



525 SOUTH LAWRENCE STREET  
MONTGOMERY, ALABAMA 36104-4611  
PHONE: (334)-206-7200 – FAX: (334)-206-7222 – WEBSITE: MHA.TODAY.ORG

## CHANGE OF OWNERSHIP/MANAGEMENT FORM

Date: \_\_\_\_\_

Dear Property Owner or Manager:

In order for the Montgomery Housing Authority (MHA) Housing Choice Voucher (HCV) Program office to process your Change of Ownership/Management request, the following documentation is required from the legal Owner(s):

- A completed Request for Taxpayer Identification Number and Certification (W-9) form signed and dated by the legal Owner(s) of the referenced property or properties.  
**Note:** the name and tax ID number (Employee Identification Number (EIN) or Social Security number (SSN)) listed on the W-9 form **must** match the information listed on the verification letter or Social Security card.
- A completed Housing Assistance Payment (HAP) Contract Assignment form
- A valid driver's license or state identification card
- A completed Change of Ownership/Management form
- A complete list of tenants at the referenced property or properties
- Proof of ownership (see acceptable forms of proof inside packet)
- Tax identification (for an *individual* – a copy of your Social Security card; for a company or business – a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C))
- If you have yet to sign up for MHA's direct deposit program, a completed Direct Deposit Authorization Agreement and voided check
- Management Agreement (between Owner and Management Company)

This packet contains three pages and each page requires information from you that is imperative to expedient processing of your Change of Ownership/Management request. Therefore, please make sure to complete the packet in full and send it to:

Montgomery Housing Authority  
**Attn: Director Assisted Housing Programs**  
525 S. Lawrence Street  
Montgomery, AL 36104

In addition, you may submit via fax at 334-206-7204 or drop it off at the Central Office location as listed above.

Note: For your Change of Ownership/Management request to take effect by a particular check issuance date, MHA must receive your completed packet before the final day for check processing that falls prior to that check issuance date. Please reference the Payment Processing Schedule for more information.



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This document serves as notice of a Change of Ownership/Management (*circle one*) for the following property or properties that participate in MHA's HCV Program:

Street Address	City, State	ZIP Code
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Street Address	City, State	ZIP Code

**Reason for Change:**  Sale of Property  Quit Claim  Inheritance  New Management Company  
 Other (specify): \_\_\_\_\_

**New Property Owner/Manger Information:**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State ZIP Code

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Primary – Work/Home/Cell (circle one) Secondary – Work/Home/Cell (circle one)

E-mail Address (*required*): \_\_\_\_\_

Social Security Number or Employer Identification Number (*MUST match W-9 form*): \_\_\_\_\_

Individual that will receive 1099 for filing (*MUST match W-9 form*): \_\_\_\_\_

Property Owner(s) or Manager(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

_____	_____	Owner #:	_____	_____	_____	_____
Date Entered	Initials		New	Previous	Settlement	Rcv'd



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**TRANSFER REQUEST FOR  
THE HOUSING ASSISTANCE PAYMENT CONTRACT (HAPC)**

**(A) Original Owner/Property Management:**

In accordance with the provisions of the Housing Assistance Payment Contract (HAPC), the owner of the property located at:

\_\_\_\_\_, hereby requests the Montgomery Housing Authority (MHA), Housing Choice Voucher (HCV) Program to approve the transfer of the contract(s) to \_\_\_\_\_ effective the first day of \_\_\_\_\_, 20\_\_\_\_.

Owner Name: \_\_\_\_\_ Owner Signature: \_\_\_\_\_  
Print Name, Title Signature, Date

**(B) New Owner/Property Management:**

I hereby certify that I have the legal right to execute the HAPC identified in Section C and agree to comply with all the terms and conditions of the contract(s).

Owner/Property Manager \_\_\_\_\_ Owner Signature: \_\_\_\_\_  
Print Name, Title Signature, Date

FEDERAL ID# \_\_\_\_\_ or Social Security # \_\_\_\_\_

Your email address and mobile number are required for official business notification that will be transmitted electronically in an effort to serve you more efficiently.

Email address: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Tenant's Name(s) Unit Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE.**

**MHA OFFICE USE ONLY!**

Change in Ownership received on: \_\_\_\_\_ Current Owner Debt: \_\_\_ Y or \_\_\_ N

Signature of HCV Director: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Submitted to Finance Dept. on: \_\_\_\_\_ Debt Amount: \$ \_\_\_\_\_

Last payment received on: \_\_\_\_\_ Balance of Debt: \$ \_\_\_\_\_





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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

SSN: TAX ID #:
VENDOR/PAYEE NAME:
VENDOR ADDRESS:
CITY: STATE: ZIP:
VENDOR CONTACT NAME: PHONE #:
FAX #: EMAIL ADDRESS:

PAYMENT NOTIFICATION: You must choose all applicable options listed below:

- Agent Landlord
Changing any portion of this form from the original submission New Housing Choice Voucher Landlord

Please attach a voided check for each account here.

(Please contact your financial institution if you need assistance in completing this section on banking information)

Please check one of the following:

- Start depositing the monthly housing assistance payment(s) to my account, as indicated below.
Change the account information for my direct deposit, as indicated below.

NAME OF FINANCIAL INSTITUTION:
BRANCH LOCATION (Street, City, State, Zip):
BANK BRANCH PHONE #: BANK ACCOUNT NUMBER:
ABA ROUTING NUMBER:
ACCOUNT TYPE: SAVINGS CHECKING

(Failure to provide all documentation will result in delay of processing your request.)

I (We) hereby authorize the Montgomery Housing Authority to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): (Select one) Checking or Savings account indicated above. By signing below, I attest that to the best of my (our) knowledge the dwelling unit is in decent, safe and sanitary condition; the contracting family is in the unit and is expected to be there the entire month(s); the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP contract; all other facts and data on which this amount is based are true and correct; and that I (we) am (are) authorized to make such a request.

LANDLORD SIGNATURE: DATE:

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*
AUTHORIZED SIGNATURE FOR EFT SET UP: APPLICATION RECEIVE DATE:
DATE EFT MADE ACTIVE: EXPIRATION DATE: (FOR STOPS ONLY):
DATE E-MAIL TESTED: DATE BANK INFO TESTED: