Housing Choice Voucher Owner Change Form

MARIN HOUSING
Making Housing More Affordable

4020 Civic Center Drive
San Rafael, CA 94903-4173

Executive Director
Lewis A. Jordan

Today's Date: _____Effective Date of Change_____

Tenant Name: _____

Contract Unit Address: _____

NOTE: If you have additional tenants for which you need to change information, attach an additional sheet with their Tenant Name and Unit Address

Check one: ____ Ownership ____ Address ____ Payee ____ Tax ID#

Current/Former Owner Information:

Name: _____

Telephone Primary: _____Email:_____

New Owner Information:

New Owner name: _____

New Owner Telephone: Primary: _____ New Owner Email: _____

New Owner Address: _____

Owner Taxpayer Identification #/Social Security#: _____ *(The Internal Revenue Service (IRS) requires the Housing Authority to issue 1099 forms, therefore, to be able to report the payments we must have the New Owner's TIN/SS#)*

New Owner's Certification #1: The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the tenant family unless the Marin Housing Authority has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

_____ The owner is related to the tenant(s) as described above. _____ Owner's initials
_____ The owner is not related to the tenant(s) as described above. _____ Owner's initials

New Owner's Certification #2: The owner agrees to be bound by and comply with the Housing Assistance Payments Contract (HAP) in effect for the contract unit identified above. Owner acknowledges that assignment of the HAP is at MHA's discretion.

_____ _____
Current/Former Owner/Payee (Print) Current/Former Owner/Payee (Sign & Date)

_____ _____
New Owner/Payee (Print) New Owner/Payee (Sign & Date)

If change of ownership occurred within the past year, both the former and new owner must sign. A copy of ownership documents (e.g. Deed of Trust, Financial Settlement Statement) must be attached. If owner is new to Section HCV Program, include a W-9 form

Housing Authority of
the County of Marin
415/491-2525
(FAX) 415/472-2186
(TDD) 1-800-735-2929
www.marinhousing.org