



140 CO HWY 33W | BOX 4 | COOPERSTOWN, NY 13326 | 607-547-8839

www.otsegoruralhousing.org

DATE: _____

Dear Property Owner / Manager:

In order for the Otsego Rural Housing Assistance HCV Program office to process your Change of Ownership/Management request, the following documentation is required from the legal owner(s):

- Request for Taxpayer Identification Number and Certification (W-9)** form signed and dated by the legal owner(s) of the property or properties.
 - 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.

Acceptable Proof of Ownership	Unacceptable Proof of Ownership
Settlement statement	Tax bill
Trust agreement	Mortgage documents
Recorded deed with Schedule A	Unrecorded deeds
Recorded quit claim	Deeds that do not include an official stamp from the county recorder's office on the upper right-hand corner of the document
Recorded judicial sale deed	

- Proof of ownership**
- Management Agreement** (if applicable)
 - The owner(s) listed in the management agreement must be the same individual or entity listed on the proof of ownership documents.
 - The Managing Agent listed in the management agreement must be the same individual or entity listed on the W-9 form and EIN verification letter or Social Security card.
- 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)
- Change of Ownership/Management form** (attached)
- Copy of a valid driver's license or state identification card**
- If you have yet to sign up for ORHA's HCV direct deposit program, a completed **Direct Deposit Authorization Agreement** and a voided check.

Please submit by all completed documentation by mail, or drop it off at the office (address listed below).

Otsego Rural Housing Assistance, Inc.
Housing Choice Voucher Program
140 County Hwy 33W, Box 4
Cooperstown, NY 13326

Note: For your request to take effect by a particular check issuance date, ORHA must receive your completed packet before the final day for payment processing that falls prior to that check issuance date.



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CHANGE OF MANAGEMENT/OWNERSHIP FORM

Please complete this information about the change you are reporting about your properties.

Change of	<input type="checkbox"/> Ownership	<input type="checkbox"/> Management
Reason for change	<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Quit Claim <input type="checkbox"/> Inheritance <input type="checkbox"/> New Management Company
	<input type="checkbox"/> Other (explain):	
Street Address		City, State, Zip Code

New Property Owner Information *(Information must match W-9)*

Owner Name			
Owner Address			
Telephone		Email	
Social Security Number/ Employer Identification Number		Individual that will receive 1099	
Managing Agent		Telephone	
Address			

Complete the list below to include all of the voucher-assisted tenants currently residing at the property. If needed, please attach additional pages to include all tenants or attach your own computer-generated list of tenants.

Name	Property Address	Unit #	Zip Code

Previous Property Owner and signer of current HAP Contract	Effective Date of current HAP Contract

I/We intend to carry out the terms and conditions listed in the current lease and HAP Contract and have attached all required documentation.

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

Office Use Only:

Date Entered	Initials	Owner #	New	Previous	Settlement	Received
Administrator Signature					Date	