

# **Asset Management Notice**

To: All Owners and Managers	
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Notice # 2023.03

From: Bob Conroy, Director of Asset Management

Issued: 3/10/2023

# In This Issue:

# I. Changes To Banking Information For Voucher Payments

II. Audit Corner-Tax Credit Tips

# I. Changes To Banking Information For Voucher Payments

Cyber criminals pose a tremendous risk to us all. These criminals are becoming more savvy and creative in the ways that allow them to target and steal information from individuals and businesses alike. Taking actions such as not sharing passwords or personal information, not opening attachments or clicking on links from unknown senders, and notifying your IT department of potential phishing attempts are just a few ways to protect yourself and your agencies.

A recent successful phishing attack for a Performance Based Contract Administrator (PBCA) has resulted in HUD re-examining and making modifications to the required process for changes to bank accounts for properties with Housing Assistance Payment contracts.

At MaineHousing, we have a process in place for our PBCA partners to change and update their banking information safely. Our partners may request changes to their banking information for voucher payments by submitting HUD's 1199A form to Wendy Bonsant at: <u>wbonsant@mainehousing.org</u>. Partners should submit this request at least 30 days in advance of the change being requested.

With the new process, HUD is now requiring that all PBCAs forward all banking changes to the appropriate HUD Account Executive (AE) for review. The HUD AE will then confirm with the owner/agent the changes being requested and upon confirmation, HUD staff will then provide approval to MaineHousing to make the appropriate changes. Only after HUD staff approval can any banking change be made.





Rent increases in affordable housing are allowable within specified parameters, however, it is a decision of the Owner/Management Agent to request and proceed with them and not a mandate by either MaineHousing or the IRS. Rent increase letters distributed to tenants for affordable units should not contain language indicating MaineHousing or the IRS had any part in the rent increase. The rent increase letters may contain language indicating the rents are within annual published guidelines.

MaineHousing has identified several instances where the rent increase letters contained inappropriate reference to MaineHousing or the IRS. Please ensure any such language is removed. If rent increase letters are found in the file to contain improper wording, a warning will be provided as a first offense. A recurrence will result in a negative impact on the management review.

II. Tenant Income Certification Forms and Self Certification Forms Updated

Annual Tenant Income Certification form has been updated as follows:

- 1. Added New Program type, State LIHTC, check box at the top of the form
- 2. Added 80% Area Median Income check box
- 3. Added 80% rent check box

Annual Tenant Income Self Certification form has been updated as follows:

- 1. Added New Program type, State LIHTC, check box at the top of the form
- 2. Section B Rent added the lines maximum allowable income and maximum allowable rent
- 3. Added 80% income check box

These forms can be found by clicking here.

# III. Gig Income

Covid19 has changed many things, including how some people are earning a living. Gig income is a new form of income stream which includes income earned from various platforms such as, but not limited to, Ebay, Etsy, Fans Only, Uber as well as other platforms. This is income that should be included in the calculation of gross income when determining eligibility of individuals for affordable housing.

The IRS will be issuing 1099K forms for any income earned for any type of Gig environment starting in 2024. MaineHousing is urging Management Companies to begin the process of



updating both their application and recertification questionnaires to include questions to cover this type of income source.

# IV. Zillow

During our management review process MaineHousing continues to see that Zillow is being used by property managers as a source document to determine the value of Real Estate assets. It has been determined that this is not the most accurate source of determining value and should only be used as a last resort after first attempting to use the following sources :

1. Broker's Opinion of Value (BOV)

2. Municipal Tax bills (determination of applicable percentage of tax valuation needs to be obtained and calculated at 100% of value if not already taxed at 100% of value).

# Attachments:

• Standard Form 1199A Direct Deposit

Please note that MaineHousing provides notices as a service to our partners. Notices are not intended to replace ongoing training and do not encompass all compliance and regulatory changes that may occur on the wide arrange of housing programs in which we work. MaineHousing recommends partners establish an ongoing training program for their staff.

MaineHousing does not discriminate on the basis of race, color, religion, sex or gender, sexual orientation, gender identity or expression, national origin, ancestry, disability, age, marital status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex or gender, sexual orientation, gender identity or expression, national origin, ancestry, age, disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Lauren Bustard, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.



Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

DIRECT	DEPOSIT	SIGN-UP	FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

<b>SECTION 1</b>	(TO BE COMPLETED BY PAYEE)
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A N/	AME OF PAYEE (last, first, middle initial)		D		
			Ε	DEPOSITOR ACCOUNT NUMBER	
A	DDRESS (street, route, P.O. Box, APO/FPO)				
CI	TY STATE	ZIP CODE		TYPE OF PAYMENT (Check only one)     Social Security     Fed. Salary/Mil.	
TE	ELEPHONE NUMBER				
	AREA CODE				
B N/	AME OF PERSON(S) ENTITLED TO PAYMENT	•			
					(specify)
<b>C</b> CI	AIM OR PAYROLL ID NUMBER		G	THIS BOX FOR ALLOTMENT OF PAYMENT ONL	
			ΤY	(PE AMOUN	т
	Prefix Suffix				
	PAYEE/JOINT PAYEE CERTIFICATI	ON		JOINT ACCOUNT HOLDERS' CERTIFICATIO	N (optional)
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.				I certify that I have read and understood the ba including the SPECIAL NOTICE TO JOINT ACCOL	
SIGN	ATURE	DATE	SI	GNATURE	DATE
SIGN	ATURE	DATE	SI	GNATURE	DATE

### **SECTION 2** (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS					
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)						

NAME AND ADDRESS OF FINANCIAL INSTITUT	ROUTING NUMBER C				
		DEPOSITOR ACCO	UNT TITLE		
	FINANCIAL INSTITUTION CE	RTIFICATION			
I confirm the identity of the above-named payee(	(c) and the account number and	title. As representative	a of the above named financi	al institution	
certify that the financial institution agrees to rec 210.					
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENT	TATIVE	TELEPHONE NUMBER	DATE	
Financial ir	stitutions should refer to the GREEN	BOOK for further instruction	ons.		

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

#### GOVERNMENT AGENCY COPY

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# **DIRECT DEPOSIT SIGN-UP FORM**

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- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1	(TO BE COMPLETED BY PAYEE)
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<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		
		E DEPOSITOR ACCOUNT NUMBER
ADDRESS (street, route, P.O. Box, APO/FPO)		
CITY STATE	ZIP CODE	F   TYPE OF PAYMENT (Check only one)     Social Security   Fed. Salary/Mil. Civilian Pay
TELEPHONE NUMBER		L Supplemental Security Income Mil. Active
AREA CODE		A Railroad Retirement
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		Civil Service Retirement (OPM) Mil. Survivor
		VA Compensation or Pension Other
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )
		TYPE AMOUNT
Prefix Suffix		
PAYEE/JOINT PAYEE CERTIFICATION	ON	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)
I certify that I am entitled to the payment identified abore read and understood the back of this form. In si authorize my payment to be sent to the financial instit to be deposited to the designated account.	gning this form, I	including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE	DATE	SIGNATURE DATE
SIGNATURE	DATE	SIGNATURE DATE

### **SECTION 2** (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS					
SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)						

NAME AND ADDRESS OF FINANCIAL INSTITUT						
		DEPOSITOR ACCO	UNT TITLE			
	FINANCIAL INSTITUTION CE	RTIFICATION				
I confirm the identity of the above-named payee( certify that the financial institution agrees to rec 210.						
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENT	TATIVE	TELEPHONE NUMBER	DATE		
Financial institutions should refer to the GREEN BOOK for further instructions.						

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

#### FINANCIAL INSTITUTION COPY

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

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- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

•	A separate	form	must	be	completed	for	each	type	of	payment to be	
	sent by Dire	ect De	posit.								

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS			
		E DEPOSITOR ACCOUNT NUMBER			
ADDRESS (street, route, P.O. Box, APO/FPO)					
CITY STATE	ZIP CODE	<b>F</b> TYPE OF PAYMENT (Check only one)			
		Social Security	Mil. Civilian Pay		
TELEPHONE NUMBER		Supplemental Security Income Mil. Active			
AREA CODE		Railroad Retirement Mil. Retire.			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		Civil Service Retirement (OPM)			
		VA Compensation or Pension Other (specify)			
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> ) TYPE AMOUNT			
		TYPE AMO	UNI		
Prefix Suffix					
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)			
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE	DATE	SIGNATURE	DATE		
SIGNATURE DATE		SIGNATURE	DATE		

### **SECTION 2** (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)						
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS					

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK				
		DEPOSITOR ACCO	UNT TITLE				
FINANCIAL INSTITUTION CERTIFICATION							
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.							
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENT	TATIVE	TELEPHONE NUMBER	DATE			
Financial institutions should refer to the GREEN BOOK for further instructions.							

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

### **BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

# PLEASE READ THIS CAREFULLY

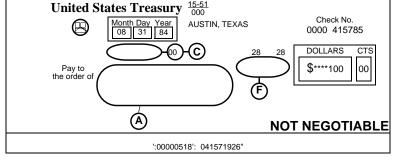
All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

# INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.

(E) Type of payment is printed to the left of the amount.



# SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

# CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

# CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

# FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.