



## Landlord Change Request Form

### Dear Vendor:

Congratulations on your recent acquisition! Please be sure to contact our office as soon as possible to suspend Housing Assistance Payments (HAP) payments to the previous owner. The Housing Authority of the County (the HACC) requires specific information with regards to the assisted unit before we can initiate payment to you as the new owner.

Please review the attached documentation and submit all of the information as it pertains to your circumstance.

### Change of Ownership

- ☐ Declaration of Ownership
- ☐ W9 completed with Payee information
- ☐ Taxpayer Identification Number (TIN) for Payee
- ☐ Social Security Card (SSN) for an individual
- ☐ Employer Identification Number (EIN) Notice from IRS for a company
- ☐ Proof of ownership
- ☐ Deed
- ☐ Title Insurance
- ☐ Settlement Statement (HUD 1 Form)
- ☐ Management Agreement, if party other than owner will receive payment
- ☐ Trust Agreement and Beneficiary information, if property is held in trust
- ☐ Direct Deposit form, Vendors not enrolled in direct deposit will be issued a direct pay debit card, Checks will not be mailed.



### **Change of Payee (cont.)**

- ☐ Declaration of Ownership
- ☐ W9 completed with Payee information
- ☐ Taxpayer Identification Number (TIN) for Payee
- ☐ Social Security Card (SSN) for an individual
- ☐ Employer Identification Number (EIN) Notice from IRS for a company
- ☐ Management Agreement, if party other than owner will receive payment
- ☐ Direct Deposit form. Vendors not enrolled in direct deposit will be issued a direct pay debit card. Checks will not be mailed.

If you have any questions, please **email [ownerchange@thehacc.org](mailto:ownerchange@thehacc.org)**. You may submit a scanned copy of these documents to **[ownerchange@thehacc.org](mailto:ownerchange@thehacc.org)**.



## Change of Ownership/Payee

Declaration of Ownership																		
<b>Property Information</b>																		
Tenant Name							Client #											
Building Address																		
City, State, Zip																		
Property Index Number (PIN)				-			-											
<b>Ownership Information</b>																		
Legal Owner Name																		
Owner SSN				-				Owner TIN				-						
Mailing Address																		
City, State, Zip																		
Contact Phone																		
Email																		
<b>Payment Information</b>																		
Make payments to:	<input type="checkbox"/> Owner		<input type="checkbox"/> Agent		Indicate SSN or TIN for payee below													
Payee SSN				-				or TIN				-						
Agent Name																		
Mailing Address																		
City, State, Zip																		
Contact Phone																		
Email																		
<b>Certification</b>																		
<input type="checkbox"/> I certify that I am the legal owner or the legally-designated agent for the above referenced unit.																		
<input type="checkbox"/> I certify that the prospective tenant, including each family member, has no ownership interest in this dwelling unit whatsoever.																		
<input type="checkbox"/> I certify that the owner, including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HACC has determined (and has notified the owner and the family of such determination) that approving the leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member with disabilities																		
_____					_____													
Signature					Date													
_____					_____													
Print Name					Print Title													