

Date: _____

Dear Property Owner / Manager:

In order for the CVR New York, Westchester HCVP office 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 Westchester HCVP direct deposit program, a completed Direct Deposit 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:

CVR Westchester HCVP
Attn: _____
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 CVR New York, Westchester HCV 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

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

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

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

Date: _____

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