



Building Neighborhoods, Growing Dreams.

CHANGE OF OWNERSHIP/MANAGEMENT PACKET

INSTRUCTIONS

-All forms and documents must be received prior to the execution of change.

-Change of Ownership/Management Packets not containing ALL required forms/documents will be not be processed.

Please complete this packet if you are the NEW owner or management of a property with a tenant who is a participant in the Housing Choice Voucher (Section 8) program. You MUST submit all forms and supporting documents to the SHA to process your request. The process will be delayed if the forms are incomplete and/or if all the supporting documentation is not included with your packet. The Housing Assistance Payment (HAP) will be placed on hold until the process is complete. Please return all forms/documents to cdillenbeck@syrhousing.org

REQUIRED DOCUMENTS FOR OWNERSHIP CHANGE

- Proof of Ownership (Copy of Deed/Bill of Sale/Tax Bill/Mortgage Statement)
- Owner/Agent Data Form (attached)
- Management Agreement (If applicable. Provide your own or one is attached)
- W9 (attached)

AFTER REQUIRED DOCS ARE RECEIVED you will receive, sign and return

- Transfer of Ownership Contract



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OWNER/AGENT DATA FORM

The following information is required of all Property Owners:

PROPERTY:

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

OWNER:

Owner Name: _____

Business Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

AGENT/MANAGEMENT (IF DIFFERENT THAN OWNER):

Agent/Property Manager: _____

Business Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____



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Owner Certification

I, (Owner) _____, certify that I am the owner(s) of the property located at _____.

Effective (MM/DD/YYYY) _____ through _____, I authorize (Property Manager) _____ to act on my behalf and:

*******Please check ONE or MORE of the following*******

- ____ Rent/Lease/Show the above listed property on my behalf
- ____ Execute leases/Sign documents for above listed property on my behalf

*******Please check and complete ONLY ONE of the following*******

- ____ I authorize the Syracuse Housing Authority to issue HAP payments directly to the Owner, (Owner) _____.
- ____ I authorize the Syracuse Housing Authority to issue HAP payments directly to the Property Manager, (Manager) _____.

***A completed W-9 form is attached.**

Owner Signature

Date