the Direct Deposit Authorization Form provided by CHA, designate the Financial Institution, hereinafter called the "Depository," and provide the account information. The account must be either a "checking" or "savings," and must be designated as an individual account only. The account holder name and account number provided on the form must correspond exactly to the records of the Depository.

### **Changes to the Direct Deposit Information**

The Payee may make changes to the Direct Deposit information, including the name of the Depository, account number or account type. The payee is encouraged to make the changes in the landlord portal.

Alternatively, the Payee may submit a request to CHA in writing, no less than forty-five (45) days prior to the payment date, any changes to the Direct Deposit information. This will cause the original authorization to be inactive and a new Direct Deposit Authorization Form must be completed. It is recommended that the Payee maintain the previously authorized account until the new account is tested to ensure the accuracy of the deposit.

### **Cancellation**

Authorization provided to CHA by the Payee for Direct Deposit will remain in effect until CHA has received written notification from the Payee of its termination in such time and in such manner as to afford CHA and the Depository a reasonable opportunity to act upon it or until cancellation is provided by the Depository or CHA. Upon cancellation by the Payee, including account closure, the issuance of HAP by CHA will be suspended until a new Direct Deposit Authorization Form is completed. CHA reserves the right to discontinue Direct Deposit at any time. The Payee will be notified by CHA, in writing, no less than thirty

(30) days prior to the cancellation date. However, any of the above-listed parties may immediately cancel the Direct Deposit for reasons of fraud. Payee also acknowledges that, if any action taken by the Payee results in non-acceptance of a direct deposit by the designated Depository, CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the Depository and that Payee may incur fees and/or other penalties payable to CHA.

### **Protection of Confidential Information**

In the interest of protecting any and all confidential information of the Payee including account names, account numbers, and tax identification numbers, CHA will maintain this information in a secured area and will not be disclosed to any outside parties unless otherwise required by State or Federal law. The Information Practices Act of 1977 (Civil Code Section 1798.17), and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on the Direct Deposit Authorization Form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent of CHA will result in penalties and fines.

### **False Statements and Claims or Fraudulent Information**

By acceptance of HAP through Direct Deposit, the Payee certifies that to the best of his/her knowledge: the dwelling unit(s) are in compliance with the Housing Quality Standards (HQS) as set forth by the U.S. Department of Housing and Urban Development (HUD); the HCV family is currently residing in the unit; the deposited amount corresponds to the HAP amount stated in the current HAP Contract or subsequent amendment and the Payee is in compliance with all other provisions as required by the HAP Contract. Anyone who misrepresents, falsifies, or submits fraudulent information to receive HAP for which he/she is not entitled, pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

**By signing this form, the Payee fully understands and accepts the terms and conditions as stated above to participate in CHA's Direct Deposit.**

Printed Name of Payee: \_\_\_\_\_

Signature of Payee: \_\_\_\_\_ Date: \_\_\_\_\_