



**Housing Choice Voucher Program  
 Program Integrity Unit  
 Property Owner Change of Address Form**

(Phone) 443-984-3364 - (E-mail) [program.integrityunit@habc.org](mailto:program.integrityunit@habc.org) - (Facsimile) 410-396-1131

<b>Owner / Managing Agent Full Name:</b>	
<b>Company Name:</b>	
<b>Tenant Name(s): (If more than 3 use page 2)</b>	1. 2. 3.
<b>Tenant Address(es)</b>	1. 2. 3.
	<b>PART 1 – Old Information</b>
<b>Previous Contact Number:</b>	
<b>Previous Mailing Address:</b>	
	<b>PART 2 – New Information</b>
<b>New Mailing Address:</b>	
<b>New Contact Number</b>	
<b>E-Mail Address</b>	
	<b>PART 3 – Authorization</b>
	I authorize the Housing Authority of Baltimore City – Housing Choice Voucher Program permission to change my information as specified above.
<b>DATE:</b>	<b>PRINT: PROPERTY OWNER/MANAGING AGENT NAME:</b>  x _____
	<b>PROPERTY OWNER/MANAGING AGENT SIGNATURE:</b>  x _____





**Date:**

**Dear Property Owner,**

**The enclosed information is required to successfully change the ownership/ managing agent for a property that participates in the Housing Choice Voucher Program.**

**As the new owner/managing agent of a property currently being rented by a HCVP participant, it is your responsibility to:**

- **Notify the participating family that a change in ownership has occurred.**
- **Provide the family with your preferred payment method.**
- **Inform the family where the tenant rent portion payment should be made.**
- **Retrieve all funds associated with the rental unit from the previous owner.**

**THE SECTION BELOW MUST BE COMPLETED BY THE PROPERTY OWNER OR MANAGING AGENT**

**Who owns the LLC? List Owner Name(s):**

**(PLEASE PRINT)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please state the name and title of the individual with rights to sign on behalf of the Owner/Company?**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

*(v check one)*

This is an: LLC  PARTNERSHIP  CORPORATION

The new owner/managing agent must submit the following required documents to this office within thirty (30) business days of the date of this letter:

**(All forms must be complete, clear and legible)**

1. Completed W-9 Form from Property Owner or Managing Agent (form may be obtained at [www.irs.gov](http://www.irs.gov))
2. Photo I.D. – If the Managing Agent is other than the Property Owner, a Photo ID of the Property Owner is required. (Must be valid, clear and legible)
3. Proof of Tax Identification Number (social security card or EIN notice from the IRS)
4. Proof of Ownership – copy of executed (signed) settlement papers, recorded deed or court documents
5. Management Agreement (if applicable)  
If a management agreement is being canceled, a cancellation letter from the management company must be submitted.
6. Owner and Management Company - Contact Number(s) including E-mail addresses.
7. Tenant Name/Address
8. Completed Transfer of Ownership or Management Form (attached)
9. Articles of Organization for LLC, Partnerships, Corporations
10. Operating Agreement for LLC, Partnerships, Corporations
11. Electronic Funds Transfer Request Form/Direct Deposit Form (attached)
12. In cases where there is a joint ownership of the property and the names of both partners will not be on the account a written statement from both partners is required verifying the account set-up agreement

The Change of Ownership process may take thirty (30) business days from the date all completed information is submitted.

Failure to provide all documents within sixty (60) days may result in the tenant receiving a voucher to move from the subsidized unit.

*\*Please note, the Housing Assistance Payment contract automatically terminates one hundred eighty (180) calendar days after the last housing assistance payment is made to the owner.*



**TRANSFER OF OWNERSHIP/ MANAGEMENT CO. or PAYEE**

As the new owner/management company or payee entity, I hereby accept the terms and conditions of the contract originally signed by: \_\_\_\_\_  
*(Previous owner/management company or payee entity)*

for the address (es) listed below and agree to abide by its terms.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**List the Address of Each Property:**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

<b>CHECK(S) TO BE MADE PAYABLE TO:</b>
<b>NAME:</b>
<b>ADDRESS:</b>
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>DAYTIME PHONE(s):</b>
<b>E-MAIL ADDRESS:</b>

Mail, email or fax documents to the attention of the Program Integrity Unit;  
 Submission information is indicated below:  
 Housing Authority of Baltimore City (HABC) - Housing Choice Voucher Program (HCVP)  
 1225 West Pratt Street - Baltimore, MD 21223  
 Attn: Program Integrity Unit  
 Fax: 410-396-1131  
 Phone: 443-984-3364 or Email: [program.integrityunit@habc.org](mailto:program.integrityunit@habc.org)