



CHANGE OF OWNERSHIP AND/OR MANAGEMENT COMPANY
HOUSING CHOICE VOUCHER PROGRAM

Tenant Name(s): _____

Contract Unit Address: _____

Please indicate change

- Change of ownership (Attach certified final settlement statement) If the previous owner is deceased the following proof of ownership is required: Copy of trust/court documents assigning new payee or Executor along with copy of death certificate
Change or Add Property Management Company (Attach Management Agreement)

FOR CHANGES OF OWNERSHIP:

The effective date of the HAP Contract will be the 1st of the month following submission of complete documentation. If payment has already been issued to the previous owner, the new owner is responsible for obtaining the payment from the previous owner. If the previous owner has returned HAP payments to OHA, the new owner is responsible for notifying OHA. OHA will verify if these funds have been returned.

Legal Owner Information

Legal Owner Name(s):
Address:
Owner's Phone #: Fax #:
Email:

Agent / Management Company (attach executed Property Management Agreement)

Company Name(s): Agent:
Address:
Phone #: Fax #:
Email:

Housing Assistance Payment and Correspondence Designation

Housing Assistance Payments should be made payable to: (Check one) Owner [] Agent []
(Tax ID or Social Security Number of Payee must be on this form and W9)
Correspondence should be mailed to (Print Name & full Address if different from above): (Check one) Owner [] Agent []

Owner Certification:

By signing below, I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payment (HAP) Contract. I authorize the Oxnard Housing Authority to issue payments according to the information shown above. By signing below, I certify that I am not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless OHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Legal Owner: _____ Signature

Date: _____

Legal Owner: _____ Signature

Date: _____

For office use only:
Tenant code: _____