



## CHANGE OF OWNERSHIP / MANAGEMENT

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Property Owner / Manager:

In order for CVR New York to process your Change of Ownership/Management request, the following documentation is required from the legal Owner(s):

- A completed Request for Taxpayer Identification Number and Certification (W-9) form signed and dated by the legal Owner(s) of the referenced property or properties.  
**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 or Social Security card.
- A completed Housing Assistance Payment (HAP) Contract Assignment form
- A valid driver's license or state identification card
- A completed Change of Ownership/Management form
- A complete list of tenants at the referenced property or properties
- Proof of ownership (see acceptable forms of proof inside packet)
- Tax identification (for an *individual* — a copy of your Social Security card; for a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C))
- If you have yet to sign up for CVR New York's direct deposit program, a completed Authorization Agreement and voided check

This packet contains six pages and each page requires information from you that is imperative to the expedient processing of your Change of Ownership/Management request. Therefore, please make sure to complete the packet in full and send to:

\*\*\*\*\*EVR Pgy [ qtm  
\*\*\*\*\*Attn: 'Qy pgt'Ugt xlegu  
\*\*112 East Post Road, Suite 102  
\*\*White Plains, NY 10601

In addition, you may submit via fax at (914) 995-5839 or drop it off at the office (address listed above).

**Note:** For your Change of Ownership/Management request to take effect by a particular check issuance date, CVR New York must receive your completed packet before the final day for payment processing that falls prior to that check issuance date.

This document serves as notice of a Change of Ownership / Management (*circle one*) for the following property or properties that participate in 'g'CVR New York Program:

Street Address	City, State	ZIP Code
Street Address	City, State	ZIP Code
Street Address	City, State	ZIP Code

**Reason for Change:**  Sale of Property  Quit Claim  Inheritance  New Management Company  
 Other (specify): \_\_\_\_\_

**New Property Owner Information:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
 Street City, State ZIP Code

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Primary — Work/Home/Cell (circle one) Secondary — Work/Home/Cell (circle one)

E-mail Address (*required*): \_\_\_\_\_

Social Security Number or Employer Identification Number (*MUST match W-9 form*): \_\_\_\_\_

Individual that will receive 1099 for filing (*MUST match W-9 form*): \_\_\_\_\_

Managing Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City, State ZIP Code

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Primary — Work/Home/Cell (circle one) Secondary — Work/Home/Cell circle one)

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

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

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*Office Use Only:*

Date Entered	Initials	Owner #	New	Previous	Settlement	Received
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Complete the list below to include all of the voucher-assisted tenants currently residing at the property. If you have more than 10 voucher-assisted tenants at the property, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

**List of Tenants at the Property**

Name	Property Address	Unit #	ZIP Code
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Name	Property Address	Unit #	ZIP Code
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Name	Property Address	Unit #	ZIP Code
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Name	Property Address	Unit #	ZIP Code
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Name	Property Address	Unit #	ZIP Code
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Name	Property Address	Unit #	ZIP Code
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**MANAGEMENT AGREEMENT**

[If applicable, attach 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.
- That the Managing Agent listed in the management agreement is the same individual or entity listed on the W-9 form and the EIN verification letter or Social Security card.

**PROOF OF OWNERSHIP**

[Attach proof of ownership here]

Please note the following acceptable and unacceptable forms of proof of ownership:

Acceptable Forms of Proof of Ownership	Unacceptable Forms of Proof of Ownership
<ul style="list-style-type: none"> <li>• HUD Settlement statement</li> <li>• Trust agreement</li> <li>• Recorded deed with Schedule A</li> <li>• Recorded quit claim</li> <li>• Recorded judicial sale deed</li> </ul>	<ul style="list-style-type: none"> <li>• Tax bill</li> <li>• Mortgage documents</li> <li>• Unrecorded deeds</li> <li>• Deeds that do not include an official stamp from the county recorder's office on the upper right-hand corner of the document</li> </ul>

**TAX IDENTIFICATION**

[Attach proof of tax identification here]

Please note:

For a company or business, please include:

- A copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)

**HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT ASSIGNMENT**

I (We), \_\_\_\_\_  
*(Name(s) listed on IRS Form W-9)*  
 am (are) the new Property Owner(s) of the housing unit(s) located at:

\_\_\_\_\_  
*(Address Range) (Ave/ Street / etc.) (City, State) (Zip Code)*

The following are the HCV Program Participants who reside at the property:

_____ Name	_____ Property Address	_____ Unit #	_____ ZIP Code
_____ Name	_____ Property Address	_____ Unit #	_____ ZIP Code
_____ Name	_____ Property Address	_____ Unit #	_____ ZIP Code
_____ Name	_____ Property Address	_____ Unit #	_____ ZIP Code
_____ Name	_____ Property Address	_____ Unit #	_____ ZIP Code

I (We) intend to carry out the terms and conditions listed in the current lease and HAP Contract, effective  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ and signed by \_\_\_\_\_  
*(Effective Date) (Previous Property Owner)*

**I (We) have attached all required documentation**

\_\_\_\_\_  
*Signature of New Property Owner Date*

*Office Use Only:*

\_\_\_\_\_  
*Administrator Signature Date*