



CHANGE OF MANAGEMENT/OWNERSHIP FORM

Please complete this information about the change you are reporting about your properties.

Change of	<input type="checkbox"/> Ownership	<input type="checkbox"/> Management
Reason for change	<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Quit Claim <input type="checkbox"/> Inheritance <input type="checkbox"/> New Management Company
	<input type="checkbox"/> Other (explain):	
Street Address		City, State, Zip Code

New Property Owner Information (*Information must match W-9*)

Owner Name			
Owner Address			
Telephone		Email	
Social Security Number/ Employer Identification Number		Individual that will receive 1099	
Managing Agent		Telephone	
Address			

Complete the list below to include all of the assisted tenants currently residing at the property. If needed, please attach additional pages to include all tenants or attach your own computer-generated list of tenants.

Name	Property Address	Unit #	Zip Code

Previous Property Owner and signer of current HAP Contract	Effective Date of current HAP Contract

I/We intend to carry out the terms and conditions listed in the current lease and HAP Contract and have attached all required documentation.

Property Owner(s) or Manager(s) Signature(s)	Date

Office Use Only:

Date Entered	Initials	Owner #	New	Previous	Settlement	Received
Administrator Signature					Date	

