



Housing Authority of the City of Alameda

701 Atlantic Avenue, Alameda, CA 94501 ~ Phone: (510) 747-4300 ~ Fax: (510) 522-7848 ~ TDD: (510) 522-8467 ~ Web: www.alamedahsg.org

OWNER REPORT OF CHANGE FORM

In order to comply with the terms of the Housing Assistance Payments Contract, please complete the following items that apply:

I am notifying the Housing Authority of Change of Ownership. (Please attach proof of ownership i.e., Grant Deed, Title, etc., and W-9 form.)

Effective Date of Change: _____

CURRENT / NEW OWNER INFORMATION

Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Is new owner related to current tenant(s)?: _____ Yes _____ No

If yes, please explain: _____

FORMER OWNER INFORMATION

Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

ADDRESS OF PROPERTY SOLD	LIST OF ALL TENANTS FOR WHICH CHANGE APPLIES	Office Use Only TENANT HAP#

I am authorizing the following person(s)/Management Company to execute leases and related documents on my behalf, for the property which I own at: _____

Effective Date of Change: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

I am requesting that all future **checks** be sent to the following individual at the following address:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Effective Date of Change: _____

I am requesting that all future **correspondence** be sent to the following individual at the following address (If different from above):

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Effective Date of Change: _____

Owner's Authorization

Owner / Landlord / Agent / Manager

Date

Residential Telephone Number

Social Security / Tax I.D. Number

Business Telephone Number