



**HOUSING CHOICE VOUCHER PROGRAM
New Owner/Manager or Change in Payment Instructions**

Type of change requested (please check all that apply).

- Ownership of unit
- Management of unit
- Address
- Phone number/e-mail
- Name

Owner contact information: _____

Effective date of the HAP Contract Assignment: _____

Is the new owner related to a member(s) of the assisted family? If yes, please check all that apply.

- Parent
- Child
- Grandparent
- Grandchild
- Sister
- Brother
- N/A

Provide payment address including name of contact: _____

For New Ownership:
Provide a copy of the W9 and recorded Deed of Trust.

For New Management:
Provide a copy of the management agreement and W9 if your tax ID changes.

Owner/Manager signature _____ Date _____