



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 contact **Jenni Opris at 312-662-4928**. You may submit a scanned copy of these documents to me at jopris@thehacc.org



Change of Ownership/Payee

Declaration of Ownership	
Property Information	
Tenant Name	Client #
Building Address	
City, State, Zip	
Property Index Number (PIN) - - - -	
Ownership Information	
Legal Owner Name	
Owner SSN - - - -	Owner TIN - - - -
Mailing Address	
City, State, Zip	
Contact Phone	
Email	
Payment Information	
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	
Certification	
<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

