

Change of Ownership Forms Fax Numbers

202-435-3287

**DISTRICT OF COLUMBIA HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
Property Owner/Agent Information Form**

Request for:

New Landlord/Agent

New Owner

Change in Contact Information

Tax ID/SSN Correction

Please submit this completed form along with a copy of the deed and management agreement if applicable. This form must list all addresses to which the deed applies. Please type/print information for clarity. All persons on the deed must sign this form or submit a release form. If this is an LLC or LP, there must be a certified letter as to who is authorized to sign for the organization.

A. UNIT ADDRESSES APPLICABLE TO THE DEED (RENTAL UNITS):

B. OWNER INFORMATION

Company Name _____

Payee Name _____

Mailing Address _____

Cell Number: _____

Daytime Number: _____

Evening Number: _____

Fax Number: _____

Email Address: _____

Tax ID: _____

SSN: _____

C. PAYEE INFORMATION (LEAVE BLANK IF OWNER)

Company Name _____

Owner Name (First & Last) _____

Mailing Address _____

Cell Number: _____

Daytime Number: _____

Evening Number: _____

Fax Number: _____

Tax ID: _____

SSN: _____

Owner Signature _____

Joint Owner _____

Please note: If you choose to use a PO Box as your mailing address, you must also provide us with a street address. This address will not be disclosed to anyone other than employees of DCHA. Street address: _____