



8933 Interchange Dr.
Houston, Texas 77054
Tel: 713-578-2100
Fax: 713-669-4594

Change of Ownership / Change of Address FORM

Type of change being requested:

- Change of Address **ONLY** **OTHER**
- Change of Ownership **AND** Change of Address

Legal Owner Information:

Legal Owner Name(s) _____
(As it appears on the Grant Deed)

Social Security Number or Tax I.D. Number of Legal Owner: _____

Owner's Mailing Address: _____

Primary Phone: () _____ Secondary Phone: () _____
Fax: () _____ E-mail: _____

Agent/Manager Information:

Agent's Name(s) _____

Social Security Number or Tax I.D. Number of Legal Owner: _____

Agent's Mailing Address: _____

Primary Phone: () _____ Secondary Phone: () _____
Fax: () _____ E-mail: _____

Payment and Correspondence Designation:

Send Payments to (Check One): Owner Agent

Send correspondence to (Check One): Owner Agent

List the name and addresses of ALL Section 8 tenant(s) residing in your unit affected by the Change:

(Attached a separate sheet if necessary)

Case Manager	Tenant Name	Unit Address

Documents that MUST be provided with Form:

- Owners current Valid ID
- W-9
- Management Agreement
- Current Deed
- Owner/Contract Payment Information Form
- Violence Against Women and Justice Department Reauthorization Act 2005 Form (VAWA)

Signature(s):

Owner/Agent

Owner/Agent

Date

Date