

# Housing Authority of Bexar County

1954 E. Houston St, Suite 104 • San Antonio, Texas 78202 • 210-225-6976

## REQUEST OF CHANGE OF OWNERSHIP, NEW OWNER, OR CHANGE DIRECT DEPOSIT

Please use this form to request a change of ownership or if you need to update the Management Company, Payee, or Direct Deposit account.

The following documents are required to complete the change listed below please check mark each box to assure you have all supporting documents.

- Owner Certification form (attached)
- Proof of Legal Ownership: Recorded Deed or Settlement Statement with signature of Buyer, Seller & Title company
- W-9 Form for Owner (Attached) & W-9 Form for Payee (Attached)
- Verification of Tax ID, Employer Identification Number (confirmation letter from the IRS), or Social Security Number (Copy of SS card)
- Direct Deposit Form (attached): Must include Voided Check, Letter from Bank on their Letter head with account name, account routing number, and account number, Deposit slips will not be accepted
- Management Agreement (if applicable): The Owner must provide a copy of the most current TAR/TREC management agreement form, or a notarized statement specifying the designee(s) and signed by Owner
- Copy of Current State Identification card (ID) or State Driver's License
- For multiple units, Complete Listing of ALL properties affected by this change

All required documents **MUST** be submitted on the day of request, and the effective date for the change will be 30 days after the request has been completed. **Incomplete request will not be accepted.**

Date of Request: \_\_\_\_\_ Date of Sale: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Change of Ownership       Update Management or Payee       Change of Direct Deposit

Old Owners: \_\_\_\_\_

Old Management Company: \_\_\_\_\_

**Owner / New Owner:** \_\_\_\_\_

Address: - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Federal ID /SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Payee / New Payee:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Federal ID /SSN: \_\_\_\_\_ Email: \_\_\_\_\_

**Management Company:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### CERTIFICATION

I/ We agree to abide by the terms and conditions of the applicable HCV – Housing Assistance Payment Contract, Lease and Lease Addendum executed for the above referenced unit or units.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

DATE PROCESSED: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ SPECIALIST PROCESSED: \_\_\_\_\_